

This is an application for a quotation provided by the Benchmark Ins. Company/NP Insurance Group Program.

All applicants must be an 501c3 Nonprofit Organization in order to qualify to receive a proposal for insurance.

COMPLETED APPLICATIONS MAY BE RETURNED TO NPIG'S ADMINISTRATOR:

P: (952) 469-5963

F: (952) 469-4553

E: mail@npiainc.com

NPIA, Inc. dba: Nonprofits' Insurance Agency

21034 Heron Way, Ste 107

Lakeville, MN 55044

www.npiainc.com

REQUESTED EFFECTIVE DATE:

SECTION I: ORGANIZATION INFORMATION

NAMED INSURED:

ADDRESS:

CITY:

STATE:

ZIP:

PRIMARY CONTACT:

PHONE:

EMAIL:

EXECUTIVE DIRECTOR:

PHONE:

EMAIL:

DESCRIPTION OF YOUR OPERATIONS:

COMMERCIAL PACKAGE LINES REQUESTED (check all that apply)

PROPERTY

AUTOMOBILE

DIRECTORS & OFFICERS LIABILITY

GENERAL LIABILITY/EBL

EMPLOYEE DISHONESTY/CRIME

EMPLOYMENT PRACTICES LIABILITY

EMPLOYEE BENEFITS LIABILITY

INLAND MARINE

FIDUCIARY LIABILITY

PROFESSIONAL LIABILITY

CYBER LIABILITY

EXCESS/UMBRELLA LIABILITY

1. Has the Applicant's license ever been suspended, revoked, or placed under conditional status by any governmental entity organization Yes/No:
2. Does the Applicant obtain criminal background checks on all staff members before hiring them? Y/N:
3. Does the Applicant require drug tests on all staff members, including drivers? Y/N:
If yes: Before Hiring After Hiring
4. Does the Applicant share written job descriptions with all staff members? Y/N

PROPERTY & GENERAL LIABILITY

(Please list each of your owned, used, or leased locations individually)

ADDRESS	CITY	ST	BUILDING	CONTENTS	CONSTRUCTION	SQUARE FT.	OCCUPANCY

1. Does the Applicant lease, sub-lease or rent to others? Yes No
2. Type of Security provided for the protection of the Applicant's clients/Residents?
 CENTRAL STATION ALARM VIDEO CAMERAS OTHER:
3. Please list all planned fundraising event(s) for the upcoming year:

Requested Computer Software coverage limit? _____

EMPLOYEE BENEFITS LIABILITY N/A

1. Requested Limit: _____
2. Is your current Employee Benefits Liability coverage: (check one)
 - Occurrence Claims Made...if checked what is the retroactive date? _____
3. Does the proposed named insured or any of its directors, officers, or employees have knowledge or information of any act, circumstance, error or omission which might give rise to a claim under the Employee Benefits Liability Coverage applied for?
 Yes No

COMMERCIAL AUTO

Schedule of Covered Automobiles (Please add additional sheets if necessary)

ID	YEAR	MAKE	MODEL	VIN	USE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

- Does the Applicant obtain MVRs on all drivers? If yes, how often?
- Do employees use their personal auto for business purposes?
- Do any of your employees/volunteers use their personal vehicle and collect a fee per ride?

PROFESSIONAL LIABILITY

Including Sexual Abuse & Molestation Coverage

 N/A

- Is your current Professional Liability coverage: (check one)

Occurrence	Claims Made...if checked what is the retroactive date?
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- Is your current Abuse & Molestation coverage: (check one)

Occurrence	Claims Made...if checked what is the retroactive date?
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- Does the proposed named insured or any of its directors or officers have knowledge or information of any act, circumstance, error or omission, or abuse or molestation, which might give rise to a claim under the Human Services Care Providers Professional Liability Coverage applied for?

Yes	No
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EMPLOYEE BREAKDOWN

FTE - FULL TIME EQUIVALENCY EMPLOYEES IC - INDEPENDENT CONTRACTOR

	FTE	IC		FTE	IC
Administrators:			Job Coach/Trainer:		
Clerical:			Psychiatrist:		
Drivers:			Psychologist:		
Counselor:			Group Home Workers (PCA)		
RN:			Group Home Managers:		
LPN:			Home Health Aid:		
Nurse Practitioner:			Social Worker:		
Teachers:			Occupational Therapist:		
Janitorial:			Cooks:		
Nutritionist:			Mental Health Workers:		
Physicians:			Others (Describe Below):		
Mental Health Practitioners:			Others (Describe Below):		
IT Professionals:			Volunteers/Interns: Annual Estimated		

Description of employment:

INLAND MARINE
N/A

Misc. Equipment Limit: _____

Description (List equipment greater than \$5,000)		Value

Fine Arts Limit: _____

N/A

Description (List EACH item individually)		Agreed Value

Builders' Risk
N/A

Address, City, State, Zip	LIMIT	DEDUCTIBLE	VALUATION

Builders' Risk/Soft Cost

ITEM/DESCRIPTION	LIMIT	DEDUCTIBLE	VALUATION

EMPLOYEE DISHONESTY/CRIME - FIDELITY
N/A

- Employee Dishonesty Limit: _____
- Additional crime coverage(s) requested in the proposal?

	<i>Limit Included in NPIG Policy</i>	<i>Increased Limit Requested</i>
Forgery & Alteration	\$10,000	
Money & Securities – Inside Premises	\$10,000	
Money & Securities – Outside Premises	\$10,000	
Funds Transfer Fraud	\$10,000	

MANAGEMENT LIABILITY

N/A

Requested Limit:

1. Does the proposed named insured or any of its directors, officers, or employees have knowledge or information of any act, circumstance, error or omission which might give rise to a claim under the Not-For-Profit Management Liability Coverage applied for?

Yes No *If Yes, details of incident(s) required.*

EMPLOYMENT PRACTICES LIABILITY

N/A

Requested Limit:

1. Does the proposed named insured or any of its directors, officers, or employees have knowledge or information of any act, circumstance, or error or omission which might give rise to a claim under the Employment-Related Practices Liability coverage applied for?

Yes No *If Yes, details of incident(s) required.*

CYBER LIABILITY

N/A

Requested Limit:

1. Does the proposed named insured or any of its directors, officers, or employees have knowledge or information of any act, circumstance, breach, or error or omission which might give rise to a claim under the Cyber Liability coverage applied for?

Yes No *If Yes, details of incident(s) required.*

FIDUCIARY LIABILITY

N/A

Requested Limit:

1. Does the proposed named insured or any of its directors, officers, or employees have knowledge or information of any act, circumstance, error or omission which might give rise to a claim under the Fiduciary Liability Coverage applied for?

Yes No *If Yes, details of incident(s) required.*

EXCESS LIABILITY

Requested Limit:

\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
\$6,000,000	\$7,000,000	\$8,000,000	\$9,000,000	\$10,000,000

1. Expiring General Liability (Employee Benefits Liability) Provider: _____
 Annual Premium: \$ _____
 • Please provide copy of current General Liability declarations within your current excess (umbrella) liability underlying schedule.
2. Expiring Auto Carrier: _____
 Auto Liability Annual Premium: \$ _____
 • Please provide copy of current Auto Liability declarations within your current excess (umbrella) liability underlying schedule.
3. Expiring Professional Liability and Sexual Abuse/Molestation Carrier: _____
 Annual Premium: \$ _____
 • Please provide copy of current Professional Liability and Sexual Abuse/Molestation declarations within your current excess (umbrella) liability underlying schedule.
4. Expiring Employers Liability Provider: _____
 Annual Premium: \$ _____
 • Please provide a copy of current Employers Liability declarations within your current excess (umbrella) liability underlying schedule.
5. Current Management Liability and Employment Practices Liability Carrier: _____
 Annual Premium: \$ _____
 • Please provide a copy of current Management Liability and Employment Practices Liability declaration within your current excess (umbrella) liability underlying schedule.

Please note Fiduciary Liability and Cyber Liability is NOT provided under NP Insurance Group’s Excess Liability coverage.

WORKERS’ COMPENSATION/EMPLOYERS LIABILITY

Premium Calculation - Enter your estimated annualized payroll for the current year.

Class Code	Description of Duties	Number of Employees	Estimated Annual Payroll	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
TOTAL ESTIMATED PAYROLL			\$	

*Most recent experience modification bureau report required for quoting.

SIGNATURE/WARRANTY

As the undersigned, I am authorized on behalf of the proposed named insured to make this application and to enter into a contract for insurance. I have reviewed this application for accuracy before signing it. As a condition precedent for coverage, I and the proposed named insured hereby state that all information stated in this application is true and accurate, and that no responsive facts have been omitted, misrepresented or misstated. I and the proposed named insured understand that it is a crime to defraud any insurance program by the misrepresentation or concealment of facts. I and the proposed named insured am unaware of any events, occurrences, incidents, situations, claims, or potential claims which may lead to claim or lawsuit against the applicant or any person or entity that may be covered under the insurance policy and coverages applied for. I and the proposed named insured understand that this an application for insurance only, and that completion and submission of this application does not bind coverage.

SIGNATURE

PRINTED NAME

TITLE/POSITION

DATE