#### NP Insurance Group Program - Comprehensive Application

NPIA, Inc. dba: Nonprofits' Insurance Agency

21034 Heron Way, Ste 107



P: (952) 469-5963

POLICY ISSUANCE PARTNER OF NP INSURANCE GROUP, LLC

COMPLETED APPLICATIONS MAY BE RETURNED TO NPIG'S ADMINISTRATOR:

Application for Nonprofit Social & Human Service Agencies www.npinsurancegroup.org

# 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.

F: (9	952) 469-4553			Lakeville, MN 55044			
E: m	nail@npiainc.com			www.npiainc.com			
REQ	UESTED EFFECTIVE DA	ATE:					
SECT	ΓΙΟΝ Ι: ORGANIZATION	INFORMATION					
	NAMED INSURED:						
	ADDRESS:		CITY:	STATE:	ZIP:		
	PRIMARY CONTACT:		PHONE:	EMAIL:			
	EXECUTIVE DIRECTOR:		PHONE:	EMAIL:			
DES	CRIPTION OF YOUR OP	ERATIONS:					
		COMMERC	AL PACKAGE LINES REQUESTED (check a	ll that apply)			
	PROPERTY		AUTOMOBILE	DIRECTORS & OFFICERS LIABILITY			
	GENERAL LIABILITY/E	BL	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 entity organization		suspended, revoked, or placed under co	nditional status by any	governmental		
2.	Does the Applican	t obtain criminal b	ackground checks on all staff members <u>be</u>	efore hiring them? Y/N:			
3.	Does the Applicant	t require drug test Before Hiring	s on all staff members, including drivers?  After Hiring	Y/N:			
4.	Does the Applican	t share written job	descriptions with all staff members? Y/N	I			



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# **PROPERTY & GENERAL LIABILITY**

	CITY	ST	BUILDING	CONTENTS	CONSTRUCTION	SQUARE FT.	OCCUPANCY
		-				L	
	RAL STATION A			DEO CAMERAS the upcoming y	ear:	OTHER:	
Requested C	omputer Sof	tware co	overage limit?				
	ENEFITS LIAB	ILITY					N/A
1. Request	ed Limit:						
2. Is your c	urrent Employe	ee Benefit	ts Liability coverag	ge: (check one)			
O	ccurrence	ciaim	s iviadeit checke	ed what is the retr	oactive date?		
3. Does the	proposed nam	ed insure	d or any of its dire	ectors, officers, or	employees have know	vledge or informatio	n of any act, circumsta
orror	mission which	might ai	,				. , ,,
enoror	JiiiiJJioii Wiiicii	ı illiğili gi	ve rise to a ciaim	under the Employ	ee Benefits Liability C	Coverage applied for	?

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# **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					
10					

0									
9									
10									
1.	Does th	e Applicant ob	tain MVRs on all driver	s?	If yes, how often?				
2.	Do employees use their personal auto for business purposes?								
3.	Do any	of your employ	yees/volunteers use the	eir personal vehicle an	d collect a fee per ride?	?			
PRO	FESSIO	NAL LIABILI	ITY Including Sexua	l Abuse & Molestation C	overage		N/A		
1. Is	your curre	nt Professional L	iability coverage: (check o	ne)					
	Occurren	ce C	laims Madeif checked w	hat is the retroactive da	te?				
2. Is	your currer	nt Abuse & Mole	station coverage: (check o	one)					
	Occurren	ce C	laims Madeif checked w	hat is the retroactive da	te?				
or		abuse or moles			wledge or information of a ne Human Services Care P				
	Voc	N	lo.						

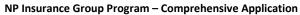
#### **EMPLOYEE BREAKDOWN**

1.

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:			Volunt	teers/Interns: Annual Estimated			

Description of employment:

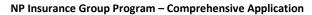




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INLAND MARINE				N/A
Misc. Equipment Limit:				
Description (List equipment greater than \$5,000	0)			Value
ine Arts Limit:				N/
Description (List EACH item individually)	<del></del>		^	greed Value
Description (List EACH Item individually)			1	agreed value
				<b>8.1</b> <i>j</i>
uilders' Risk ddress, City, State, Zip	LIMIT	DEDU	JCTIBLE	N/ VALUATION
uilders' Risk/Soft Cost TEM/DESCRIPTION	LIMIT	DEDU	JCTIBLE	VALUATION
EMPLOYEE DISHONESTY/CRIME - I	FIDELITY			N/
. Employee Dishonesty Limit:				
. Additional crime coverage(s) requested in the pi	roposal?			
	Limit Included in NPIG Policy	Increased Li Requeste		
Forgery & Alteration	\$10,000	nequeste		
Money & Securities – Inside Premises	\$10,000			
Money & Securities – Outside Premises	\$10,000			
Funds Transfer Fraud	\$10,000			





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IVI	ANAGEMENT LIA	BILIIY		N/A
	Requested Limit:			
1.			ed or any of its directors, officers, or employees have knowledge or information of any act, which might give rise to a claim under the Not-For-Profit Management Liability Coverage	
	Yes	No	If Yes, details of incident(s) required.	
ΕN	//PLOYMENT PRA	CTICE	S LIABILITY	N/A
	Requested Limit:			
1.	· ·		red or any of its directors, officers, or employees have knowledge or information of any act on which might give rise to a claim under the Employment-Related Practices Liability coverage	
	Yes	No	If Yes, details of incident(s) required.	
CY	BER LIABILITY			N/A
	Requested Limit:			
1.			ed or any of its directors, officers, or employees have knowledge or information of any act, romission which might give rise to a claim under the Cyber Liability coverage applied for?	
	V	NI-	If Yes, details of incident(s) required.	
	Yes	No	, ,	
	res	NO	g ,	
FII				N/A
FII	DUCIARY LIABILIT			N/A
FII				N/A
<b>FII</b>	Requested Limit:	<b>Y</b> ed insur	red or any of its directors, officers, or employees have knowledge or information of any act, ive rise to a claim under the Fiduciary Liability Coverage applied for?	·

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#### **EXCESS LIABILITY**

Re	equested 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.						_
	Annual Pr	emium: \$		•		
		e provide copy of curlying schedule.	rrent General Liabilit	y declarations withir	ı your current excess (umbı	rella) liability
2.	Expiring Auto (	Carrier:				
		lity Annual Premium				
		-			our current excess (umbrell	a) liahility
		rlying schedule.	Tremeriate Elability a	colarations within ye	ar carrent excess (amorein	a, naomey
3.	<b>Expiring Profes</b>	sional Liability and Se	exual Abuse/Molesta	tion Carrier:		
	Annual Pr	emium: \$				
	<ul> <li>Pleas</li> </ul>	e provide copy of cu	rrent Professional Lia	ability and Sexual Ab	use/Molestation declaratio	ns within your
	curre	ent excess (umbrella)	liability underlying s	chedule.		-
4.	Expiring Emplo	yers Liability Provide	r:			
		emium: \$				
					within your current excess (	(umbrella)
		ity underlying schedu		,	,	
5.		, , ,		s Liability Carrier:		
	-	emium: \$		· · · · · · · · · · · · · · · · · · ·		
					ment Practices Liability de	claration
		n your current exces	_		·	
	WICHI	, car carrerie exces	o (aor cha) hability	and a seried die.		

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	\$

<sup>\*</sup>Most recent experience modification bureau report required for quoting.

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# 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