

**NIAC**  
**Supplemental Application**  
**(To be submitted with ACORD applications)**

Applicant Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  Check here if none available

Email: \_\_\_\_\_  Check here if none available Web site: \_\_\_\_\_  Check here if none available

Confirm Billing Address: \_\_\_\_\_

**ADDITIONAL COVERAGES REQUESTED (Not otherwise requested on ACORD)**

**Social Service Professional Liability** (Submit NIAC #3)

**Improper Sexual Conduct** (Submit NIAC #4)

**Directors & Officers Liability** (Submit NIAC #5)

**Student/Volunteer Accident** (Submit NIAC #7)

**Employee Benefits Liability** (Submit NIAC #8)

1. a) Is Applicant a nonprofit organization under the U.S. Internal Revenue Code 501(c)(3)?  
 Yes  No  
**If yes, attach a copy of IRS Determination Letter** from the Department of Treasury.

b) **In what state is the nonprofit organization incorporated?** \_\_\_\_\_ (i.e. CA, NV, VT, TX, etc.)

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2. To quote Non-owned/hired auto, organization must have a procedure in place to verify personal auto insurance for all employees & volunteers who may use their autos on agency business. Does applicant have procedure?  Yes  No

How many employees drive? \_\_\_\_\_ How many volunteers? \_\_\_\_\_

Are any vehicles or mobile equipment owned/registered to this organization?  Yes  No

**If yes, how many?** \_\_\_\_\_

***It is a requirement that all owned vehicles or mobile equipment be registered to the nonprofit organization.***

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3. Are any events or fundraisers held by this applicant?  Yes  No

**If yes, list anticipated events and fundraisers for the year on page 2.**  
*(Attach supplemental page if needed)*

If you hold events, including fundraisers, do vendors/exhibitors at your events provide certificates of insurance to you?

Yes  No

3. **Events and Fundraisers:**

Date	Event	# of Participants	Gross Revenue	Co-sponsors

4. Total number of employees \_\_\_\_\_ Total number of volunteers \_\_\_\_\_  
a. Are volunteers/trainees covered under a Workers' Compensation policy?  Yes  No  
b. Do you have a Volunteer Accident policy in place?  Yes  No  
c. Do you have a Student/Participant Accident policy in place?  Yes  No

5. Annual budget \$\_\_\_\_\_ Annual payroll \$\_\_\_\_\_ Annual sales if applicable \$\_\_\_\_\_

6. Specify major sources of funding and indicate APPROXIMATE proportion of budget from each source. (For example, private foundations 20%, city 60%, fee for services 20%)

Funding Source	% of Total

7. Are field trips taken?  Yes  No **If yes, provide Number of Trips, Destination and Mode of Transportation on a separate sheet.**

8. Do you provide lodging?  Yes  No **If yes, please answer the following:**

Number of beds for which you are licensed \_\_\_\_\_

Number of stories in the building \_\_\_\_\_

Average length of stay per resident \_\_\_\_\_

Age range of residents:  0-10  11-18  19-65  over 65

Percentage of non-ambulatory \_\_\_\_\_%

Is there a 24-hour resident manager?  Yes  No

Do you have a plan for medical emergencies?  Yes  No

Do you have a fire alarm system?  Yes  No

Do you have smoke detectors on premises?  Yes  No

Is smoking allowed on the premises?  Yes  No

9. Are you required to be licensed?  Yes  No

**If yes, has your license to operate or the license or certificate of staff member(s) ever been suspended or revoked?**  Yes  No

**If yes, provide details.** \_\_\_\_\_

10. Have you ever been subject to a hearing regarding your services or operations or are you now under review?  Yes  No **If yes, provide details.**

11. Do you provide any medical services?  Yes  No

**If yes, provide details.** \_\_\_\_\_

12. Do you provide counseling services?  Yes  No

**If yes, please complete Social Service Professional Liability Supplement (NIAC #3).**

13. Do you organize or sponsor rallies/civil demonstrations?  Yes  No

14. Do you publish books, periodicals, CD's or DVD's?  Yes  No

15. Do you provide a referral service, legal aid service or computer service to your members or to the public?  Yes  No

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16. Are there premises, operations or exposures not stated in this application?  
 Yes  No  
**If yes, provide details.**

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17. Does applicant have any subsidiaries or control any other entity or organization for which coverage is desired?  Yes  No **If yes, please complete NIAC #10.**

**I. SIGNATURES**

**Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (ny: substantial) civil penalties. (not applicable in CO, HI, NE, OH, OK, OR, OR VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied) The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/she certifies that the answers are true, correct and complete to the best of his/her knowledge.**

_____	_____	_____	_____
Applicant's Signature	Date	Producer's Signature	Date
_____		_____	
Print or type applicant's name		Applicant's Title	