

ANI-RRG
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 ANI-RRG #3)

Improper Sexual Conduct (Submit ANI-RRG #4)

Directors & Officers Liability (Submit ANI-RRG #5)

Student/Volunteer Accident (Submit ANI-RRG #7)

Employee Benefits Liability (Submit ANI-RRG #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.)

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.

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 (ANI-RRG #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

16. Do you certify foster homes? Yes No # of homes _____
 # children/year _____

17. Do you place in certified foster homes? Yes No # of homes _____
 # children/year _____

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

19. Does applicant have any subsidiaries or control any other entity or organization for which coverage is desired? Yes No **If yes, please complete ANI-RRG #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.

Notice: The policy for which you are applying is issued by a risk retention group. The risk retention group may not be subject to all of the insurance laws and regulations of your state of domicile. State insurance insolvency guaranty funds are not available for risk retention groups.

Applicant's Signature Date Producer's Signature Date

Print or type applicant's name Applicant's Title