



POLICY ISSUANCE PARTNER OF NP INSURANCE GROUP, LLC

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

All applicants must be an Ohio 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 [] TITLE [] EMAIL []

EXECUTIVE DIRECTOR [] PHONE [] EMAIL []

DESCRIPTION OF YOUR OPERATIONS:

[]

QUOTATION – COVERAGE LINES REQUESTED

COMMERCIAL PACKAGE LINES REQUESTED (check all that apply)

- PROPERTY, AUTOMOBILE, DIRECTORS & OFFICERS LIABILITY, GENERAL LIABILITY, 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? [] Y/N

2. Indicate weather the Applicant's employees or independent contractors provide the following services:

- LANDSCAPING, RE-PAVING/RE-SURFACING, OTHER, JANITORIAL/MAINTENANCE, SNOW REMOVAL, OTHER

3. Does the Applicant obtain criminal background checks on all staff members before hiring them? Y/N
4. Does the Applicant obtain criminal background checks on volunteers? Y/N
5. Does the Applicant require drug tests on all staff members, including drivers? Y/N Random
 If yes: Before Hiring After Hiring
6. Does the Applicant share written job descriptions with all staff members? Y/N

PROPERTY & GENERAL LIABILITY

LOC	ADDRESS	CITY	ST	BUILDING	CONTENTS	PC	CONSTRUCTION	SQUARE FT.	OCCUPANCY	GL CODE

Requested Computer Software coverage limit?

Please be advised that NPIG includes the Replacement Cost of Computer Hardware and equipment within its Contents/BPP coverage. Provide limit(s) for this coverage within the Contents/BPP coverage in previous section.

EMPLOYEE BENEFITS LIABILITY

N/A

1. Are you requesting Employee Benefits Liability coverage?
 Yes No
2. Is your current Employee Benefits coverage: (check one)
 Occurrence Claims Made...if checked what is the retroactive date?
3. Does the proposed named insured or any of its directors or officers 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
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?
 GUARDS VIDEO CAMERAS OTHER:

COMMERCIAL AUTO
Schedule of Covered Automobiles

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

- Does the Applicant obtain MVRs on all drivers? Y/N If yes, how often? _____
- Do employees use their personal auto for business purposes? Y/N

PROFESSIONAL LIABILITY

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

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):		
Mental Health Practitioners:			Others (Describe):		
IT Professionals:			Volunteers/Interns: Annual Estimated		

INLAND MARINE

 N/A
Contractors Equipment
Limit:

List equipment below if greater than \$5,000:

	<u>Description</u>	<u>Replacement Cost Value</u>

Fine Arts

 N/A

	<u>Description</u>	<u>Replacement Cost Value</u>

Builders' Risk

 N/A

	<u>ITEM/DESCRIPTION</u>	<u>LIMIT</u>	<u>DEDUCTIBLE</u>	<u>VALUATION</u>

Builders' Risk/Soft Cost

	<u>ITEM/DESCRIPTION</u>	<u>LIMIT</u>	<u>DEDUCTIBLE</u>	<u>VALUATION</u>

EMPLOYEE DISHONESTY/CRIME - FIDELITY

 N/A

 1. Employee Dishonesty Limit:

2. Additional crime coverage(s) requested in the proposal?

	<i>Limit Included in NIT Policy</i>	<i>Increased Limit Requested</i>
Forgery & Alteration	\$10,000	<input type="text"/>
Money & Securities – Inside Premises	\$10,000	<input type="text"/>
Money & Securities – Outside Premises	\$10,000	<input type="text"/>
Funds Transfer Fraud	\$10,000	<input type="text"/>

MANAGEMENT LIABILITY

N/A

1. Requested Coverage Line(s):

Management Liability

Req. Limit(s):

2. Does the proposed named insured or any of its directors or officers 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.

3. Does the proposed named insured or any of its directors or officers 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.

4. Does the proposed named insured or any of its directors or officers have knowledge or information of any act, circumstance, 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.

EMPLOYMENT PRACTICES LIABILITY

N/A

1. Requested Coverage Line(s):

Employment Practices Liability

Req. Limit(s):

2. Does the proposed named insured or any of its directors or officers 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.

3. Does the proposed named insured or any of its directors or officers 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.

4. Does the proposed named insured or any of its directors or officers have knowledge or information of any act, circumstance, 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.

CYBER LIABILITY

N/A

1. Requested Coverage Line(s):

Cyber Liability

Req. Limit(s):

2. Does the proposed named insured or any of its directors or officers 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.

3. Does the proposed named insured or any of its directors or officers 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.

4. Does the proposed named insured or any of its directors or officers have knowledge or information of any act, circumstance, 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

1. Requested Coverage Line(s):

Fiduciary Liability

Req. Limit(s): \$

2. Does the proposed named insured or any of its directors or officers 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:

<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> \$4,000,000	<input type="checkbox"/> \$5,000,000
<input type="checkbox"/> \$6,000,000	<input type="checkbox"/> \$7,000,000	<input type="checkbox"/> \$8,000,000	<input type="checkbox"/> \$9,000,000	<input type="checkbox"/> \$10,000,000

1. Current General Liability (Employee Benefits) Carrier: _____
Premium: \$ _____
2. Please provide copy of current General Liability declarations within your current excess (umbrella) liability underlying schedule.
3. Current Auto Carrier: _____ Auto Liability Premium: \$ _____
4. Please provide copy of current Auto Liability declarations within your current excess (umbrella) liability underlying schedule.
5. Current Professional Liability and Sexual Abuse/Molestation Carrier: _____
Premium: \$ _____
6. Please provide copy of current Professional Liability and Sexual Abuse/Molestation declaration within your current excess (umbrella) liability underlying schedule.
7. Current Workers Compensation/Employer Liability Carrier: _____
Premium: \$ _____
8. Please provide a copy of current Workers' Compensation/Employee Benefits declaration within your current excess (umbrella) liability underlying schedule.
9. Current Management Liability and Employment Practices Liability Carrier: _____
Premium: _____

Please provide a copy of current Management Liability and Employment Practices Liability declaration within your current excess (umbrella) liability underlying schedule



POLICY ISSUANCE PARTNER OF NP INSURANCE GROUP, LLC

FRAUD WARNING STATEMENT

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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