



Nonprofit Insurance Trust - Property & Liability Pool

Application For Nonprofit Social Service Agencies

www.nonprofitinsurancetrust.org

This is an application for a quotation provided by the Nonprofit Insurance Trust (NIT) Property & Liability Pool. NIT is a self-insured, Minnesota 501c3 Nonprofit organized under MN Statute.

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

COMPLETED APPLICATIONS MAY BE RETURNED TO NIT'S ADMINISTRATOR: NPIA, Inc. dba: Nonprofits' Insurance Agency
P: (952) 469-5963 21034 Heron Way, Ste 107
F: (952) 469-4553 Lakeville, MN 55044
wayne@npiainc.com www.npiainc.com

PROPOSED EFFECTIVE DATE: _____

SECTION I: ORGANIZATION INFORMATION

NAMED INSURED: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PRIMARY CONTACT: _____ TITLE: _____ EMAIL: _____

DESCRIPTION OF YOUR OPERATIONS:

QUOTATION – COVERAGE LINES REQUESTED

COMMERCIAL PACKAGE LINES REQUESTED (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> PROPERTY | <input type="checkbox"/> AUTOMOBILE | <input type="checkbox"/> DIRECTORS & OFFICERS LIABILITY |
| <input type="checkbox"/> GENERAL LIABILITY | <input type="checkbox"/> EMPLOYEE DISHONESTY/CRIME | <input type="checkbox"/> EMPLOYMENT PRACTICES LIABILITY |
| <input type="checkbox"/> EMPLOYEE BENEFITS LIABILITY | <input type="checkbox"/> INLAND MARINE | <input type="checkbox"/> FIDUCIARY LIABILITY |
| <input type="checkbox"/> PROFESSIONAL LIABILITY | <input type="checkbox"/> CYBER LIABILITY | <input type="checkbox"/> EXCESS/UMBRELLA LIABILITY |

ADDITIONAL ITEMS REQUIRED:

- A. FIVE YEAR LOSS RUNS B. THREE YEAR PREMIUM HISTORY (CREDITS) C. AUDITED FINANCIAL STATEMENTS

NOTES/ADDITIONAL COVERAGE(S) REQUESTED/TERMS & CONDITIONS



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SECTION II: PROPERTY & GENERAL LIABILITY

Schedule of Locations

LOC	ADDRESS	CITY	ST	BUILDING	CONTENTS	PC	CONSTRUCTION	SQUARE FT.	OCCUPANCY	GL CODE
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SECTION III: AUTO

Schedule of Covered Automobiles

ID	YEAR	MAKE	MODEL	VIN	TYPE
----	------	------	-------	-----	------

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15



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



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SECTION V: 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

SECTION VI: INLAND MARINE

N/A

1. Requested Computer Software coverage limit? _____

Please be advised that NIT 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.

2. Contractors Equipment Limit: _____

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

SECTION VII: 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	_____
Money & Securities – Inside Premises	\$10,000	_____
Money & Securities – Outside Premises	\$10,000	_____
Funds Transfer Fraud	\$10,000	_____



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SECTION VIII: DIRECTORS & OFFICERS LIABILITY/EMPLOYMENT PRACTICES LIABILITY/CYBER LIABILITY

N/A

1. Requested Coverage Line(s):

	Directors & Officers	Employment Practices	Cyber Liability
Req. Limit(s):	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

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.*

SECTION IX: FIDUCIARY LIABILITY

N/A

1. Requested Coverage Line(s):

	Fiduciary Liability
Req. Limit(s):	\$ <input type="text"/>

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.*

SECTION X: EXCESS/UMBRELLA LIABILITY

N/A

1. Requested Limit:

\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000



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SECTION XI: 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