



CARRIER:

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Nonprofit Premises Preferred Product

NONPROFIT PREMISES PREFERRED PRODUCT SUPPLEMENTAL APPLICATION

All questions must be answered and application must be signed by applicant.

Please submit with a completed Acord 125 Application.

SECTION I. GENERAL INFORMATION:

- 1. Name of organization: _____
- 2. Mailing address: _____ Zip code: _____
- 3. Location address (if different than above): _____ Zip code: _____
- 4. Description of operation/services offered: _____
- 5. Web site address: _____
- 6. E-mail address: _____
- 7. Does the organization have tax exempt status as defined by the I.R.S.? Yes No

SECTION II. PREMISE PREFERRED:

- 8. Are revenues greater than \$10,000,000? Yes No
- 9. Please provide the square footage of the applicant's premises: _____
- 10. Does the applicant have an international exposure? Yes No

If "Yes," please provide details: _____

- 11. Does the applicant have any of the following exposures? Yes No
 - Gymnasium Swimming pool Soup kitchen Adoption Childcare Habitational Play center
 - Food bank Abortion clinic Thrift store
- 12. Does the applicant have a stable or farm exposure? Yes No
- 13. Does applicant provide Web and/or software development or programming services? Yes No
- 14. Are there functioning smoke detectors on the premises? Yes No
- 15. Does the risk contain aluminum wiring? Yes No
- 16. Does the risk have 100% of the wiring on functioning circuit breakers? Yes No

Important Note: Coverage is limited to premises liability at the location address(es) scheduled in our policy, subject to the terms and conditions of our policy. The products-completed operations hazard is not insured.

SECTION III. NON PROFIT DIRECTORS & OFFICERS AND EMPLOYMENT PRACTICES LIABILITY (if eligible):

- 17. Is the organization involved in product research, development, testing and/or certification? Yes No
- 18. Does the organization engage in any disciplinary actions as a result of peer review activities? Yes No
- 19. Does the organization administer or sponsor any insurance programs? Yes No
- 20. Is the organization involved in any accreditation or standard setting activities? Yes No
- 21. Is the organization involved in any labor/union negotiations or collective bargaining activities? Yes No
- 22. Total number of employees: Full time: _____ Part time: _____ Volunteers: _____ Seasonal: _____
- 23. Number of members: _____ Number of chapters: _____
 If there are chapters, is coverage requested for them under this policy? Yes No
- 24. Does the applicant have any subsidiaries requiring coverage? Yes No
 If "Yes," please complete the Nonprofit Subsidiary Addendum (NPSADD).
- 25. Name and title of individual designated to receive all notices on behalf of the insured: _____
 Title: _____ Phone number: _____

26. Directors and officers liability insurance carried:

| Insurer | Limits of liability | Premium | Retention | Policy Period |
|---------|---------------------|---------|-----------|---------------|
| _____ | _____ | _____ | _____ | _____ |

27. Does the organization currently carry general liability insurance? Yes No

28. Please provide the following financial information for the last three years. (If organization in existence less than three years please provide budgeted revenue/expense statement for next three years).

| Year | Total Revenues | Net Income (Loss) | Current Fund Balance* |
|------|----------------|-------------------|-----------------------|
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |

*Fund balance = Total Assets - Total Liabilities

29. Within the last five years, has any inquiry, complaint, notice of hearing, claim or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the organization or any person proposed for insurance in the capacity of director, officer, trustee, employee or volunteer of the organization? (If "Yes," please forward a completed USLI supplemental claims application.) Yes No

30. Is any person proposed for this insurance aware of any fact, circumstance or situation, which may result in a claim against the organization or any of its directors, trustees, officers, employees or volunteers? (If "Yes," please forward a completed USLI supplemental claims application.) Yes No

SECTION IV. FIDUCIARY LIABILITY (AVAILABLE FOR 100 EMPLOYEES OR LESS):(If "No," fiduciary will not be offered.)

31. Does each pension plan use an outside investment manager? Yes No

32. Does each plan subject to ERISA comply with all applicable requirements of ERISA and the Internal Revenue Code of 1982, as amended (the "Code") including eligibility, participation, vesting, fiduciary responsibility and funding standards? *If "No," please attach details.* Yes No

33. In the past two years has there been or is there now under consideration any material changes to a plan or termination/consolidation of a plan? *If "Yes," please attach details.* Yes No

34. Has there been or is there now pending any claims(s) against any proposed insured arising out of any plan? *If "Yes," please attach details.* Yes No

35. Does any proposed insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed fiduciary liability coverage? *If "Yes," please attach details.* Yes No

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas Fraud Statement: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits

Maryland Fraud Statement: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio Fraud 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.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Statement: Notice to Oregon applicants: 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 may be guilty of insurance fraud.

Kentucky and Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

Tennessee, Virginia and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy.

THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____

(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The signer of this Application acknowledges and understands that the information provided herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's signature: _____ Title: _____

President, Chairperson of the Board, Managing Member, or Executive Director

Date: _____



Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.