

Entity Name: _____

Mailing Address: _____
Street City State Zip County

Contact Name: _____ Email: _____ Phone: _____

Fed ID#: _____ Year Started: _____

Describe purpose of entity: _____

Web Address: _____ Number of Employees: _____

Proposed Effective Date: _____

If you are an insurance broker, please complete the following information:

Agency Name: _____

Address: _____
Street City State Zip

Insurance Broker Contact Name: _____ Phone: _____ Email: _____

About the Entity:

- Type of Entity Art Gallery/Dealer/Service Art Conservator Chamber of Commerce/Business Association
 Civic/Social Organization Educational/Research Organization Foundation Museum/Historical Society
 Other (please specify) _____

Location Address: _____
Street Address (no P.O. Box) City State Zip

If you have multiple locations, please provide a statement of values for each location as an attachment to this application.

Occupancy: Office Storage Other (please specify): _____

Annual revenue or Operating Budget: _____ Annual payroll: _____

Property Coverage Information:

Building Construction Wood/Frame Brick/Masonry Non-Combustible Fire Resistant

Year Built: _____ Protection Class: _____

Is the building older than 30 years? Yes No

If yes, advise your updates for the following. Wiring: _____ Heating: _____ Plumbing: _____ Roof: _____

Please indicate if this location is Single Multiple Occupancy

Is there a restaurant located in the same fire division as insured? Yes No

If yes, is restaurant adjacent to the insured? Yes No

Sprinklered Building? Yes No Central Station Alarm? Yes No

Square feet occupied by entity: _____ Number of Stories: _____

Is the building more than 25% vacant or unoccupied? Yes No

Coverage Requested

Business Personal Property Limit: _____

(property you own, property in your care custody and control, tenant improvements and betterments, etc.)

Building Limit (if owned): _____ Total Sq footage: _____ % Occupied: _____

Business Liability:

- \$1,000,000 Each Occurrence/\$2,000,000 Aggregate
 \$2,000,000 Each Occurrence/\$4,000,000 Aggregate

Employee Benefits Liability Coverage. Yes No

Employee Benefits Liability insurance provides coverage to an employer for errors or omissions in the employer's administration of its employee benefit program.

Organization Structure/Subsidiary Organization:

Does this entity share majority (over 50%) common ownership with any other businesses/organizations? Yes No

If yes, is the other entity's operations insured elsewhere or contemplated in the above "About the Entity" type? Yes No

If no, please explain. _____

Number of Subsidiary Orgs to be insured ____ (*If requesting coverage, attach full description of each.*)

Automobile Usage:

Does the entity own autos? Yes No *If Yes, additional information will be requested.*

How many individuals (employees, contracted employees) use their personal vehicles to conduct business? _____

How frequently do individuals use their personal vehicle for business? _____

Hired & Non-Owned Liability Coverage? Yes No

Please specify the reason for driving: Sales Service Delivery Business Travel Other: _____

Please specify the percentage of driving? _____

Please confirm if Motor Vehicle Records (MVRs) are checked annually (or will they be for new employees)?

Yes No *If no, please explain.* _____

Does the entity provide an employee handbook with driving guidelines? Yes No

If no, please explain. _____

What is the radius driven? _____

Please confirm that individuals driving their own vehicles on entity business have personal auto insurance limits equal to or greater than \$100,000 bodily injury per person and \$300,000 bodily injury per accident.

Yes No *If no, provide explanation.* _____

Prior Coverage and Loss History:

Has the organization had business insurance coverage within the past 3 years? Yes No

If no, please explain. _____

Is the organization aware of any claims/losses within the past 3 years? Yes No

If Yes, please provide 3 years of currently valued insurance carrier loss runs.

Has your business insurance been cancelled at any point in the last 3 years for nonpayment of premium or any other reason?

Yes No *If yes, please explain:* _____

Additional Questions:

Does your organization currently have employee benefit plans? Yes No

Is coverage needed for ERISA compliance? Yes No *If yes, name the plan(s):* _____

Please indicate number/attendance for the following: _____ Networking Events _____ Receptions
_____ Fund Raisers _____ Wine Tastings

Do you sponsor athletic or other types of competitive events? Yes No

If yes, please specify: _____

Any Location owned or occupied by the insured not included under this policy? Yes No

If yes, describe: _____

Please indicate requested mortgage holder, loss payable clause and/or additional insured(s) (name and address for each)

The Applicant declares that the information in this Application and in the materials submitted herewith is true, accurate and complete. Signing this Application does not bind the Applicant to purchase insurance, but it is agreed that this Application shall be the basis of any insurance policy issued.

The information requested in this Application does not constitute notice under any insurance policy of a claim or potential claim. All claims notices must be submitted pursuant to the terms of the policy under which coverage is sought. If there is any change in the answers to the questions in this Application before the policy inception date, the Applicant must immediately notify the Insurer in writing. In such case, any outstanding quotation may be modified or withdrawn.

Acknowledgement required. Yes No

Insured Contact Name: _____ Title: _____

Signature: _____ Date: _____

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

PLEASE SUBMIT THIS APPLICATION AND APPROPRIATE MATERIALS TO:

Program Administrator
Affinity Nonprofits
2001 K Street, NW, Suite 625 North, Washington, DC 20006
800.482.7465 • affinitynonprofits.com • socialservice@affinitynonprofits.com

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, MARYLAND AND NEW MEXICO APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO KANSAS APPLICANTS: 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 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 commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO 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 is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.



Coverage not available in all states. Please note that the precise coverage afforded is subject to the terms, conditions, and exclusions of the policy as issued.

Affinity Nonprofits is the program name for the brokerage and program administration operations of Affinity Insurance Services, Inc., a licensed producer in all states (TX 13695); (AR 100106022); in CA & MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services, Inc.; in CA, Aon Affinity Insurance Services, Inc. (CA 0G94493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY, AIS Affinity Insurance Agency. A-14638-1223