|  |
| --- |
| ***ENTITY INFORMATION*** |
| Named Insured:       |
| Address:       | City:       | State:       | Zip:       |
| Email:       | Phone:       | Fax:       |
| Primary Contact Name:       | Title:       | Email:      Phone:       |
| Executive Director:       | Email:       |
| Risk Management Contact:       | Email:       |
| After Hours Emergency Contact:       | Phone:       |
| Designated Member Representative:       | Email:       |
| Website:       |
| Nonprofit IRS Classification (i.e., 501c3, 501c6):       | Date Established:       |
| Subsidiary:       |
| Description of Services Provided:       |
| Fundraising:       |
| Funding Sources:       |
| ***INSURANCE BROKER INFORMATION*** |
| Agency Name:       | Producer Name:       |
| Physical Address:       | Phone:       |
| Mailing Address:       | Fax:       |
| City:       | State:       | Zip:       | \*Email:       |
| ***\*Note:*** *Schedules, confirmation, certificates, and all other infomration specific to the entity named above will be sent to the email contact provided above. It is understood the email address provided may be a general email account used by the named agency or that of another individual within the named agency charged with administrative duties and not that of the above named producer.*  |
| ***EMPLOYEE INFORMATION (numbers only, no check marks)*** |
| Employee Count:       | Full Time:       | Part Time:       | Volunteers:       |
| **TITLE** | **LICENSED** | **TITLE** | **LICENSED** |
| Nurses, LPN, RN (including ARNPs) |  | Teachers |  |
| Of the total nurses above, how many are ARNPs? (may be added with underwriter approval only) |  | Dental Hygienists |  |
| Medical Assistants |  | Certified Nursing Assistants (CNA) |  |
| Counselors |  | Medical Directors |  |
| Therapists |  | Physicians Assistants |  |
| Paramedics / EMTs |  | Doctors\*\* |  |
| Psychologists |  | Dentists\*\* |  |
| Social Workers |  | Psychiatrists\*\* |  |
| Athletic Trainers |  | Any Employed Armed Personnel? If yes, how many? |  |

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| **\*\* Professional / Med-Mal coverage for Doctors, Dentists, and Psychiatrists is not currently included in the NPIP policy. This coverage may be available outside of the program.**  |

|  |  |
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| Do you want flood coverage?**Please note flood coverage for Zones “A” and “V” are excluded** | [ ]  Yes [ ]  No |
| Do you want earthquake coverage? | [ ]  Yes [ ]  No |
| ***EXPIRING INSURANCE INFORMAITON*** |
| GL Carrier:      Limit:       | Expiring Date:      Premium:       |
| Property Carrier:      Limit:       | Expiring Date:      Premium:       |
| Auto Carrier:      Limit:       | Expiring Date:      Premium:       |
| Equipment Breakdown:      Limit:      | Expiring Date:      Premium:       |
| Wrongful Acts / D&O / Misc. Professional Carrier:       |
| Expiring Date:       | Limit:       | Retro Date:       | Premium:       |
| ***GENERAL INFORMATION*** |
| Has any person within the organization become aware of any fact, circumstance, situation, event, or act that has not been previously reported that could reasonably give rise to a claim made against a person who acts on behalf of the organization or against the organization? |  [ ]  Yes [ ]  No |
| ***AUTOMOBILE LIABILITY*** |
| Are owned vehicles used for trips? | [ ]  Yes [ ]  No | Frequency:       |
| Do you have a safety program? | [ ]  Yes [ ]  No |
| Is driver training provided? | [ ]  Yes [ ]  No |
| Do you obtain and review MVRs on all drivers? | [ ]  Yes [ ]  No | Frequency:       |
| Are there MVR guidelines in place?  | [ ]  Yes [ ]  No |
| Have any exceptions been made for drivers who do not meet your established MVR guidelines? | [ ]  Yes [ ]  No |
| If yes, please explain. |  |
| Do you require written authorization to release driver record abstracts? | [ ]  Yes [ ]  No |
| Do you obtain a copy of drivers’ licenses and confirm they are valid? | [ ]  Yes [ ]  No |
| Is there an accident/incident review process in place that includes a written discipline policy? | [ ]  Yes [ ]  No |
| Percentage of trips pre-scheduled:       | Percentage of trips on demand:       |
| Average number of clients transported annually: |       |
| Are any vehicles customized with special equipment, such as lifts or patient safety restraints? | [ ]  Yes [ ]  No |
| Do you service or repair vehicles for others? | [ ]  Yes [ ]  No |
| If yes, what is the approximate number of outside vehicles serviced or repaired per year? |  |
| Do any of your clients/students work on other entities’ vehicles as part of a shop or tech class? | [ ]  Yes [ ]  No |
| If yes, what is the approximate number of vehicles worked on per year? |  |
| Are contracts/agreements obtained regarding this service? | [ ]  Yes [ ]  No |
| What type of repairs are being performed on fleet and other entities’ vehicles? |  |
| What is the minimum age of employees hired as drivers?       | Maximum age?       |
| Do you enter into contracts to transport people or property for hire? | [ ]  Yes [ ]  No |
| Do you have a formal policy restricting the use of handheld electronic devices while operating a vehicle (owned or non-owned)? | [ ]  Yes [ ]  No |
| Do you require a Form E filed with the Washington Utilities and Transportation Commission? | [ ]  Yes [ ]  No |
| ***NON OWNED AUTO*** |
| How many drivers regularly use their personal vehicle for company business? (i.e., Daily) | Staff:Volunteers: |            |
| How many drivers occasionally use their personal vehicle for company business? (i.e., Weekly errands) | Staff:Volunteers: |            |
| How many drivers transport clients in their own vehicle for company business? | Staff:Volunteers: |            |
| Do you obtain copies of proof of insurance annually for those who use their own autos? | Staff:Volunteers: | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| Are occasional safety checks made of vehicles to ensure the unit is safe and operational? | [ ]  Yes [ ]  No |
| I want to purchase uninsured / underinsured motorists coverage with the limit of $1,000,000 being offered to me.  |  [ ]  Yes [ ]  No |
| ***OPERATIONS MANAGEMENT*** |
| Do you have a safety program? | [ ]  Yes [ ]  No |
| Are staff and/or volunteers required to read and comply with safe operating procedures or safety manual?  | Staff: Volunteers: | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| Does the organization conduct training for employees and/or volunteers on issues of discrimination and harassment? | Staff: Volunteers: | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| Do you publish an employee handbook and distribute it to all employees and/or volunteers? (If yes, please provide a copy if available) | Staff: Volunteers: | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| Does the organization have employment practice guidelines, policies, and procedures periodically reviewed by an attorney with experience in employment law? | [ ]  Yes [ ]  No |
| If yes, please describe the frequency. |
| Do you have an anti-harassment policy that is distributed to all employees and volunteers? | [ ]  Yes [ ]  No |
| Do you have outside counsel review your employment handbook, policies, and/or procedures on a regular basis? (i.e., bi-annually) | [ ]  Yes [ ]  No |
| Do staff, clientele, volunteers, and visitors sign in/sign out? | Staff:Clientele: Volunteers: Visitors: | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| Is there a written employment application for those working with clientele? | Staff:Volunteers | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| Do you verify references? | Staff:Volunteers: | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| Are criminal background checks performed at hiring? | Staff:Volunteers: | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| Are federal background checks performed on staff/volunteers that work with children, elderly, or disabled? | Staff:Volunteers: | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| Are criminal background checks performed on staff/volunteers who handle company funds? | Staff:Volunteers: | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| How many employees have been terminated or laid off in the past three years? |       |
| Do you seek counsel from an attorney with experience in employment law prior to terminating an employee? | [ ]  Yes [ ]  No |
| Do you require all contractors to provide you with copies of certificates of insurance and/or hold harmless or indemnification agreements? *Please note that members should utilize only licensed, insured contractors and subcontractors. It is your responsibility to verify each contractor’s license and insurance coverage prior to entering into any agreement(s).* | [ ]  Yes [ ]  No |
| ***WRONGFUL ACTS / D&O*** |
| Financial Period Ending:       | Year End: [ ]  | Year-To-Date: [ ]  |
| Annual Budget:       | Assets:       | Net Assets:       | Revenues:       | Net Income:       |
| Does the applicant operate any for profit subsidiaries? (if yes, please attach details) | [ ]  Yes [ ]  No |
| Has the applicant, any director, officer, or other proposed insured been the subject of or involved in any litigation, which could fall under this scope of coverage in the past 12 months? | [ ]  Yes [ ]  No |
| If yes, please provide details of the litigation:       |
| Have any loss payments been made on behalf of the applicant, or have there been any judgments against the applicant under any director and officer’s liability policy, employment practices liability policy, fiduciary liability policy, or crime insurance? | [ ]  Yes [ ]  No |
| Does your organization administer an Employee Benefits Plan? | [ ]  Yes [ ]  No |
| Is each plan reviewed periodically to ensure there are no violations of ERISA (e.g., prohibited transactions or parties-in-interest rules)? If no, please provide an explanation:       | [ ]  Yes [ ]  No |
| Has any plan:* Been the subject of an investigation by the DOL, IRS, or any similar agency;
* Had its tax-exempt status withdrawn or threatened to be withdrawn by the IRS;
* Filed for an exemption from a prohibited transaction;
* Received an adverse opinion as to its financial condition by an independent public accountant;

If yes to any of the above, please provide an explanation:       | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| Are there any outstanding or delinquent plan contributions or plan loans, leases or debt obligations that are in default or classified as uncollectible? If yes, please provide an explanation:       | [ ]  Yes [ ]  No |
|  |  |
| ***CRIME / EMPLOYEE DISHONESTY*** |
| Is there an audit by? | CPA [ ]  | Public Accountant [ ]  | Staff [ ]  | Other [ ]  |
| Audit Frequency? | Annual [ ]  | Semi-Annual [ ]  | Quarterly [ ]  | Other [ ]  |
| Does audit include inventory? | [ ]  Yes [ ]  No |
| Audit report is rendered to:  | Management [ ]  | Board of Directors [ ]  | Other [ ]  |
| Have outside auditors stated there are material weaknesses in the organization’s system of internal controls in the past three years? | [ ]  Yes [ ]  No |
| If yes, please explain and provide the latest letter with responses. |
| Are bank accounts reconciled by someone not authorized to deposit or withdraw? | [ ]  Yes [ ]  No |
| Is countersignature of checks required? **If not**, who signs?       | [ ]  Yes [ ]  No |
| Are accounts subject to joint control of two or more responsible employees? | [ ]  Yes [ ]  No |
| Are all officers and employees handling money or managing finances required to take annual vacations of at least five consecutive business days? | [ ]  Yes [ ]  No |
| ***LIABILITY CLASSIFICATION INFORMATION (for all YES answers, please fill out the required supplement)*** |
| **CLASSIFICATION** |  | **SUPPLEMENT REQUIRED** |
| Employed Armed Personnel | [ ]  Yes [ ]  No | Security |
| Camps | [ ]  Yes [ ]  No | Camps |
| Community Centers / Clubs | [ ]  Yes [ ]  No | Community Centers |
| Child | [ ]  Yes [ ]  No | Daycare |
| Elderly Care | [ ]  Yes [ ]  No | Adult Daycare / Eldercare |
| Any Overnight Exposure (camp, housing, shelter, etc.) | [ ]  Yes [ ]  No | Housing |
| Home Healthcare | [ ]  Yes [ ]  No | Home Healthcare |
| Residential Care Facilities | [ ]  Yes [ ]  No | Residential Care |
| Rental Housing | [ ]  Yes [ ]  No | Housing |
| Schools | [ ]  Yes [ ]  No | Educational Institutions |
| Home Repair Weatherization Services | [ ]  Yes [ ]  No | Home Repair Weatherization Services |
| Special Events | [ ]  Yes [ ]  No | Special Events (only if event is not on the approved list located at npip.org) |
| Liquor Liability | [ ]  Yes [ ]  No | Liquor Liability |
| Vocational Training | [ ]  Yes [ ]  No | Vocational Rehab |
| Swimming Pools | [ ]  Yes [ ]  No | Swimming Pool |
| Foster Placement Related Services (wraparound services or contracted with state or other agency as foster care services provider) | [ ]  Yes [ ]  No | Foster Placement / Youth & Family Services Provider |
| Home Host Services (Independently or per RCW 74.15.020(o)) | [ ]  Yes [ ]  No | Host Homes Program |
| ***CYBER LIABILITY*** |
| Do you have a Multifactor Authentication (MFA) in place for anyone with access to the organization’s emails? | [ ]  Yes [ ]  No |
| Do you provide remote access to the organization’s system?**If yes**, is MFA in place for anyone with remote access to the organization’s resources? | [ ]  Yes [ ]  No |
| Does the organization have a cyber incident response plan in place? | [ ]  Yes [ ]  No |
| Does the organization have a business continuity / disaster recovery plan? | [ ]  Yes [ ]  No |
| Does the organization have a documented plan to respond to ransomware? | [ ]  Yes [ ]  No |
| Does the organization have a security and privacy policy in place? | [ ]  Yes [ ]  No |
| Are critical patches implemented within 30 days? | [ ]  Yes [ ]  No |
| Are critical systems and data backed-up daily? | [ ]  Yes [ ]  No |
| Are backups stored securely offline from the network? | [ ]  Yes [ ]  No |
| Does the organization have data retention procedures in place? | [ ]  Yes [ ]  No |
| Does the organization provide cyber security awareness training to all system users regularly? | [ ]  Yes [ ]  No |
| Does the organization provide regular training for responding to phishing or social engineering campaigns? | [ ]  Yes [ ]  No |
| Does the organization provide security training to all people who have access to Personally Identifying Information (PII)? | [ ]  Yes [ ]  No |
| Has the organization had a cyber incident that resulted in a claim in the past 12 months?If yes, please provide date and summary:       | [ ]  Yes [ ]  No |
| ***MISCELLANEOUS*** |
| Do you own or operate any drones or unmanned aircraft? | [ ]  Yes [ ]  No |
| Do you provide adoption services? | [ ]  Yes [ ]  No |

**PLEASE ATTACH THE COMPLETED UNDERWRITING INFORMATION WITH YOUR SUBMISSION**

**[ ]** Abuse supplement

[ ]  ACORD applications (GL, Auto, Property, Crime, Equipment, or Umbrella) / Statement of Values

[ ]  Last audited or unaudited financials or budget

[ ]  Photographs of properties

[ ]  5-year currently valued loss history for all lines of submitted coverage

[ ]  Commercial auto schedule

The above and any supplemental information is prepared and submitted on behalf of the named insured or applicant for coverage consideration. The receipt of application information does not constitute an obligation or commitment on the part of the Non Profit Insurance Program or its representatives to provide coverage protection. I certify that the information within this application and the attached SOV is true and accurate.

By signing below, the member and broker agree to accept all coverage documents and correspondence electronically. The member should be diligent in updating the email address provided to us in the event of a change.

***AUTHORIZED RESPRESENTATIVE:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Printed Name:  |       |  | Title:  |       |
| Signature:  |  |  | Date:  |       |

**Completed Applications Can Be Submitted To:**

**Byron Riche Phone: 800-407-2027**

**Clear Risk Solutions Fax: 509-754-3406**

**451 Diamond Drive** **briche@chooseclear.com**

**Ephrata, WA 98823**