

# CID Insurance Programs Inc. DBA CID Insurance Services

## Charities and Business Associations Application

APPLICANT MAY QUALIFY FOR AN INSTANT QUOTE BY COMPLETING SECTION I BELOW.

Package policy designed for office-based nonprofit organizations (including but not limited to chambers of commerce, trade associations, business associations and charitable organizations)

**Coverage(s) Desired:**     Preferred Package (general liability and property)     Nonprofit directors and officers

### I. INSTANT QUOTE INFORMATION

*Instant Quote is only available for accounts with no losses in the past five years. If there is loss history, please complete the entire application.*

Applicant's name (include DBA name): \_\_\_\_\_

Location address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Web address: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Form of business:     Individual     Corporation     Partnership     Nonprofit corporation     Trust     Other \_\_\_\_\_

#### Type of Organization:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Art/Cultural organization                | <input type="checkbox"/> Charitable organization            | <input type="checkbox"/> Membership organization (charity)          |
| <input type="checkbox"/> Booster club                             | <input type="checkbox"/> Foundation (social service)        | <input type="checkbox"/> Parent/Teacher association or organization |
| <input type="checkbox"/> Car club (please answer questions 32–35) | <input type="checkbox"/> Foundation (other)                 | <input type="checkbox"/> Professional/Trade association             |
| <input type="checkbox"/> Chamber of commerce                      | <input type="checkbox"/> Membership organization (business) | <input type="checkbox"/> Other _____                                |

#### Purpose and Mission of the Organization:

1. Have there been any losses, claims, or known circumstances that could result in a claim in the past five years?     Yes     No

If "Yes," please provide the following information; additional claims or information may be submitted on a separate sheet.

| Coverage Type   | Date of Loss | Description of loss | Paid | Reserved | Status   |
|---|--------------|---------------------|------|----------|--|
| <input type="checkbox"/> Property<br><input type="checkbox"/> Liability |              |                     | \$   | \$       | <input type="checkbox"/> Open<br><input type="checkbox"/> Closed |
| <input type="checkbox"/> Property<br><input type="checkbox"/> Liability |              |                     | \$   | \$       | <input type="checkbox"/> Open<br><input type="checkbox"/> Closed |
| <input type="checkbox"/> Property<br><input type="checkbox"/> Liability |              |                     | \$   | \$       | <input type="checkbox"/> Open<br><input type="checkbox"/> Closed |

2. Does the organization have tax exempt status as defined by the IRS?     Yes     No

3. What year did the business start? \_\_\_\_\_

4. Does the organization have a premises they occupy, whether owned or leased?     Yes     No

5. What is the total square footage occupied by the organization? \_\_\_\_\_ sq. ft.

6. How many active members? \_\_\_\_\_

7. What are the total annual revenues, including funds raised and donations? \$ \_\_\_\_\_

## Property Coverage

|   |   |  |   |   |
|---|---|--|---|---|
| <b>Building Construction:</b>   |   |  |   |   |
| <input type="checkbox"/> Frame  | <input type="checkbox"/> Joisted masonry  | <input type="checkbox"/> Noncombustible  |   |   |
| <input type="checkbox"/> Masonry noncombustible   | <input type="checkbox"/> Modified fire resistive  | <input type="checkbox"/> Fire resistive  |   |   |
| Protection Class  | Cause of Loss   | Deductible   | Number of Stories   | Type of Burglar Alarm   |
| _____   | <input type="checkbox"/> Basic <input type="checkbox"/> Special<br><input type="checkbox"/> Broad | <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 | _____   | <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None |
| What year was the building constructed? _____   |   |  |   |   |
| What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____  |   |  |   |   |
| What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle<br><input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____ |   |  |   |   |
| What is the age of the roof? _____ years  |   |  |   |   |
| Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |  |   |   |
| What is the square footage of the entire structure? _____ sq. ft.   |   |  |   |   |
| <b>Building Limit:</b>  |   | \$ _____   | <b>Coinsurance</b> (80% minimum) _____ %  | <input type="checkbox"/> ACV <input type="checkbox"/> RC  |
| <b>Business Personal Property Limit:</b>  |   | \$ _____   | <b>Coinsurance</b> (80% minimum) _____ %  | <input type="checkbox"/> ACV <input type="checkbox"/> RC  |
| <b>Business Income Limit:</b>   |   | \$ _____   | <b>Coinsurance</b> _____ or _____   | <b>Monthly Limit of Indemnity</b>   |
| <input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense  |   | <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70%             | <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% | <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6                |

## Additional Property Coverages Requested (check all that apply)

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Equipment Breakdown                               | <input type="checkbox"/> Electronic Data | <input type="checkbox"/> Interruption of Computer Operations |
| <input type="checkbox"/> Employee Dishonesty                               |  |  |
| Limit: _____   | Number of employees: _____               |  |
| Is an annual audit performed by a CPA or public accountant?                |  | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| Bank accounts reconciled by someone not authorized to deposit or withdraw? |  | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| Are countersignature of checks required?                                   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No     |

## Liability Coverage

8. Occurrence/Aggregate limit:  \$100,000/\$200,000  \$300,000/\$600,000  \$500,000/\$1,000,000  \$1,000,000/\$2,000,000
9. Add abuse and molestation liability?  Yes  No  
If "Yes", please answer questions 25–27.
10. Add hired and non-owned automobile liability?  Yes  No  
If "Yes," please answer questions 28–31.

## Special Events

11. Does the organization host, sponsor or organize any special events (additional premium may apply)?  Yes  No  
If "Yes":
- What is the number of event days with up to 250 attendees? \_\_\_\_\_
  - What is the number of event days with 251–2,500 attendees? \_\_\_\_\_
  - What is the number of event days where the organization serves or permits alcohol in exchange for a charge or donation? \_\_\_\_\_
  - Is the organization in the business to manufacture, sell or distribute alcoholic beverages?  Yes  No
  - Provide a brief description of events:  
\_\_\_\_\_

*\*Events with over 2,500 attendees are excluded and must be written separately.*

12. Does the organization operate a concession stand?  Yes  No  
If "Yes," what are the annual gross sales? \$ \_\_\_\_\_

13. Does the organization offer instructional classes?  Yes  No  
 If "Yes," how many students are enrolled in the school? \_\_\_\_\_
14. Are any products sold?  Yes  No  
 If "Yes," what are the annual gross sales? \$\_\_\_\_\_

**Additional Interests** (AI = Additional insured, LP = Loss payee, M = Mortgagee, W = Waiver of Transfer of Rights of Recovery Against Others to Us)

| Name | Relationship/Interest | Address | City, State, Zip | AI                       | LP                       | M                        | W                        |
|------|-----------------------|---------|------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|      |                       |         |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      |                       |         |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      |                       |         |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15. Add blanket additional insured?  Yes  No

**II. ELIGIBILITY CRITERIA**

16. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years?  Yes  No
17. Has insurance coverage been canceled or non-renewed in the past three years? (not applicable in MO)  Yes  No
18. Does any building built prior to 1978 have aluminum or knob-and-tube wiring?  Yes  No
19. For any building built prior to 1978, is 100% of the wiring on functioning and operational circuit breakers?  Yes  No
20. Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?  Yes  No
21. Are there functioning and operational fire extinguishers readily available?  Yes  No
22. Does the organization perform any operations located outside the U.S. or organize any international travel or international activities?  Yes  No
23. Is the organization involved with any of the following services: current or future construction or renovation projects, land acquisition, adoption/foster care, legal, medical/dental, financial, publishing, medical journal publication, real estate listings, research and development, or involved in activism, certification, accreditation or standard-setting?  Yes  No
24. Are direct social service programs including but not limited to thrift store operations, counseling and referral services, residential shelters, day/overnight camps, or healthcare provided?  Yes  No

**Abuse and Molestation Liability**

25. Are minors ever left alone with only one adult in any program, service or event who is not a parent or guardian of the minor?  Yes  No
26. Does the organization follow policies or procedures for the proper supervision of employees and volunteers who are in direct contact with minors and other individuals in all on-site or off-site programs, services, events or other activities of applicant?  Yes  No
27. Does the organization have a process for employees and volunteer workers that includes questions about whether the individual has ever been convicted of any crime and involved in any lawsuit, claim or criminal charge involving sexual abuse, sexual molestation or sexual misconduct?  Yes  No

**Hired and Non-owned Auto**

28. Is there a commercial auto insurance policy in force?  Yes  No
29. Are there any owned or leased (long-term) vehicles?  Yes  No
30. Are employees or volunteers required to use their personal automobiles to conduct the applicant's business on a regular basis?  Yes  No
31. Are vehicles used to transport people or deliver goods or products on a regular basis?  Yes  No

**Applicable to Car Clubs Only**

32. Are cars stored, repaired or garaged in any property insured on this policy?  Yes  No
33. Do vehicles remain stationary throughout each event, with the engines off?  Yes  No
34. Does the organization provide any of the following auto services: part sales, auto sales, repair, modification, garage or storage?  Yes  No
35. Does the organization organize or sponsor any events that feature any of the following: drag or timed racing, burnouts or flame throwing?  Yes  No

### III. DIRECTORS AND OFFICERS

36. Do you provide services for persons under the age of 18?  Yes  No
37. Is any person proposed for this insurance aware of any fact, circumstance or situation, that may result in a claim against the organization or any of its directors, trustees, officers, employees or volunteers?  Yes  No
38. Total number of employees: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Volunteers \_\_\_\_\_ Seasonal \_\_\_\_\_
39. Number of chapters: \_\_\_\_\_
40. If there are chapters, is coverage requested for them under this policy?  Yes  No
41. Does the applicant have any subsidiaries requiring coverage?  Yes  No  
If "Yes," please complete the Nonprofit Subsidiary Addendum (NPSADD).
42. Does the organization have general liability insurance?  Yes  No
43. Name and title of individual designated to receive all notices on behalf of the insured:

Title: \_\_\_\_\_ Phone number: \_\_\_\_\_

44. Please provide the following financial information for the past three (3) years. (If organization is in existence less than 3 years, please provide Budgeted Revenue/Expense statement for next 3 years.)

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

**\*Fund balance = Total Assets - Total Liabilities**

45. Within the past 5 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?  Yes  No  
*If "Yes," please forward a completed USLI supplemental claims application.*
46. Is this a parent organization at either the national or state level?  Yes  No
47. Does the organization have tax exempt status by the IRS?  Yes  No
48. Is the organization involved in product research, development, testing and/or certification?  Yes  No
49. Is the organization involved in any accreditation or standard-setting activities?  Yes  No
50. Does the organization engage in any disciplinary actions as a result of peer review activities?  Yes  No
51. Is the organization involved in any labor/union negotiations or collective bargaining activities?  Yes  No
52. Has any entity proposed for insurance closed, downsized, laid off, reduced staff, sold, merged with or acquired any company in the past 12 months or anticipates doing so in the next 12 months?  Yes  No
53. Has any policy for directors and officers or employment practices liability ever been canceled or non-renewed? (Not applicable in MO)  Yes  No
54. Has the applicant or any person proposed for coverage (whether or not in the service of applicant) been the subject of or been involved directly or indirectly in any civil, criminal, regulatory, legislative or administrative proceeding(s)?  Yes  No
55. Does the organization administer or sponsor any insurance programs?  Yes  No

### IV. FIDUCIARY LIABILITY (AVAILABLE FOR 100 EMPLOYEES OR LESS)

56. Does each pension plan use an outside investment manager?  Yes  No  
*If no, fiduciary will not be offered.*
57. 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?  Yes  No  
If "No," please attach details.
58. In the past two (2) years has there been or is there now under consideration any material changes to a plan or termination/consolidation of a plan?  Yes  No  
*If "Yes," please attach details.*
59. Has there been or is there now pending any claims(s) against any proposed insured arising out of any plan?  Yes  No  
*If "Yes," please attach details.*
60. Does any proposed insured have knowledge or information of any act, error or omission that might give rise to a claim under the proposed fiduciary liability coverage?  Yes  No  
*If "Yes," please attach details.*

## 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.

**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: \_\_\_\_\_