NONPROFITS INSURANCE ALLIANCE OF CALIFORNIA

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General Liability Supplemental Application

Organization's Name :	Claudine		
Contact Person :	Claudine	Title :	Insurance Consultant
Phone :	6262357200	Fax :	6262357200
Email :	Claudine@charityoneinsurance.com	Website :	www.charityoneinsurance.com
Date quote is needed?	2023-04-04	FEIN #:	510510549
Confirm Billing Address:			

GENERAL INFORMATION

1.Does the organization have any General Liability Insurance Currently ? ☐ Yes ☑ No

If you answer yes, we may require additional information.

2.What type of Entity is the Organization? ☑ 501(c)3 Nonprofit ☐ C- Corporation ☐ S Corporation ☐ LLC

3.What state is the organization incorporated? California

4.In what states will the organization operate? California

5.Complete the following :

Annual Budget	Annual Payroll	Annual Sales	Number Of Employees	Number Of Volunteers
3127.00	3137	3218		

6.Specify major sources of funding and indicate approximate proportion of budget from each source (for example: private foundations 20%, city 60%, fee for services 20%) :

Source(S) Of Funding	% Of Total Budget
Friends	100%

7.Is Organization presently in bankruptcy or has Organization contemplated filing bankruptcy during the past six months? ☐ Yes ☑ No

8.List any licenses or accreditation Organization is required to maintain

9.In the past five years, has the organization received any citations, violations, penalties or fines by any administrative or licensing organization? ☐ Yes ☑ No

If yes, please explain:

GENERAL INFORMATION

10.Does the organization have any subsidiaries or control any other entity or organization for which coverage is desired? ☐ Yes ☑ No

If yes, please explain:

a. Name of other entity for which coverage is desired

b. Address (if different from Organization)

c. What is the relationship between the organization and the other organization(s) ?

11.In the past three years has any insurance carrier declined, cancelled or non-renewed any coverage for which Organization is applying? ☐ Yes ☑ No

If yes, please explain:

12.Please provide a description of Organization operations and programs

13.Is the Organization exclusively an information and referral service (i.e., no direct services) ? ☐ Yes ☑ No

14.Approximate number of clients served annually

☐ Children under 10	☐ At-Risk/Disadvantaged	☐ Sex offenders
☐ Youth 10 to 18	☐ Respite/Hospice/Terminally ill	☐ Suicidal
☐ Clients over 60 years of age	☐ Drug/Alcohol addicted	☐ Known violent behavior
☐ Developmentally disabled	☐ Dementia/Alzheimer's	☐ Other (describe):
☐ Low-income/Homeless	☐ Non-ambulatory of any age	☐ Physically disabled

15.Does Organization perform any engineering or restoration work (e.g,waterway or stream restoration) ? ☐ Yes ☑ No

16.Is organization planning any renovations or new construction during the next two years ? ☐ Yes ☑ No

If yes, please explain:

17.Does Organization accept donations of real property (land or buildings) on a regular basis ? ☐ Yes ☑ No

If yes, describe the type of property accepted including usage (e.g., residential home for rental)

18.Does Organization accept donations of vehicles ? ☐ Yes ☑ No

If yes, explain how organization uses these donated vehicles (e.g., used in Applicant's daily operations, sold to a third party; repaired by Applicant and resold, etc.)

19.Are any clients held in locked down facilities ? ☐ Yes ☑ No

If yes, please explain:

20.Does Organization provide any Medical Services ? ☐ Yes ☑ No

If yes, please explain:

21.Does Organization employ counselors or other Social Service Professionals(veterinarians, teachers, nurses, etc.) ? ☑ Yes ☐ No

If Social Services Professional Coverage is desired, please complete the "Social Services Professional" Supplemental Application

SIGNATURES

Applicant’s Signature	Producer’s Signature
Print or type applicant’s name	Applicant’s Title