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General Liability Supplemental Application

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

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