



1111 Ashworth Road
West Des Moines, IA 50265-3544

**GUIDEONE INSURANCE
NONPROFIT AND HUMAN SERVICES
SUPPLEMENTAL QUESTIONNAIRE**

Account No.	Agent No.
Policy No.	Quote No.

This application attaches and is made a comprised part of the Commercial Insurance Application.
Required:

- Complete this supplemental application in addition to the ACORD and Supplement(s) to ACORD for all lines of business submitted.
- Currently valued loss reports for the past three years from prior carrier(s)
- Policy Changes:** Complete this supplemental application

Effective Date: _____

Common Policy Information

1. First Named Insured: _____

2. Mailing Address: Street _____
 City: _____ State: _____ Zip: _____

3. Website: _____
 E-mail: _____

4. Agency Name: _____

5. GAP ID: _____ Marketing Lead Source: _____
 Specific Denomination: _____

6. Is your organization: For profit Not for profit Government

General Information I

1. Does your organization provide services for the following types of clients?

Psychotic disorders (e.g. schizophrenia, paranoia, etc.)	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Mood disorders (e.g. bi-polar, mania, manic depressive)	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Clients who are severely mentally ill, violent, or suicidal	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Cognitive disorders (e.g. delirium, dementia, Alzheimer's)	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Clients who have a pyromania or fire starting disorder	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Clients who have an eating disorder	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Violent crimes, sex crimes, or offenders who act out sexually	<input type="checkbox"/> Yes* <input type="checkbox"/> No

2. Does your organization engage in any of the following operations?

Psychiatric care <input type="checkbox"/> Yes* <input type="checkbox"/> No	Crisis intervention (hotline, inpatient, suicide, pregnancy, etc.) <input type="checkbox"/> Yes* <input type="checkbox"/> No
Medications prescribed <input type="checkbox"/> Yes* <input type="checkbox"/> No	International operations or international travel <input type="checkbox"/> Yes* <input type="checkbox"/> No
Medications dispensed, injected, or administered <input type="checkbox"/> Yes* <input type="checkbox"/> No	Commercial lending, insurance, or handling client's money <input type="checkbox"/> Yes* <input type="checkbox"/> No
Dental Care <input type="checkbox"/> Yes* <input type="checkbox"/> No	Labor Unions, Political Lobbying, or Political Action Committees, Rallies, Civil Demonstrations, Protests <input type="checkbox"/> Yes* <input type="checkbox"/> No
Methadone treatment, detoxification or needle exchange <input type="checkbox"/> Yes* <input type="checkbox"/> No	In-home services (e.g., ministry, counseling, tutoring, health-related, crisis response, intervention, etc.) <input type="checkbox"/> Yes* <input type="checkbox"/> No
Adoption or foster placement <input type="checkbox"/> Yes* <input type="checkbox"/> No	Medical care (e.g. medical clinic or treatment, skilled nursing) <input type="checkbox"/> Yes* <input type="checkbox"/> No
Housing subject to HUD inspection <input type="checkbox"/> Yes* <input type="checkbox"/> No	Alternative sentencing, incarceration, or involuntary treatment <input type="checkbox"/> Yes* <input type="checkbox"/> No
Construction, Rehabs, Energy, Retrofits, Property Repair, etc. <input type="checkbox"/> Yes* <input type="checkbox"/> No	Halfway houses or lock-down facilities <input type="checkbox"/> Yes* <input type="checkbox"/> No

*All items with an asterisk require further explanation in the "Remarks" section.

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General Information I (continued)

3. Organization is licensed to sell alcoholic beverages? <i>(if yes, complete Special Events and Liquor Liability Supplement GA 6901)</i>	<input type="checkbox"/> Yes* <input type="checkbox"/> No
4. Any vehicle owned or used to transport individuals/property for a fee? <i>(if yes, complete Business Auto Supplement GA 6906)</i>	<input type="checkbox"/> Yes* <input type="checkbox"/> No
5. Organization employs or contracts armed security personnel?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
6. Any buildings or locations more than 50% vacant/unoccupied?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
7. Does your organization own, lease, operate or repair aircraft? If yes to any item in 1-7, contact underwriting before submitting.	<input type="checkbox"/> Yes* <input type="checkbox"/> No

General Information II

1. Describe Organization's Operations: _____

2. Number of Years Under Current Management: _____

3. List Programs or Services Offered Including Number of Clients Served:

Program Description	Number of Clients

4. Number of Clients, Students, or Members by age category:
0-5 _____ 6-14 _____ 15-18 _____ 19-62 _____ 63-75 _____ 76-85 _____ 86+ _____

5. Number of Full Time Employees: _____ Part Time Employees: _____
Number of Volunteers: _____ Board Members: _____

6. Is the organization accredited by any professional organization? Yes No
If yes, list the accreditations and the awarding organization: _____

7. Is the organization or any location required to be licensed to operate? Yes No
(If yes, attach copies of all licenses and most recent inspection reports)

a. Date of last regulator inspection: _____

b. Were any violations or deficiencies noted on last inspection? Yes No
If yes, describe: _____

c. Has the organization's license ever been suspended? Yes* No

d. Has the organization's license ever been revoked? Yes* No

e. Has the organization's license ever been made provisional? Yes* No

8. Has the organization discontinued any programs in the last five (5) years? Yes* No

9. Does the organization intend to engage in any mergers and/or acquisitions with other entities in the near future? Yes* No

10. Does the organization file an IRS form 990? Yes No
*If yes, provide copy of most recent IRS form 990.
If no, provide copy of most recent financial statement for organization.*

*All items with an asterisk require further explanation in the "Remarks" section.

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General Information II (continued)

11. Are the organization's financial statements audited by a CPA firm? Yes No
(If yes, provide copy of most recent audit)

12.	Annual Revenues/Receipts:	Annual Expenses:	Current Reserves/Surplus:	Restricted Amount:

13. Does 25% or more of organization's funding come from one source? Yes* No

14. Is accident insurance provided for volunteers, clients or members? Yes No

If yes, complete below:

Carrier	Policy Number	Policy Term	Limits	Premium Paid by Organization	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

15. Does the organization ever rent to or allow others to use insured locations? Yes No
If yes, complete a-f below:

- a. Number of times per year facilities are rented or used by others: _____
- b. Are renters/users required to provide proof of insurance? Yes No
- c. Are written lease or use agreements required? Yes No
- d. Agreement specifies renter/user responsible for security? Yes No
- e. Hold Harmless and indemnification provision in agreement? Yes No
- f. Is insured listed as Additional Insured on each renter/user's insurance policy? Yes No

16. Does organization own or maintain outdoor playground equipment? Yes No

If yes, describe equipment and location: _____

- a. Was equipment built by a commercial manufacturer? Yes No*
- b. Was equipment installed by an insured contractor? Yes No*
- c. Is equipment maintained by an insured contractor? Yes No*
- d. Describe the underlying surface and depth of materials under the playground:

*All items with an asterisk require further explanation in the "Remarks" section.

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Property Information	
1.	Green Upgrade:** <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Limited Flood Coverage: (coverage is restrict in Zones A and V)** <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Hurricane / Wind/Hail Deductible or Exclusion: (when none is selected the property deductible will apply for this peril, subject to eligibility) <input type="checkbox"/> Hurricane <input type="checkbox"/> None <input type="checkbox"/> Wind/Hail <input type="checkbox"/> Exclude
	Hurricane / Wind/Hail Deductible: <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 5%
4.	Are your buildings equipped with a functioning fire alarm system? <input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If yes, where does the fire alarm sound? <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> 911 Dispatch <input type="checkbox"/> Other _____
	b. If local, is it monitored 24/7? <input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Is fire alarm system activated by: <input type="checkbox"/> Heat detectors <input type="checkbox"/> Smoke detectors <input type="checkbox"/> Manual pull stations
	d. What is the power source for the detectors? <input type="checkbox"/> Battery <input type="checkbox"/> Hardwired Electric <input type="checkbox"/> Both
5.	Are there any known structural concerns with any of the buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is there a commercial kitchen in any of the buildings? If yes, is your kitchen equipped with a broiler, deep fat fryer, griddle, grill, tilt skillet or wok? If yes, complete the Commercial Cooking Survey. <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Does the electrical system in any building include any of the following: <input type="checkbox"/> Knob and Tube <input type="checkbox"/> Without fusestats <input type="checkbox"/> None of the above
8.	Does the primary heat source in any building include any of the following: <input type="checkbox"/> Space heater <input type="checkbox"/> Wood burning <input type="checkbox"/> None of the above
9.	Were all buildings originally designed and constructed for their present occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , do all buildings meet codes for their current occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Does your organization have any buildings under construction? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes , is the contractor carrying the builders risk coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , and builders risk coverage is desired, please complete ACORD 140 and the Builders Risk Supplemental b. Provide 100% completed building value: \$ _____

* All items with an asterisk require further explanation in the "Remarks" section.

** Not available in Florida.

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Advertising & Media Exposure		<input type="checkbox"/> Not Applicable
1.	Does organization currently have media, advertising, broadcasting, or publisher's liability insurance?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
2.	Does organization create its own advertising/marketing materials? a. If no, please list who creates these materials:	<input type="checkbox"/> Yes <input type="checkbox"/> No*
3.	Does organization have printed marketing materials? (Brochures, pamphlets, annual report, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Do marketing materials contain pictures taken by organization? a. If yes, are releases obtained from individuals in photos?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Does organization have a website? a. If yes, please provide website address and list who hosts and maintains website content:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Does organization air TV, radio, or internet broadcasts/PSA's, etc.? If yes, please describe including how often broadcasted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Does organization publish any materials? Does organization sell any materials created or published? If yes, please list, describe, and provide annual sales receipts (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Is outside legal counsel used to review all materials? If no, please describe how materials are reviewed before publication, broadcast or sold:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sales Or Distribution Activities		<input type="checkbox"/> Not Applicable
1.	Does organization sell, donate, or distribute food or merchandise? If yes, please describe operations and the food or merchandise items: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Inventory or merchandise is delivered to organization's location(s)? If yes, please describe who delivers and modes of transportation: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Inventory or merchandise is picked up by the organization? If yes, please describe who picks up goods and mode of transportation: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is racking above one level utilized to store inventory? a. Describe and provide a picture of inventory racking: b. Are shoppers allowed to retrieve merchandise from racking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

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Sales Or Distribution Activities (Continued)

5. Are forklifts used in the operations? Yes No
- a. Are forklift operators certified to operate forklifts? Yes No
- b. Do all forklifts have back-up alarms? Yes No
- c. Does organization have written procedures for forklift use? Yes No
- d. Are forklifts used while customers are shopping? Yes No
6. Does organization sell, donate, or distribute directly to individuals or organizations? Yes No

	Distributed to Individuals	Distributed to Organizations
Gross annual sales revenues		
Value of items annually distributed		
Weight (pounds) of items annually distributed		
Maximum value of any individual item		

7. Are any warranties offered or provided? Yes* No
8. Are any items or packages:
- a. Repackaged? Yes* No
- b. Repaired? Yes* No
- c. Refurbished? Yes* No
- d. Modified? Yes* No
- e. Relabeled or labels modified? Yes* No
- f. Labels removed? Yes* No

Optional Liability Coverages

1. **Cemetery Professional Liability Coverage** Number of burials and/or remains handled annually: _____
2. **Directors and Officers Liability Coverage (DO)**
- Occurrence (When occurrence coverage is selected the limits match the occurrence general liability limit)
- Claims-Made Retroactive Date: _____ Total Assets: \$ _____
- Prior Coverage
- Trigger: No prior coverage Occurrence Claims-Made Retroactive Date: _____
- Entry date into uninterrupted claims-made coverage: _____
- Notes:**
- Limits for claims-made DO coverage match the occurrence/aggregate general liability limits.
 - Coverage may be subject to the completed DO Supplemental Application. See the underwriting guidelines to determine when the DO Supplemental Application is required.
3. **Directors and Officers and Educators Legal Liability Coverage (DO with EL)**
- This is a claims-made coverage.**
- Notes:**
- Limits match the occurrence/aggregate general liability limits.
 - The DO and EL Supplemental Application must be completed and submitted for this coverage.

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Optional Liability Coverages (continued)

4. **Educators Management Liability Coverage (EML including DO, EL and EP)**
This is a claims-made coverage.
Note: The EML Supplemental Application must be completed and submitted for this coverage.
5. **Employment Practices Liability Coverage (EP)**
This is a claims-made coverage. Retroactive Date: _____
Defense costs are included within the policy limits
Limit: \$100,000 \$200,000 \$250,000 \$300,000 \$500,000 \$750,000 \$1,000,000
Retention: \$0 \$2,500 \$5,000 \$10,000
Prior Coverage Trigger No prior coverage Occurrence Claims-Made Retroactive Date: _____
Entry date into uninterrupted claims-made coverage: _____
- Notes:**
- Directors and Officers coverage is required in order to be eligible for this coverage.
 - Coverage may be subject to the completed EP Supplemental Application. See the underwriting guidelines to determine when the EP Supplemental Application is required.
6. **Lost Wages Coverage** \$2,500 \$5,000
7. **Sexual Misconduct Coverage**
Notes:
- The Sexual Misconduct Supplemental Application must be submitted for this quote or issue.
 - *This coverage is non-binding.*
8. **Additional Exposures Present**
- Church Exposure or Operation
 Education Exposure or Operation
 Senior Living Care Exposure or Operation

Claims-Made Information

(Complete this section only if claims-made coverage is requested)

Are there any claims or lawsuits pending against your organization (including employees, independent contractors or volunteers) of which you or any other director, officer or administrator are aware that are not included in the claim information/loss runs provided? Yes No

a. If yes, have all such pending claims been reported to the prior carrier? Yes No

b. If any pending claims have not been reported to the prior carrier, please explain:

Are there any incidents or circumstances known to your organization (you or to any other director, officer or administrator), that have not been reported to the prior carrier, and for which there is reason to believe that such incident or circumstance may give rise to a future claim under the proposed coverage? Yes* No

Has your organization had similar coverage declined, cancelled or non-renewed during the prior five years? (*This question is not applicable in Missouri*). Yes* No

Did the liability policies from the applicant's prior insurance carrier(s) specify that a claim will be considered to have been made when the earlier notice of an occurrence or incident was first provided to the insurer? Yes* No

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Loss History						
(Required for all operations, when not submitting with ACORD 125 with Loss History completed) <input type="checkbox"/> Check if none						
Enter all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the last three years.					Total Losses: \$ _____	
Date of occurrence	Type / description of occurrence or claim	Date of claim	Amount paid	Amount reserved	Claim open Yes/No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No
					<input type="checkbox"/> Yes	<input type="checkbox"/> No

Remarks

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INSURANCE FRAUD WARNING:

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.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: 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 restitution, fines, or confinement in prison, or any combination thereof. *Applies in MD only.

Applicable in CO: 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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).* Applies in FL only.

Applicable in KS: 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 commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 material 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. * Applies in NY only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties

ACKNOWLEDGEMENT AND SIGNATURES:

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

APPLICANT MUST SIGN THIS APPLICATION IN ORDER FOR IT TO BE VALID

Authorized Applicant Representative		Date	
Print Name		Title or Position	
Agent No.	Agency	Producer's Signature	License No.

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