

The MN Nonprofit Application

Quote and Issue

Quote Only

Applicant Name: _____

Mailing Address: _____

Location Address: _____

(List Additional Locations on separate sheet)

Contact Name: _____ Contact Phone: _____

Proposed Effective Date: From _____ To: _____

General Information:

Is applicant a 501(c)3? <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Expenses \$ _____	Annual Payroll \$ _____	Staff: FT _____ PT _____
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Describe Program Mission and Specific Programs: (attach brochures) _____

No. of Non-duplicated Clients annually? _____ Any Losses last 3 years? Yes No
(if yes, provide details on separate sheet)

Prior Carrier and Premium: _____

Coverage Requested:

- Property Data Processing Crime Specified Property (attach schedule)
 General Liability Social Worker Sexual Abuse

Property Specifics:

Area Occupied _____ Sq. Ft.
Const: Frame Joisted Masonry Non-Combustible Fire Resistive
Building Amount: \$ _____ Valuation: RC ACV FV Ded: \$ _____
Contents Amount: \$ _____ Valuation: RC ACV FV Ded: \$ _____
Computer Amount: \$ _____ Valuation: RC ACV FV Ded: \$ _____

Liability Specifics:

Classification: _____ Premium Basis: _____

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the applicant been in business for less than two (2) years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any foster Care or Adoption? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any Medical Services, including drug administration? |
| <input type="checkbox"/> | <input type="checkbox"/> | Preschool, daycare, headstart, nursery, Montessori or after school programs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any Senior services programs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any programs for developmentally disabled, retarded, deaf, blind or other special needs population? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are any construction activities performed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any building(s) which are under construction, rehabilitation or vacant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any residential facilities? |
| <input type="checkbox"/> | <input type="checkbox"/> | Any clients with handicaps? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are applications required for volunteers? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have any incidents concerning sexual abuse or misconduct been filed? (If yes, please provide written explanation.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you use independent contractors? If yes, please advise for what positions:
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are certifications of insurance required from any independent contractors naming the organization as Additional Insured? |

<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> Add'l Ins	<input type="checkbox"/> Comments: _____
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If additional Insured, please indicate interest in applicant operations

Applicants Signature: _____ Date: _____