

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**

- Has the applicant been in business for less than two (2) years?
 Any foster Care or Adoption?
 Any Medical Services, including drug administration?
 Preschool, daycare, headstart, nursery, Montessori or after school programs?
 Any Senior services programs?
 Any programs for developmentally disabled, retarded, deaf, blind or other special needs population?
 Are any construction activities performed?
 Any building(s) which are under construction, rehabilitation or vacant?
 Any residential facilities?
 Any clients with handicaps?
 Are applications required for volunteers?
 Have any incidents concerning sexual abuse or misconduct been filed? (If yes, please provide written explanation.)
 Do you use independent contractors? If yes, please advise for what positions:

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: _____