

First Nonprofit Ins

*Owned by, governed by and dedicated
to the nonprofit community since 1978.*

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I. Nonprofit General Profile Questionnaire

This questionnaire provides us with general information about your submission that is not included on the Acord form and will help you to determine which additional questionnaires to complete.

Name of organization

Mailing address

City, State, Zip

Phone Fax URL/Web site

Executive Director Phone Email

Insurance Contact Phone Email

Loss Control Contact Phone Email

Number of Years in Business _____ Is your organization 501(c)3? Yes No

Estimated Annual Payroll _____ Revenue _____ Expenses _____

Description of Operations (Please attach brochures, annual report or newsletters.)

List the number of locations and brief description of occupancy per location.

List professional organizations, associations or accreditations. (Please explain by attaching a separate sheet if necessary.)

If your licensing or accreditation has ever been revoked, suspended or denied, describe.

If your property, liability, auto or professional insurance has been cancelled or non-renewed in the past three years, please describe.

Human Resources Questions

Organizational Staffing Profile		Employees		Volunteers		Independent Contractors	
		FT	PT	FT	PT	FT	PT
Executive/Administrative							
Clerical/Data Entry/Filing							
Maintenance/Service/Janitorial							
Drivers							
Interns							
Social Workers, degreed							
Counselors							
Residential On-Site Property Staff							
Teachers:	Montessori/Preschool						
	K – 8 th grade						
	9 th – 12 th grade						
Aides:	Montessori/Preschool						
	K – 8 th grade						
	9 th – 12 th grade						
Therapists:	Speech						
	Occupational						
	Physical						
RNs/LPNs							
Psychologists							
Phlebotomists							
Medical Doctors							
Psychiatrists							
Homemaker Services							
Other (Describe)							
Total Number							

What is your annual staff turnover rate? _____

What is the average pay for professional employees? _____ Non-professional employees? _____

Does each staff member have a written job description? Yes No

Prior to hire do you obtain the following:(Yes or No)	Employees	Volunteers	Independent Contractors
Application for employment			
Check personal/business references			
Education credentials			
Motor vehicle records			
Conduct criminal background check			
State or governmental regulatory authority screening			
Pre-employment background check			
Keep investigation records in personnel files			

Does your organization have orientation program for all staff? Yes No

Organization Questions

After hire, do you provide the following staff training? (Yes or No)	Employees	Volunteers	Independent Contractors
Organization policies and procedures			
Job responsibilities			
Emergency procedures			
Driver training and safety			
Emergency procedures including first aid and evacuations			
How to recognize signs of physical/sexual abuse			

Does your organization utilize any services of independent contractors? Yes No
(i.e. professional staff, medical staff, transportation services, caterer, etc.)

If yes, complete the following for each exposure and attach a separate sheet if necessary.

Do your independent contractors have a signed written agreements specifying status as independent contractors and not employees? Yes No

Does the contract specify services to be provided? Yes No

Do they provide you with certificate of insurance providing proof of insurance for services rendered? Yes No

Are minimum limits of coverage requested? If so, what are minimum limits? Yes No

Does the independent contractor's insurance list your organization as additional insured? Yes No

How often do you update certificate? _____ Verify license of provider? _____

Operations and Exposures

If...	Complete Questionnaire #
you need professional coverage for your professional staff including social workers, counselors, therapists, psychologists and teachers.	2
you need coverage for medical professionals in your incidental medical exposures.	2
you need sexual abuse coverage	3
you have a non-owned or hired automobile exposure.	4
you operate any residential facility, group homes, or apartments.	5
you operate any child care, day care, Montessori, or head start programs.	6
you sponsor any fundraisers or special events	7
you have any builders risk, renovations or rehabilitation work in progress at any location.	8
you operate a sheltered workshop or vocational training program.	9
you operate a recreation center, camp, swimming pool, scuba program or offer horsebackriding.	10
you have any other recreation activities.	10
you have any operations involving foster care or adoptions.	11
you need workers' compensation coverage	12

In order to better evaluate your exposures, please provide the following information

- Brochure, annual report, newsletters**
- Loss history for 3-5 years**
- Audited fiscal year end financial statement**

This form has been completed by:

Name:

_____ Title: _____ Date:

This account has been submitted by:

Producer Name

Insurance Agency

Address

_____ Phone Number _____ Fax Number

Email

Notes: