



CARRIER:

## Nonprofit Arts and Culture Product Application

**Coverage(s) Desired:** ☐ General liability ☐ Property ☐ Directors and officers and EPL ☐ Inland marine

Please fill out the General Information section; along with the section(s) you are requesting coverage.

### I. GENERAL INFORMATION

Applicant's name (include DBA name): \_\_\_\_\_

Location address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Web address: \_\_\_\_\_

Year of formation: \_\_\_\_\_ Years at current location: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the applicant operating as a nonprofit? ☐ Yes ☐ No

### Description of Operations:

1. What is the total square footage occupied by the organization? \_\_\_\_\_ square feet ☐ Building owner ☐ Tenant

2. Do operations include performances? ☐ Yes ☐ No

If "Yes": ☐ Performances in owned/regularly leased space ☐ Traveling only

Number of performances planned annually: \_\_\_\_\_ Average ticket price per performance: \$ \_\_\_\_\_

Average number of attendees per performance: \_\_\_\_\_ Maximum number of attendees per performance: \_\_\_\_\_

### Additional Exposures (Please check all that apply, and provide additional details in the space below)

<input type="checkbox"/> Classes/Workshops Number of students per class: _____ Annual number of classes: _____	<input type="checkbox"/> Space leased to others Tenant type: _____ Square feet: _____	<input type="checkbox"/> Gift shop/merchandise sales Receipts: _____
<input type="checkbox"/> Day camps Average number of kids: _____ Annual number of days: _____	<input type="checkbox"/> Overnight youth trips Average number of kids: _____ Number of nights: _____	<input type="checkbox"/> Annual receipts Basic concession: \$ _____ Restaurant (prepared meals): \$ _____ Liquor: \$ _____

### Eligibility Criteria

3. Are there any past pending, or planned foreclosures and/or bankruptcies or judgements for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years? ☐ Yes ☐ No

4. Has coverage been canceled or non-renewed in the past three years (not applicable in Missouri)? ☐ Yes ☐ No

5. Has the organization or any of its past or present directors, officers, trustees, committee members or employees ever been involved in a lawsuit for sexual abuse, misconduct, molestation, or has any charge or arrest been made against said person for the same? ☐ Yes ☐ No

6. For any building built prior to 1978, is 100% of the wiring on functional and operational circuit breakers? (N/A if travel only) ☐ N/A ☐ Yes ☐ No

7. Are functioning and operational fire extinguishers readily available? ☐ Yes ☐ No

8. Does any building built prior to 1978 have aluminum or knob and tube wiring? (N/A if travel only) ☐ N/A ☐ Yes ☐ No

9. Do all public areas, occupancies and/or habitational units have functional and operational smoke detectors? ☐ Yes ☐ No

10. Are all public areas equipped with lighted exit signs? ☐ Yes ☐ No

11. Is a secondary means of egress provided for each floor? ☐ Yes ☐ No
12. Is any construction being planned or currently underway? ☐ Yes ☐ No

### Loss Information

13. Have there been any losses, claims or known circumstances that could result in a claim in the past five years? ☐ Yes ☐ No

If "Yes," please provide the following information; additional claims or information may be submitted on a separate sheet.

Coverage Type	Date of Loss	Description of Loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Inland marine			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Inland marine			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Inland marine			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

## II. GENERAL LIABILITY

14. Does the organization oversee or organize any international travel or international activities/operations? ☐ Yes ☐ No
15. Do you utilize independent contractors? ☐ Yes ☐ No

If "Yes," are certificates of general liability and workers compensation coverage required from all contractors and subcontractors naming the applicant as an additional insured?

☐ Yes ☐ No

16. Does the organization conduct overnight tours or provide (either permanently or temporarily) housing accommodations for staff, performers, or artists? ☐ Yes ☐ No

If "Yes," provide full detail: \_\_\_\_\_

- a. Does the organization permit co-ed (multi-sex occupancies)? ☐ Yes ☐ No
- b. Are all staff, performers, or artists under 18 accompanied by a parent or legal guardian? ☐ Yes ☐ No
- c. Is there a written agreement signed by both parties which addresses the proper code of conduct while residing on the premise? ☐ Yes ☐ No

17. Does the applicant use weapons of any kind in exhibits, presentations or performances? ☐ Yes ☐ No

### Performing Arts

18. Does the organization maintain an accident and health policy for all performers and program participants? ☐ Yes ☐ No
19. Are all steps and ramps located inside the theater equipped with lighting? ☐ Yes ☐ No
20. Are animals used for any performances? ☐ Yes ☐ No

If "Yes," what type(s)? \_\_\_\_\_

22. Is there any construction of scenery, backdrops or stages over three stories in height or use of bulldozers, backhoes, excavators, cranes cranes, scaffolding or welding equipment? ☐ Yes ☐ No
23. Are there any pyrotechnic displays, fireworks or aerial acts or activities? ☐ Yes ☐ No
24. Does the organization plan or book any performances for other performing groups? ☐ Yes ☐ No

### Museums, Libraries, Art Galleries, Art Studios

25. Do any displays or exhibits involve any of the following: rides (mechanical or otherwise), bouncing, jumping, hanging, climbing, firing of weapons, pyrotechnics or metal working? ☐ Yes ☐ No
26. Are there any restoration operations? ☐ Yes ☐ No

### Abuse and Molestation Liability

27. Does the organization conduct reference checks, criminal background checks and sex offender screenings that comply with state frequency requirements on all employees and volunteers who supervise or provide services to participants or who interact with minors? ☐ Yes ☐ No
28. Does the organization hire an applicant or volunteer with a sexual abuse, sexual molestation or sexual misconduct allegation, conviction, charge or lawsuit against them? ☐ Yes ☐ No
29. Does the organization have a process in place for current employees and volunteers to report any new allegations, charges or investigations related to abuse or misconduct? ☐ Yes ☐ No

30. Has the organization experienced any actual or alleged abuse or molestation incidents, or are there any currently under investigation? ☐ Yes ☐ No
31. Is there documented annual mandatory sexual abuse training for employees and volunteers who have contact with minors that includes recognizing the signs of abuse and how to report incidents or accusations of abuse? ☐ Yes ☐ No
32. Does the organization ever allow only one employee or volunteer to be present with a minor? ☐ Yes ☐ No
33. Does the organization monitor activity on all electronic devices it provides or makes available to minors and protect them with parental controls and privacy settings to prevent inappropriate online behavior, including outside contact? ☐ Yes ☐ No

#### Hired/Non-owned Auto

*The following questions need be addressed to determine pricing and eligibility for hired/non-owned auto coverage:*

34. Does the organization have a business (or commercial) automobile insurance policy in force or own or lease autos on a long term basis? ☐ Yes ☐ No
35. Does the organization hire or have non-owned vehicles with passenger capacity exceeding eight passengers? ☐ Yes ☐ No
36. Does the organization regularly deliver goods or products? ☐ Yes ☐ No
37. Does the organization transport people or require its employees or volunteers to use their personal automobile to conduct the organization's business on a regular basis? ☐ Yes ☐ No

**Additional Interests** (AI = Additional insured, LP = Loss payee, M = Mortgagee, W = Waiver of Transfer of Rights of Recovery Against Others to Us, PNC= Primary and Noncontributory Wording) — *Blanket Additional Insured included*

Name	Relationship/ Interest	Address	City, State, Zip	AI	LP	M	W	PNC
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### III. INLAND MARINE

- ☐ Theater property ☐ Musical instruments ☐ Recording studio equipment ☐ Trailer

**Schedule of Property and Equipment for which coverage is requested:**

Item	Description (year, manufacturer, and model)	Serial Number	Limit of Insurance
1			
2			
3			
*Attach another page if necessary		<b>Total Scheduled</b>	

**Blanket Coverage description (if requesting blanket coverage) – individual items under \$2,500 in value:**

Description of Items	Largest Item	Limit of Insurance

38. Deductible: ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000
39. Does the insured lease, loan or rent covered property or equipment to others? ☐ Yes ☐ No
40. Is any insured property or equipment on this schedule left unlocked and/or unsecured when not in use? ☐ Yes ☐ No
41. Does the risk include objects that are unique or difficult to replace or have value beyond their apparent worth due to being rare or collectible? ☐ Yes ☐ No
42. Is all insured's covered property or equipment brought back to their place of business at the end of each day?  
If so, is the place or storage protected by a central station alarm system? ☐ Yes ☐ No

<b>Building Construction:</b> <input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry noncombustible <input type="checkbox"/> Modified fire resistive <input type="checkbox"/> Fire resistive									
Protection Class _____	Cause of Loss <input type="checkbox"/> Basic <input type="checkbox"/> Special <input type="checkbox"/> Broad		Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000			Number of Stories _____	Type of Burglar Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None		
What year was the building constructed? _____									
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____									
What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____									
What is the age of the roof? _____ years									
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No									
What is the square footage of the entire structure? _____ square feet									
<b>Building Limit:</b> \$ _____			<b>Coinurance</b> (80% minimum)   _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC						
<b>Business Personal Property Limit:</b> \$ _____			<b>Coinurance</b> (80% minimum)   _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC						
<b>Business Income Limit:</b> \$ _____			<b>Coinurance</b>			or		<b>Monthly Limit of Indemnity</b>	
<input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense			<input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%			<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6			

<input type="checkbox"/> Equipment breakdown		<input type="checkbox"/> Value Plus endorsement		<input type="checkbox"/> Electronic data	
<input type="checkbox"/> Employee dishonesty	Limit: \$ _____	Number of employees: _____			
<input type="checkbox"/> Money and securities	Inside limit: \$ _____	Outside limit: \$ _____			
Is an annual audit performed by a CPA or public accountant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are bank accounts reconciled by someone not authorized to deposit or withdraw?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are countersignatures of checks required?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

43. Does the organization administer or sponsor any insurance programs? ☐ Yes ☐ No

44. Is the organization involved in any certification, accreditation, or standard setting activities? ☐ Yes ☐ No

45. Is the organization involved in any labor/union negotiations or collective bargaining activities? ☐ Yes ☐ No

46. Number of chapters: \_\_\_\_\_ If there are chapters, is coverage requested for them under this policy? ☐ Yes ☐ No

47. Does the applicant have any subsidiaries requiring coverage? ☐ Yes ☐ No

If "Yes," please complete the Nonprofit Subsidiary Addendum (NPSADD).

48. Please provide the following financial information for the past three years. (If the organization has been in existence less than three years, please provide budgeted revenue/expense statement for the next three years.)

Year	Total Revenues	Net Income (Loss)	Current Fund Balance*
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Arts and Culture 8/25 – USLI

50. Is any person proposed for this insurance aware of any fact, circumstance or situation, which may result in a claim against the organization or any of its directors, trustees, officers, employees or volunteers? ☐ Yes ☐ No  
(If "Yes," please forward a completed USLI supplemental claims application)
51. Within the past five years, has any inquiry, complaint, notice of hearing, claim or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the organization, or any person proposed for insurance in the capacity of director, officer, trustee, employee or volunteer of the organization? ☐ Yes ☐ No  
(If "Yes," please forward a completed USLI supplemental claims application)
52. Has the applicant or any person proposed for coverage (whether or not in the service of the applicant) been the subject of or been involved directly or indirectly in any civil, criminal, regulatory, legislative or administrative proceeding(s)? ☐ Yes ☐ No

#### VI FIDUCIARY LIABILITY

53. Does each pension plan use an outside investment manager? (If "No," fiduciary will not be offered) ☐ Yes ☐ No
54. Does each plan subject to ERISA comply with all applicable requirements of ERISA and the Internal Revenue Code of 1982, as amended (the "Code") including eligibility, participation, vesting, fiduciary responsibility and funding standards? (If "No," please attach details) ☐ Yes ☐ No
55. In the past two years, has there been or is there now under consideration any material changes to a plan or termination/consolidation of a plan? (If "Yes," please attach details) ☐ Yes ☐ No
56. Has there been or is there now any pending claim(s) against any proposed insured arising out of any plan? (If "Yes," please attach details) ☐ Yes ☐ No
57. Does any proposed insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed fiduciary liability coverage? (If "Yes," please attach details) ☐ Yes ☐ No

#### FR\$AUD STATEMENTS

**Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia:** 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.

**California:** For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado Fraud Statement:** 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 from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Florida Fraud Statement:** 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.

**Kansas Fraud Statement:** 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; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

**Maine Fraud Statement:** 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 or a denial of insurance benefits.

**Maryland Fraud Statement:** 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 fines and confinement in prison.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon Fraud Statement:** Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Kentucky and Pennsylvania Fraud Statement:** 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 materially 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.

**Tennessee, Virginia and Washington Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** 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 may be guilty of a crime and may be subject to fines and confinement in prison.

## STATE NOTICES

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Florida Surplus Lines Notice:** (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Punitive Damage Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Maine Notice:** The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Ohio Representation Statement:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

**Utah Punitive Damages Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Main agency phone number: \_\_\_\_\_

(Required in New Hampshire)

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The signer of this Application acknowledges and understands that the information provided herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

**New York Fraud Statement:** 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 materially 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_

President, Chairperson of the Board, Managing Member, or Executive Director

Date: \_\_\_\_\_



## Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.