



Food Banks/Soup Kitchens - Social Services Package Product

Food Banks/Soup Kitchens Supplemental Application

Submit supplemental application along with a completed ACORD Application.

SECTION I. GENERAL INFORMATION SECTION

1. Name of Organization: _____
2. Website Address: _____
3. Organization has a tax exempt status as defined by the I.R.S. ☐ True ☐ False
4. Operations:
☐ Food Bank ☐ Food Pantry ☐ Soup Kitchen ☐ Other: _____
5. Risk has functioning and operational smoke and/or heat detectors in all units and/or occupancies. ☐ True ☐ False

SECTION II. RATING INFORMATION

6. Total Annual Revenue: _____
7. Total Sq Ft of building _____ Number of stories _____ Area occupied by the applicant-Sq Ft. _____
8. Building Interest: ☐ Owner ☐ Tenant
9. Lessors Risk only Sq. Ft. _____ List tenant occupancy: _____
Apartment Area-Sq Ft. _____ Number of Apartment Units _____
10. Full Time Employees: _____ Part Time: _____ Volunteers: _____ Seasonal: _____

SECTION III. GENERAL LIABILITY SECTION

11. Items are not repackaged, re-labeled, or modified prior to sale/distribution. ☐ True ☐ False
12. Items are not sold/distributed under the organization's name or label. ☐ True ☐ False
13. Organization does not have shelter/mission exposures. ☐ True ☐ False
14. Hired and Nonowned Auto Liability
a) Organization does not have a Business Auto Policy in force. ☐ True ☐ False
b) Organization does not provide pickup or delivery services. ☐ True ☐ False
c) Organization does not require employees to use their personal automobile to conduct the organization's business on a regular basis. ☐ True ☐ False

SECTION IV. PROPERTY SECTION

15. Risk does not have aluminum wiring (including pigtail) or knob and tube wiring. ☐ True ☐ False
16. Electrical Service is on functioning and operational circuit breaker and not fuses. ☐ True ☐ False
17. Building is not currently damaged by fire or otherwise. ☐ True ☐ False
18. Building is not partially constructed. ☐ True ☐ False
19. No Officers or Board Members of this organization have been convicted of the felony of arson. ☐ True ☐ False

Cooking Supplement - If no cooking, check here ☐

a. There is a cleaning contract in force with an outside firm. ☐ True ☐ False

b. Describe Cooking equipment used:

☐ Grills ☐ Open Flame ☐ Oven ☐ Deep Fat Fryers ☐ Charcoal grill ☐ Barbeque Pit/Smoke

Type or Brand _____ Distance from building: _____ ft.

- c. Cooking area, hood and duct system are protected per NFPA 96 (Fire Extinguishing System) ☐ True ☐ False
- d.Type of Extinguishing system: ☐ Wet ☐ Dry
- e.Vegetable oil is used in cooking. ☐ True ☐ False

20.	Complete the following questions only if Special Cause of Loss is requested for the Building:	True	False
	Plumbing system is completely copper or PVC.	☐	☐
	Electrical system is less than 35 years old.	☐	☐
	Roofing has been replaced or recoated within the past 10 years for flat; 20 years for shingle or composite; 40 years for metal; 25 years for tile; or 50 years for slate.	☐	☐

SECTION V. NON PROFIT DIRECTORS & OFFICERS AND EMPLOYMENT PRACTICES LIABILITY

21. Organization has an anti-harassment and anti-discrimination policy. ☐ True ☐ False
(Attach a statement of details for all False answers to the following questions.)
22. Organization has a positive fund balance (Total assets exceed total liabilities). ☐ True ☐ False
23. Organization does not perform labor/union negotiations or collective bargaining. ☐ True ☐ False
24. Organization does not have any chapters or subsidiaries requiring coverage. ☐ True ☐ False
25. Organization has not closed, downsized, laid off, reduced staff, sold, merged with or acquired any company in the past 12 months or anticipates in the next 12 months. ☐ True ☐ False
26. a. Within the last 5 years, has any inquiry, complaint, notice of hearing, claim, or suit been made against the Organization, or any person proposed for Insurance in the capacity of Director, Officer, Trustee, Employee or Volunteer of the Organization? (If yes, please forward completed USLI Claims Supplement.) ☐ Yes ☐ No
- b. 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? (If yes, please forward completed USLI Claims Supplement.) ☐ Yes ☐ No
27. Has any policy for Directors and Officers or Employment Practices Liability ever been cancelled or non-renewed. If yes, provide details: _____ ☐ Yes ☐ No
28. Expiring Directors and Officers Liability Insurance: Carrier _____
 Limits _____ Premium _____ Retention _____

This Food Banks/Soup Kitchens supplemental application is attached to and forms part of the Community/Social Services Package Product application. This supplemental application is subject to the same provisions concerning representations made in the basic application. Submit supplemental application along with a completed ACORD Application.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

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.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine 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 may include imprisonment, fines or a denial of insurance benefits.

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.

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.

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.

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 and Virginia 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 is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature _____ Title _____ Date _____
(President or Executive Director)

If the primary address of the location listed in item #1 is in the state of **New York, Iowa, or Florida**, the states of **New York, Iowa and Florida** require that we have the name and address of your (insured's) authorized Agent or Broker.

Name of authorized Agent or Broker _____
Address: _____
Agent or Broker License number _____
Mail complete application through local Agent or Broker to: _____
