



ANI-RRG SUPPLEMENTAL APPLICATION

ANI-RRG #1

P.O. Box 8546
Santa Cruz, CA 95061
PH: (831) 459-0980
FAX: (831) 459-0853
www.ani-rrg.org

(To be submitted with ACORD applications)

APPLICANT NAME: _____

Contact Name: _____

Phone #: _____ **Fax #:** _____ **Email:** _____

ADDITIONAL COVERAGES REQUESTED (Not otherwise requested on ACORD)

- Social Service Professional Liability (Submit ANI-RRG#3)
- Improper Sexual Conduct (Submit ANI-RRG#4)
- Directors & Officers Liability (Submit ANI-RRG#5)
- Student/Volunteer Accident (Submit ANI-RRG#7)
- Employee Benefits Liability (Submit ANI-RRG#8)

1. Is this a nonprofit organization which is tax-exempt under 501(c)(3)? Yes No
If yes, attach a copy of IRS Determination Letter from the Department of Treasury.

2. To quote Non-owned/hired auto, organization must have a procedure in place to verify personal auto insurance for all employees & volunteers who may use their autos on agency business. Does applicant have procedure? Yes No
How many employees drive? _____ How many volunteers? _____
Are any vehicles or mobile equipment owned/registered to this organization? **If yes, how many?** _____

3. Are any events or fundraisers held by this applicant? Yes No **If yes, list anticipated events and fundraisers for the year to come below.**

If you hold events, including fundraisers, do vendors/exhibitors at your events provide certificates of insurance to you? Yes No

Date	Event	# of Part.	Antic. Revenue (gross)	Co-sponsors

(Attach supplemental page if needed)

4. Total number of employees _____ Total number of volunteers _____

a. Are volunteers/trainees covered under a Workers' Compensation policy? Yes No

b. Do you have a Volunteer Accident policy in place? Yes No

c. Do you have a Student/Participant Accident policy in place? Yes No

5. Annual budget \$ _____ Annual payroll \$ _____ Annual sales if applicable \$ _____

ANI-RRG SUPPLEMENTAL APPLICATION - (ANI-RRG #1)

6. Specify major sources of funding and indicate APPROXIMATE proportion of budget from each source. (For example, private foundations 20%, city 60%, fee for services 20%)

Funding Source	% of Total
_____	_____
_____	_____
_____	_____

7. Are field trips taken? Yes No **If yes, provide Number of Trips, Destination and Mode of Transportation on a separate sheet.**

8. Do you provide lodging? Yes No. **If yes, please answer the following:**

- Number of beds for which you are licensed _____
- Number of stories in the building _____
- Average length of stay per client _____
- Age range of residents: 0-10 _____ 11-18 _____ 19-65 _____ over 65 _____
- Percentage of non-ambulatory _____
- Is there a 24-hour resident manager? Yes No
- Do you have a plan for medical emergencies? Yes No
- Do you have a fire alarm system? Yes No
- Do you have smoke detectors on premises? Yes No
- Is smoking allowed on the premises? Yes No

9. Are you required to be licensed? Yes No
If yes, has your license to operate or the license or certificate of staff member(s) ever been suspended or revoked? Yes No **If yes, attach full particulars.**

10. Have you ever been subject to a hearing regarding your services or operations or are you now under review? Yes No **If yes, attach full particulars.**

11. Do you organize or sponsor rallies/civil demonstrations? Yes No

12. Do you publish books or periodicals? Yes No

13. Do you provide any medical services? Yes No **If yes, please describe in detail.**

14. Do you provide counseling services? Yes No **If yes, please complete Social Service Professional Liability Supplement (ANI-RRG #3).**

15. Do you provide a referral service, legal aid service or computer service to your members or to the public? Yes No

16. Do you certify foster homes? Yes No # of homes _____ # children/year _____

17. Do you place in licensed foster homes? Yes No # of homes _____ # children/year _____

18. Are there premises, operations or exposures not stated in this application? Yes No
If yes, please describe in detail on a separate page.