

## NIAC #7

### Accident Coverage Supplemental Application

Applicant Name: \_\_\_\_\_

1. How many months per year is Applicant in operation? \_\_\_\_\_
2. If Applicant has purchased Accident coverage before, please submit currently valued loss runs for the past three (3) years.

Please Note: This application is for Accident Coverage, and can only be bound in conjunction with a General Liability policy. For complete instructions on our submission requirements, please visit [http://networkins.com/insurance\\_products](http://networkins.com/insurance_products)

#### ACCIDENT COVERAGE - A program of QBE Insurance Corporation

**PLEASE NOTE:**

- **K-12 schools are not eligible for coverage under this Accident program. For an application for K-12 schools, [http://networkins.com/Forms/Stud\\_Acc\\_PrivateSchool\\_722013.pdf](http://networkins.com/Forms/Stud_Acc_PrivateSchool_722013.pdf)**
- **Does Applicant operate an agency with a continuous 24 hour exposure? Examples include a residential group home or volunteers providing foster care services for animals. If yes, please stop – a 24 hour exposure is not eligible for coverage under this Accident program.**

Please Answer **All** of the Following Questions:

#### Group Type

3. Check off the group type which matches Applicant's own. If Applicant's group is a mix, insert percentages, making sure the total adds up to 100%. If Applicant's group is not listed, describe Applicant's operation in the space provided below:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> _____ % Child Day Care          | <input type="checkbox"/> _____ % Business            | <input type="checkbox"/> _____ % Environmental          |
| <input type="checkbox"/> _____ % Theater                 | <input type="checkbox"/> _____ % Fund Raising        | <input type="checkbox"/> _____ % Community/Housing      |
| <input type="checkbox"/> _____ % Music/Choral            | <input type="checkbox"/> _____ % Vocational Training | <input type="checkbox"/> _____ % Senior Citizen Center  |
| <input type="checkbox"/> _____ % Youth                   | <input type="checkbox"/> _____ % Cultural/Social     | <input type="checkbox"/> _____ % Elderly/Infirmary Care |
| <input type="checkbox"/> _____ % Other (describe): _____ |  |   |

**Volunteers (One who enters into or offers himself for a service of his own free will, and who the nonprofit organization would consider a volunteer)**

Please complete this section if coverage for volunteers is desired.

4. a. Indicate the number of volunteers who give their time to Applicant's organization:

One Day Per Year	Regular Volunteer

- b. If Applicant's organization has regular volunteers, indicate the average number of days per year volunteers give their time: \_\_\_\_\_

**Participants (A registered person participating in supervised and sponsored activities that the nonprofit organization is making available or is responsible for)**

Please complete this section if coverage for participants is desired.

5. a. Indicate the number of participants who attend activities with Applicant's organization:

One Day Per Year	Regular Participation

b. If participants regularly participate in activities of the Applicant's organization, please indicate the average number of days per year they participate: \_\_\_\_\_

**Other Exposure**

6. If any participant/volunteer participates in any of the activities listed below, please complete the chart. If none of these activities apply, indicate by checking this box:  None apply

Activity	Number of Participants	Number of Volunteers	Approximate Number of Days Per Year
Non-Contact Sports			
Contact Sports			
Bus/Van Trips over 200 miles			
Trips by Air			
Foreign Trips *			
Heavy Manual Labor			
24-Hour Activity			
Trips/Outings over 2 days long			

\* Please indicate the duration and destination of the foreign trip(s): \_\_\_\_\_  
 \_\_\_\_\_

**Definitions:**

**Non-Contact Sports** - Sports or athletic activities (excluding contact sports) with a schedule and registered regular participants or team roster.

**Contact Sports** - Football, hockey, lacrosse, soccer, rugby and boxing.

**Heavy Manual Labor** - Construction work, regular work with power tools, industrial manufacturing, or commercial agriculture.

**24-Hour Activity** - Any activity lasting continuously for 24 hours or more.

**BENEFIT PLAN DESIRED**

Place "X" in box below indicating plan preferred.

"X"	Plan	Accident/Aggregate	Deductible Requested	Accidental Death & Dismemberment
<input type="checkbox"/>	A	\$10,000	<input type="checkbox"/> \$0 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250	\$50,000
<input type="checkbox"/>	B	\$25,000	<input type="checkbox"/> \$0 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250	\$50,000
<input type="checkbox"/>	C	\$50,000	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250	\$50,000
<input type="checkbox"/>	D	\$75,000	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250	\$50,000
<input type="checkbox"/>	E	\$100,000	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250	\$50,000
<input type="checkbox"/>	F	\$250,000	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250	\$50,000

AD&D Aggregate Limit of Liability: \$750,000.