

Covers private foundations (family, independent, corporate), community foundations, donor-advised fund sponsors, and public charities whose main activity is grantmaking — including fiscal sponsorship and impact investing. Complete with ACORD 125. Attach the most recent Form 990 or 990-PF, the grant policy, conflict-of-interest policy, and investment policy statement.

1 APPLICANT / ORGANIZATION INFORMATION

LEGAL ORGANIZATION NAME	DBA	FEIN	YEARS OPERATING
OFFICE ADDRESS	CITY / STATE / ZIP	WEBSITE	

Foundation type:

☐ Private family foundation
 ☐ Private independent foundation
 ☐ Corporate foundation
 ☐ Community foundation
 ☐ Public charity grantmaker

☐ Donor-advised fund sponsor

EXECUTIVE DIRECTOR / CONTACT	PHONE	EMAIL

TOTAL ASSETS / ENDOWMENT (\$)	INVESTMENT MANAGER / CUSTODIAN

2 OPERATIONS

DESCRIPTION OF THE FOUNDATION (MISSION, GRANT AREAS, HOW GRANTS ARE MADE, ANY DIRECT PROGRAMS)

Grant and investment activities (check all):

- ☐ Grants to U.S. public charities
 ☐ Grants to individuals (scholarships, awards)
 ☐ Grants to foreign organizations

☐ Grants to non-charities (expenditure responsibility)
 ☐ Fiscal sponsorship
 ☐ Donor-advised funds
 ☐ Program-related or impact investments

☐ Direct charitable programs

Size and volume:

Grants per year
 Total grants paid (\$)
 Board members
 Family members on board
 Paid staff

3 EXPOSURE & RISK QUESTIONS — GOVERNANCE, SELF-DEALING & GRANTS

The IRS taxes self-dealing at 10% on the disqualified person and 5% on managers who knowingly approve it, rising to 200% if not corrected.

3-1 Is there a written conflict-of-interest policy, with annual disclosures signed by every board member and officer? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Does the foundation pay, lease from, lend to, or do business with any board member, donor, or family member? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Are grants approved under a written policy, with due diligence on each grantee's status and capacity? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Are grants to individuals made under an IRS-approved procedure? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Are foreign grants screened against sanctions lists and checked for equivalency or expenditure responsibility? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are grant agreements signed with reporting requirements, and are misused funds pursued? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Has the foundation declined, withdrawn, or reduced a grant in a way that drew a complaint or legal threat? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Has the IRS or a state attorney general examined the foundation, or have excise taxes been paid? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — PAYMENTS, INVESTMENTS & DATA

A fraudster used a grantee's hacked email to log in to a foundation's grants portal and change the bank account, diverting \$1 million of a \$2 million grant.

4-1 Are changes to grantee bank details confirmed by phone call to a known number before payment? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Do grant payments require two approvers, and is multi-factor authentication used on banking and grants systems? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Can grantees update their own banking information in an online grants portal? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Is the investment policy written, and are managers monitored against it by the board or a committee? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Does the foundation make program-related or impact investments, or hold concentrated family-company stock? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Does the foundation sponsor projects or hold funds for unincorporated groups? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Does the foundation sponsor an employee retirement or benefit plan? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	NUMBER OF EMPLOYEES	BOARD COMPENSATION PAID (\$, ILLUSTRATIVE)
ANNUAL CONTRIBUTIONS RECEIVED (\$, ILLUSTRATIVE)	ANNUAL GRANTS PAID (\$, ILLUSTRATIVE)	INVESTMENT INCOME (\$, ILLUSTRATIVE)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

CURRENT D&O CARRIER	D&O LIMIT	CRIME / SOCIAL ENGINEERING LIMIT

6-1 Has any carrier declined, cancelled, or non-renewed coverage for this organization in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has the foundation lost funds to fraud, a diverted payment, or a cyber incident? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$, ILLUSTRATIVE)	OPEN / CLOSED

6-3 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT & SAFETY

7-1	Is the annual Form 990 or 990-PF reviewed by an outside CPA before filing?	☐ Yes ☐ No
IF YES, EXPLAIN		
7-2	Are staff trained annually to recognize payment fraud and email compromise?	☐ Yes ☐ No
IF YES, EXPLAIN		
7-3	Are board minutes, grant files, and conflict disclosures kept permanently?	☐ Yes ☐ No
IF YES, EXPLAIN		

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: 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 and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE