Covers 501(c) nonprofit organizations, charities, foundations, and associations. Churches use CWCO-SUP-HOW; schools CWCO-SUP-SCH; social-service programs serving vulnerable people also complete CWCO-SUP-HLTH. Complete with ACORD 125 and 126.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS

BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE

Entity type:
☐ Nonprofit corporation ☐ Foundation ☐ Association ☐ Trust ☐ Other

PRIMARY CONTACT / TITLE	PHONE	EMAIL

IRS STATUS (501(C)(3), (C)(4), (C)(6), OTHER)	STATES WHERE REGISTERED TO SOLICIT

2 OPERATIONS

ANNUAL REVENUE ($)	TOTAL ASSETS ($)	PAID EMPLOYEES	REGULAR VOLUNTEERS

FUNDING SOURCE	% OF REVENUE

Sources: government grants and contracts; private foundation grants; individual donations; fees for services; events; other.

2-1 Does the organization serve minors, elderly, or disabled people? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the organization hold fundraising events (galas, runs, auctions, raffles)? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Has the organization lost a major grant or reduced staff in the last 24 months? ☐ Yes ☐ No
IF YES, EXPLAIN

2-4 Is the organization planning a merger, affiliation, or dissolution? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — GOVERNANCE, EMPLOYMENT & DONOR FUNDS

Employment decisions — terminations, discrimination, and harassment — are the most common source of nonprofit D&O claims, and funding cuts that force layoffs raise that risk. Board oversight of restricted gifts and financial controls is the other core exposure.

3-1 Does the board meet at least quarterly, with minutes kept? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Is there a written conflict-of-interest policy signed yearly by every board member? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Are the organization's financial statements audited or reviewed yearly by an independent CPA? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Are restricted gifts tracked separately and spent only as the donor specified? ☐ Yes ☐ No
IF YES, EXPLAIN

This supplemental is an intake document. It does not replace any carrier application and affords no coverage.

3-5 Are employee handbooks, harassment policies, and discrimination policies in writing? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are terminations reviewed by HR counsel or an outside employment advisor before they happen? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Is the organization registered to solicit donations in every state where it fundraises? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Has there been an employment claim, donor dispute, or attorney general inquiry in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — PROGRAMS, VOLUNTEERS, EVENTS & FINANCIAL CONTROLS

4-1 If yes to 2-1, are staff and volunteers background-checked before working with these populations? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 2-1, is one-on-one contact between adults and minors limited by written policy? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are volunteers trained and supervised for the tasks they perform? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 If yes to 2-2, are events with alcohol served by licensed vendors carrying liquor liability? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 If yes to 2-2, are raffles and gaming run under state charitable gaming rules? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Are changes to payment instructions verified by phone using a known number? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Are wire transfers approved by two people? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Does the organization collect or store donor or client personal data online? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL

TOTAL ANNUAL PAYROLL ($)	EMPLOYEES TERMINATED (LAST 12 MONTHS)	BENEFIT PLAN ASSETS ($)

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6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

D&O (INCL. EPL) CARRIER / LIMITS	CRIME LIMIT	ABUSE & MOLESTATION LIMIT

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

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

6-2 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

7-1 Does the organization file IRS Form 990 on time each year? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Is there a whistleblower policy? ☐ 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