



Thrift Stores - Social Services Package Product

Thrift Store 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. Risk has functioning and operational smoke and/or heat detectors in all units and/or occupancies. True False

SECTION II. RATING INFORMATION

5. Total Annual Revenue: _____
6. Revenues from sale of merchandise: _____ Value of goods distributed: _____
7. Full Time Employees: _____ Part Time: _____ Seasonal: _____ Volunteers: _____
8. Description of operations: _____

SECTION III. GENERAL LIABILITY SECTION

9. Please check all the following items sold:

| | | | |
|---|--|--|---|
| <input type="checkbox"/> Clothes | <input type="checkbox"/> Shoes | <input type="checkbox"/> Books | <input type="checkbox"/> Office furniture/equipment |
| <input type="checkbox"/> Televisions | <input type="checkbox"/> Radios | <input type="checkbox"/> Computers | <input type="checkbox"/> Appliances – Household |
| <input type="checkbox"/> Cribs | <input type="checkbox"/> Infant products | <input type="checkbox"/> Car seat carriers | <input type="checkbox"/> Bunk beds |
| <input type="checkbox"/> Weapons | <input type="checkbox"/> Firearms | <input type="checkbox"/> Ammunition | <input type="checkbox"/> Salvage goods |
| <input type="checkbox"/> Automotive parts | <input type="checkbox"/> Boats/Watercrafts | <input type="checkbox"/> Autos/Motorcycles | |
| <input type="checkbox"/> Other: provide details _____ | | | |
10. Items are not refurbished, repaired, repackaged, re-labeled, modified prior to sale/distribution other than cosmetic changes only. True False
11. Items are not sold/distributed under the organization's name or label. True False
12. Organization does not provide any warranties of quality or safety on any merchandise. True False
13. 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

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

19. Complete the following questions only if Special Cause of Loss is requested for the Building:

| | True | False |
|---|--------------------------|--------------------------|
| Plumbing system is completely copper or PVC. | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical system is less than 35 years old. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |

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

20. Organization has an anti-harassment and anti-discrimination policy. True False
(Attach a statement of details for all False answers to the following questions.)
21. Organization has a positive fund balance (Total assets exceed total liabilities). True False
22. Organization does not perform labor/union negotiations or collective bargaining. True False
23. Organization does not have any chapters or subsidiaries requiring coverage. True False
24. 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
25. 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
26. Has any policy for Directors and Officers or Employment Practices Liability ever been cancelled
or non-renewed. If yes, provide details: _____ Yes No
27. Expiring Directors and Officers Liability Insurance: Carrier _____
Limits _____ Premium _____ Retention _____

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 _____
(Owner or Officer)

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: _____
