

NIAC #1
General Liability Supplemental Application
(To be submitted with ACORD applications)

Applicant Name: <u>Open Research Institute</u>				
Contact Person: <u>Michelle Thompson</u>		Title: <u>Michelle Thompson CEO</u>		
Phone: <u>8582293399</u>		Fax: _____		<input type="checkbox"/> Check here if none available
Email: <u>mountain.michelle@gmail.com</u>		<input type="checkbox"/> Check here if none available	Website: <u>APPENDED</u>	
Confirm Billing Address: <u>3525 Del Mar Heights Rd # 1873</u>		<u>San Diego</u>	<u>CA</u>	<u>92130</u>
Quote Need by Date: _____		Prop. Effective Date: <u>03/01/2023</u>		
Limits Requested: <u>\$1,000,000.00</u>		FEIN #: <u>82-3945232</u>		

Please Note: This application is for General Liability only. If additional coverages are desired, please fill out the appropriate application(s) which may be found at <https://secure.insurancefornonprofits.org/Brokers-New-Submissions.cfm>

GENERAL INFORMATION:

1. Does Applicant currently have any General Liability coverage in force? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes , please submit currently valued loss runs for the past three years and complete the following:				
Prior Carrier	Effective Dates	Limit	Premium	Retro Date (if claims made)
2. Is the Applicant a tax-exempt nonprofit organization under the U.S. Internal Revenue Code 501(c)(3), or in the process of obtaining this tax-exempt status? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending				
If pending , please attach a copy of their application and check to the IRS confirming they've applied.				
If no, stop. We can only write insurance for tax-exempt 501(c)(3) organizations.				
If name on letter from Dept. of Treasury conferring 501(c)(3) status differs from name of Applicant, please explain: _____				
3. In what state is the Applicant incorporated? <u>CA</u>				
If Applicant is not incorporated, please explain: _____				
4. What is the Applicant's principal operating state? <u>CA</u>				
5. Complete the following:				
Annual Budget	Annual Payroll	Annual Sales	Number of Employees	Number of Volunteers
\$100,000.00	\$0.00	\$250,000.00	0	250

GENERAL INFORMATION: (Cont'd)

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%):

Source(s) of Funding	% of Total Budget	
individual donations	25	%
grants	75	%
		%
		%

7. Is Applicant presently in bankruptcy or has Applicant contemplated filing bankruptcy during the past six months? ☐ Yes ☒ No

If yes, please explain: _____

8. List any licenses or accreditation Applicant is required to maintain: _____

9. In the past five years, has Applicant received any citations, violations, penalties or fines by any administrative or licensing organization? ☐ Yes ☒ No

If yes, please explain: _____

10. Does Applicant have any subsidiaries or control any other entity or organization for which coverage is desired? ☐ Yes ☒ No

If yes, please complete the following:

a. Name of other entity for which coverage is desired: _____

b. Address (if different from Applicant): _____

c. What is the relationship between the Applicant and the other organization(s)? _____

11. In the past three years has any insurance carrier declined, canceled or non-renewed any coverage for which Applicant is applying? ☐ Yes ☒ No

If yes, provide details: _____

General Operations:

12. Please provide a description of Applicant's operations and programs: _____

Open Research Institute, Inc. (ORI) is a non-profit 501(c)(3) research and development organization which provides all of its work to the general public under the principles of Open Source and Open Access to Research. We write software and papers about technical subjects. All work is donated to the general public for free.

13. Is the Applicant exclusively an information and referral service (i.e., no direct services)? ☐ Yes ☒ No

14. Approximate number of clients served annually: 5

☐ Children under 10

☐ At-Risk/Disadvantaged

☐ Sex offenders

☐ Youth 10 to 18

☐ Respite/Hospice/Terminally ill

☐ Suicidal

☐ Clients over 60 years of age

☐ Drug/Alcohol addicted

☐ Known violent behavior

☐ Developmentally disabled

☐ Dementia/Alzheimer's

☐ Other (describe): _____

☐ Low-income/Homeless

☐ Non-ambulatory of any age

☐ Physically disabled

15. Does Applicant perform any engineering or restoration work (e.g., waterway or stream restoration)? ☐ Yes ☒ No

16. Is Applicant planning any renovations or new construction during the next two years? ☐ Yes ☒ No

If yes, please explain: _____

17. Does Applicant accept donations of real property (land or buildings) on a regular basis? ☐ Yes ☒ No

If yes, describe the type of property accepted including usage (e.g., residential home for rental): _____

General Operations: (Cont'd)

18. Does Applicant accept donations of vehicles? ☐ Yes ☒ No

If yes, explain how Applicant uses these donated vehicles (e.g., used in Applicant's daily operations, sold to a third party; repaired by Applicant and resold, etc.): _____

19. Are any clients held in locked down facilities? ☐ Yes ☒ No

If yes, please describe: _____

20. Does Applicant provide any Medical Services? ☐ Yes ☒ No

If yes, please explain: _____

Is evidence of Medical Malpractice coverage required for all Medical Service Providers employed or contracted by the Applicant?

☐ Yes ☐ No

If no, please explain: _____

21. Does Applicant employ counselors or other Social Service Professionals (veterinarians, teachers, nurses, etc.)? ☐ Yes ☒ No

If Social Services Professional Coverage is desired, please complete the "Social Services Professional" Supplemental Application.

Special Events/Fundraisers

Complete the section below to include all of your events and fundraisers.

Note: We define a "Fundraiser" as any event sponsored or co-sponsored by you with the primary purpose of raising monetary contributions.

22. Does Applicant hold events/activities outside of Applicant's normal programs and/or operations? ☐ Yes ☐ No

- a. If yes, please complete the table below. If additional space is needed, please attach Special Event form or additional pages.

Event Name & Date	Describe Applicant's Activities Taking Place	# of Expected Attendees	Gross Revenue	Is Applicant a Participant or Host of the Event?	Is Alcohol Served or Sold By Applicant?	Does Applicant Require a Waiver from Participants?
<i>Example: Easter Egg Roll, March 31, 2013</i>	<i>Egg hunt, picnic lunch, face painting</i>	75	\$0	Host	n/a	n/a
			\$			
			\$			
			\$			

- b. If yes, are vendors/exhibitors required to provide proof of General Liability insurance naming the Applicant as an Additional Insured? ☐ Yes ☐ No

- c. Which events listed in 22.a. above have bounce houses, inflatables and/or climbing structures?

Name of Event: _____	# of Structures: _____
Name of Event: _____	# of Structures: _____
Name of Event: _____	# of Structures: _____

- d. Describe the security and safety procedures in place for the events listed in 22.a. above:

Name of Event: _____	Procedures: _____
Name of Event: _____	Procedures: _____
Name of Event: _____	Procedures: _____

Athletics/Sports

23. Does Applicant offer athletics/sports programs?

☐ Yes ☐ No

If yes, please answer the following:

a. Describe all athletic activities provided: _____

b. Number of annual participants: _____

e. Indicate type of sports offered (e.g., basketball, flag football, boxing, soccer, cheerleading): _____

f. Does your organization sponsor competitions or teams that participate in competitions? ☐ Yes ☐ No

If yes, is Applicant responsible for insuring these competitions or teams?

☐ Yes ☐ No

g. Are waiver/release/hold harmless agreements obtained for all participants?

☐ Yes ☐ No

Foster Homes

24. Does Applicant certify Foster Homes?

☐ Yes ☐ No

If yes, please answer the following:

a. Does Applicant purchase Foster Parent Liability (FPL) insurance for foster parents? ☐ Yes ☐ No

If no, please note that we usually require this be purchased concurrent with our liability coverage.

If yes, please provide a copy of Applicant's current FPL declaration page.

b. Number of homes that Applicant certifies: _____

Number of homes that Applicant has decertified over the past five years: _____

c. Number of children placed in homes by Applicant annually: _____

d. Number of years experience of Applicant's executive director in this field: _____

e. Are Applicant's foster care procedures/practices subject to state regulation?

☐ Yes ☐ No

f. Total number of training hours for each family prior to placement of each child: _____

g. Does Applicant provide follow-up visits to homes after children are placed?

☐ Yes ☐ No

If yes, how frequently? _____ Are the visits unannounced?

☐ Yes ☐ No

Do home visits include a private consultation with the foster children?

☐ Yes ☐ No

When do these visits stop? _____

h. Does Applicant conduct checks of criminal records of foster parents and other residents prior to approval of home?

☐ Yes ☐ No

Are foster parents or other residents in the home who have criminal records, or any history of physical or sexual abuse immediately disapproved or decertified?

☐ Yes ☐ No

If no, please explain: _____

i. Does Applicant have written procedures for responding to reports of abuse?

☐ Yes ☐ No

j. What is the average case load per employee/social worker? _____

Adoptions

25. Does Applicant provide adoption services?

☐ Yes ☐ No

If yes, please answer the following:

a. Are any adoptions "closed?"

☐ Yes ☐ No

If yes, please explain: _____

b. Number of adoptions performed annually: _____

c. Number of adoptions that are international: _____

d. Are you a member of the Joint Council on International Adoption or another similar organization?

☐ Yes ☐ No
☐ Other

If other, please specify: _____

Premises

26. Does Applicant provide lodging or operate residential facilities?

☐ Yes ☐ No

If yes, please answer the following:

a. Number of beds for which Applicant is licensed, and square footage of each facility: _____

b. Number of stories in each building: _____

c. If two stories or more, number of means of egress: _____

d. Average length of stay per resident: _____

e. Age range of residents: ☐ 0-10 ☐ 11-18 ☐ 19-65 ☐ over 65

f. Percentage of non-ambulatory residents: _____%

g. Is there a 24-hour resident manager?

☐ Yes ☐ No

h. Is staff trained in a formal procedure for medical emergencies?

☐ Yes ☐ No

i. Is skilled nursing or medical care provided?

☐ Yes ☐ No

27. Does Applicant have a fire alarm system?

☐ Yes ☐ No

28. Does Applicant have smoke detectors on premises?

☐ Yes ☐ No

29. Is smoking allowed inside any premises?

☐ Yes ☐ No

30. Does Applicant have a swimming pool?

☐ Yes ☒ No

If yes, please answer the following:

a. Is pool fenced with a self-closing gate?

☐ Yes ☐ No

b. Is there a diving board?

☐ Yes ☐ No

c. Is there life-saving equipment accessible?

☐ Yes ☐ No

31. Does Applicant own, lease or rent any vacant buildings?

☐ Yes ☐ No

If yes, please explain reason for vacancy, plans and time frame for occupancy: _____

32. Does Applicant offer your premises to others, either for rent or for free?

☐ Yes ☐ No

If yes, please answer the following:

a. Please explain general use and frequency: _____

b. Does Applicant obtain certificates of insurance showing proof of liability insurance from all who use the facility?

☐ Yes ☐ No

Animals

33. Does Applicant have any exposures involving animals? ☐ Yes ☐ No

34. Does Applicant have any saddle animal operations? ☐ Yes ☐ No

If yes, please answer the following:

a. Are animals used solely for therapeutic purposes? ☐ Yes ☐ No

If no, explain other usage: _____

b. Are safety helmets required? ☐ Yes ☐ No

c. Are animals: ☐ Owned by Applicant ☐ Furnished to Applicant by third party

d. Number of animals owned by or used by Applicant: _____

35. Does Applicant provide animal shelter/rescue services? ☐ Yes ☐ No

If yes, please indicate the number of:

a. Spaces, cages or kennels on Applicant's premises available to animals: _____

b. Animals placed in foster care annually: _____

c. # dog foster homes # cat foster homes # other foster homes

d. Offsite adoptions held annually: _____

e. Are all animals vaccinated and held for observation prior to being placed in any homes (adoptive or foster)? ☐ Yes ☐ No

f. Is a health assessment of the animal conducted by a professional qualified to assess communicable disease? ☐ Yes ☐ No

g. Are behavioral evaluations performed by a qualified professional of all animals prior to placement (foster or adoption)? ☐ Yes ☐ No

h. Does Applicant place animals with known (current or historical) biting issues into homes (foster or adoption)? ☐ Yes ☐ No

i. Are waivers for volunteers of adoptive/foster homes maintained and do they include hold harmless language that specifically discloses that the animal may cause bodily injury to the volunteer, and that the volunteer will not hold the nonprofit responsible for any injury to themselves or family members that arise from the foster/adoptive relationship? ☐ Yes ☐ No

j. Does Applicant have accident coverage in place? ☐ Yes ☐ No

k. How long has Applicant been in business? _____

l. How many years experience does the Applicant's leadership have in this field? _____

36. Does Applicant employ animal control officers? ☐ Yes ☐ No

If yes, please answer the following:

a. How many? _____

b. Do they carry firearms? ☐ Yes ☐ No

c. Do these officers carry separate professional liability insurance? ☐ Yes ☐ No

37. Does Applicant operate any of the following? ☐ Yes ☐ No

If yes, provide annual sales for each:

Type	Annual Sales
<input type="checkbox"/> Pet Training	\$
<input type="checkbox"/> Pet Grooming	\$

Performing and Fine Arts

38. Does Applicant offer Performing or Fine Arts? ☐ Yes ☐ No
- If yes, please answer the following:
- a. Description of performances (e.g., dance, musical, plays): _____
- b. Annual number of performances: _____
- c. Average attendance at each performance: _____
- d. Are performances held at premises owned or leased by Applicant? ☐ Yes ☐ No
- e. Are any performances held away from premises owned or leased by Applicant? ☐ Yes ☐ No
- f. Does Applicant provide concessions? ☐ Yes ☐ No
- If yes, please provide annual receipts: \$ _____
- g. Does Applicant provide classes to the public? ☐ Yes ☐ No

Camping/Campgrounds

39. Does Applicant own or operate a campground? ☐ Yes ☐ No
- If yes, please answer the following:
- a. Is a caretaker present during off-season(s) (i.e., when camp sessions are not in session)? ☐ Yes ☐ No
- b. Is camp located in a wilderness area? ☐ Yes ☐ No
- c. Is camp located in an area at risk of wildfires? ☐ Yes ☐ No
40. Does Applicant provide camping experiences for clients? ☐ Yes ☐ No
- If yes, please answer the following:
- a. Describe any special focus and/or activities offered (river rafting, ropes courses, climbing walls, etc.): _____
- b. Annual number of campers per day: _____
- c. Number of days camp has campers on location each year: _____
- d. Is there overnight exposure? ☐ Yes ☐ No

Mentoring programs (e.g. Big Brothers Big Sisters)

41. Does Applicant have any mentoring programs that match youth with mentors? ☐ Yes ☒ No
- If yes, please answer the following:
- a. How many matches are made annually? _____
- b. Is there a formal training and screening program in place? ☐ Yes ☐ No
- c. Are any matches made of opposite genders? ☐ Yes ☐ No
- If yes, explain: _____
- d. Are permission slips obtained for all mentors/mentees under 18? ☐ Yes ☐ No
- e. Are mentors allowed to take mentees to their private residence? ☐ Yes ☐ No

Food or Merchandise Distribution (e.g. Food Banks, Thrift Stores, Meal Delivery, etc.)

42. Does Applicant distribute or sell any food or merchandise? ☐ Yes ☐ No

Type	Gross Sales or Value of Goods Distributed
<input type="checkbox"/> Food	\$
<input type="checkbox"/> Used Merchandise	\$
<input type="checkbox"/> Other (describe):	\$

Other Exposures

43. Does Applicant have any premises, operations or exposures that are not stated in this application?

☐ Yes ☒ No

If yes, describe and state whether they are insured elsewhere: _____

SIGNATURES

Notice: This risk pooling contract is issued by a pooling arrangement authorized by California Corporations Code Section 5005.1. The pooling arrangement is not subject to all of the insurance laws of the State of California and is not subject to regulation by the Insurance Commissioner. Insurance guaranty funds are not available to pay claims in the event the risk pool becomes insolvent.

Michelle Thompson

02/19/2023

Applicant's Signature

Date

Producer's Signature

Date

Michelle Thompson

CEO

Print or type applicant's name

Applicant's Title

APPENDIX

Is your organization incorporated? Yes

Website address <https://openresearch.institute/about-open-research-institute>



Certificate of Completion

Summary

Title	NIAC 1 General Liability
File name	NIAC 1 General Liability.pdf
Status	Completed
Document guid:	C2x1ZPMvbR_UFWVlrfVUqAAFqQfkZQ5G

Document History

2023-02-19 01:30:34 PM PST	Signed by Michelle Thompson (mountain.michelle@gmail.com) IP 70.95.76.225
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