

S. A. VAN DYK, INC.
1010 JORIE BOULEVARD, SUITE #242
OAK BROOK, ILLINOIS 60522-4806

TOLL FREE NUMBER: 1-800-323-7326
FAX NUMBER: 1-630-990-8907

INSURANCE PROGRAM SUMMARY
APPLICATION
AND
SELF-RATING WORKSHEET

INTRODUCTION

Following, you will find a coverage summary about a Commercial General Liability insurance program specifically created for nonprofit organizations. This insurance program is made available through and is endorsed by the National Alliance of Nonprofit Organizations, Inc. (NANPO, Inc.).

S. A. Van Dyk, Inc has been in business since 1920 and we are located in a suburb of Chicago, Oak Brook, Illinois. This program is being offered to the Knights of Columbus Councils that do not own a facility or property of any kind.

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PART I. GENERAL INFORMATION

A. Personal Liability

A nonprofit organization is a business, and a separate legal entity. As with any other business, it is held accountable to the public for its actions, or lack thereof, with which it interacts. The majority of this responsibility lies with future, current and past leadership, such as the directors and officers of a particular nonprofit organization. Even though an accident or occurrence is the result of unintentional negligence, it is nonetheless, considered negligence. This condition oftentimes leads to an allegation or lawsuit, wherein the **President**, and all other officers and directors of the nonprofit organization, are personally and individually named as defendants, placing their **personal assets at risk** (home, vehicles, savings, attachment of future wages and earnings of both individual and spouse). Suits against leadership can be totally groundless or false, but still require a costly and highly specialized defense (some in excess of \$500,000). If the lawsuit is not answered and properly defended, it is lost by default, and a judgment obtained against leadership. Responsibility to the public exposes a nonprofit organization and its individual leadership to an element of risk, which can be transferred to another through the use of public or commercial general liability insurance.

B. Who Is Insured

Liability Plus is available to almost any qualified nonprofit organization wishing to purchase this General Liability insurance protection. The Named Insured is extended to include any officer, director, salaried employees, and any member or volunteer who is enjoined in suit with the nonprofit organization.

C. What Is Insured

01. Public Or General Liability

Simply stated, this occurrence form policy covers any operation or nonprofit organization sponsored event on a blanket basis, except those events and coverage's specifically excluded. There are optional per occurrence limits, with defense costs supplemental to those limits. Coverage is **included** for the following:

- a. Bodily Injury Liability
- b. Property Damage Liability (\$500 deductible)
- c. Personal Injury Liability (false arrest, detention, wrongful eviction or entry, libel, slander, violation of privacy; embarrassment or humiliation, malicious prosecution, abuse of process, plus others)
- d. Advertising Injury Liability (misappropriation of advertising ideas, infringement of copyright, title or slogan, plus others)
- e. Products Liability
- f. **Host** Liquor Liability
- g. Fire Legal Liability (up to the per occurrence limit of liability selected)
- h. Contractual Liability
- i. Non-Owned Watercraft Liability (less than 26 feet in length)
- j. Named Insured extended to include members and volunteers (including animal show judges) when enjoined in suit with the nonprofit organization
- k. Child Abuse/Molestation (not excluded)
- l. Corporal Punishment (not excluded)

02. Medical Payments

Medical Payments protection is provided with a \$5,000 per person limit and includes coverage for volunteer workers.

D. Where Coverage Is Applicable

The geographical limitation of almost any insurance contract is described by its policy territory. The territory of this particular policy is the United States and Canada. There is no reporting requirement as to where an organization event is to take place, provided it is within the definition of the policy territory.

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E. When Coverage Is Applicable

The time limitation of almost any insurance contract is defined by its inception and expiration date and time at some specific location. This limitation is also known as the policy period, which in this instance is one calendar year. Provided a covered accident or occurrence takes place within the policy period, there would be coverage, unless specifically excluded. Also, as in the territory limitation mentioned above, there is no reporting requirement as to when an operation or event is to take place, provided however, it is within the policy period. As leadership in the nonprofit organization changes, **care should always be taken to see that the coverage is renewed each year without lapse**, and that the complete insurance file is passed on to the new administration.

F. What Is Excluded

This program has specific exclusions usual to this form of liability insurance. It must be understood that this booklet is only a summary. It is **not** all inclusive, nor does it alter or waive any of the actual policy language. Refer to your policy. Questions regarding this summary should be directed to S. A. Van Dyk, Inc.

01. General Liability Exclusions

There is **NO** coverage, and coverage is excluded for:

- a. Owned And/Or Non-Owned Automobile Liability
This exclusion pertains to any motor vehicle, trailer or float of any type whether or not licensed for road use.
- b. Owned Watercraft Liability
An owned watercraft is defined as any watercraft that is owned in part or in full by, or registered to any organization entity.
- c. Non-Owned Watercraft Liability
Any non-owned watercraft 26 feet in length or longer. Any activities held on watercraft must obtain coverage from the owner of the watercraft.
- d. Owned And/Or Non-Owned Aircraft Liability
This exclusion pertains to any type of aircraft, including but not limited to, **hot-air or lighter-than air balloons**.
- e. Property damage to any real or personal property which is owned by, leased or rented to, used or occupied by or, in the care, custody or control of the nonprofit organization. Coverage for most property that fits this category, may be purchased under **Property Plus** coverage available through S. A. Van Dyk, Inc.
- f. Any and all sums that would be recoverable under a Worker's Compensation insurance contract, whether or not such contract exists.
- g. Any activity involving Childcare, Daycare or Latchkey. Babysitting at organization meetings is allowable provided the guidelines mentioned within the Loss Control Guide are **strictly** followed. The Loss Control Guide will be delivered to you along with your policy.
- h. Any activity involving fireworks, explosives, pyrotechnics or rocketry including but not limited to display.
- i. Any activity involving athletics or sports unless the **Athletic/Sports Liability Option** has been selected and the premium has been paid. The Memorandum Of Insurance issued to the nonprofit organization will indicate whether this optional coverage has been selected. Athletic or sports activities include but **are not limited to**:

(01) aerobics	(07) cheerleading	(13) jog/walk-a-thon	(19) snow boarding
(02) archery	(08) football	(14) karate	(20) soccer
(03) baseball	(09) golf	(15) picnic activities	(21) swimming
(04) basketball	(10) gymnastics	(16) roller blade/skating	(22) tennis
(05) baton twirling	(11) hockey	(17) self-defense	(23) volleyball
(06) bicycling	(12) ice skating	(18) skiing	(24) wrestling
- j. Certain activities involving the sale or use of alcohol unless the **Liquor Law Liability Option** has been selected and the premium has been paid. The Memorandum Of Insurance issued to the nonprofit organization will indicate whether this optional coverage has been selected. Contact S. A. Van Dyk, Inc. for specific requirements regarding events or activities involving liquor.

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02. Medical Payments Exclusions

There is **NO** coverage, and coverage is excluded for:

- a. Expenses for bodily injury which are excluded under the General Liability coverage.
- b. **Injuries arising from participation in an athletic or sports activity of any kind.**
- c. Any and all sums that would be recoverable under a Workers' Compensation insurance contract, whether or not such contract exists.

G. Incident Reporting And Claims Handling

Standardized Incident Report forms are provided upon request. When an incident occurs, the report is completed by an officer of the organization and mailed directly to S. A. Van Dyk, Inc. If an incident occurs, contact S. A. Van Dyk, Inc. at 1-800-323-7326 for guidance **before** you talk to anyone.

IMPORTANT NOTES:

1. This Coverage Summary is only a summary. It is not all inclusive, nor does it alter or waive any of the actual policy language. Refer to your policy. Questions regarding this summary should be directed to S. A. Van Dyk, Inc. at 1-800-323-7326
2. Any pricing information contained within this booklet is subject to change without notice.
3. The underwriter and/or the Program Administrator reserve the right to accept or reject any application for insurance.
4. Coverage will not be effective and a Certificate Of Insurance will not be issued until the full and correct payment has been received by the Insurance Company.
5. This insurance program is made available through and is endorsed by the National Alliance of Nonprofit Organizations, Inc. (NANPO, Inc.), which is managed by Purchasing Group Managers of America, Inc. (PGMA, Inc.).
6. PGMA, Inc. Management and Certificate fees are fully earned and non-refundable at inception.
7. 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.

Agent:

S. A. VAN DYK, INC.
1010 Jorie Boulevard, Suite #242
P.O. Box 4806
Oak Brook, IL 60522-4806
1-800-323-7326 – Phone
1-630-990-8907 - Fax

Insured By:

FIREMAN'S FUND INSURANCE COMPANY

May 16, 1999

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PART II. APPLICATION AND SELF-RATING WORKSHEET

NONPROFIT ORGANIZATION LIABILITY PLUS

A. Instructions To Purchase *Liability Plus*

01. ***Please print clearly.***
02. Complete, sign and date the Application on pages 5, 6 and 7. An incomplete Application or Rating Worksheet **will** cause delays.
03. Complete the Self-Rating Worksheet found on page 8.
04. Mail the following items to S. A. VAN DYK, INC., P.O. BOX 4806, OAK BROOK, IL 60522-4806:
 - a. your completed Application (pages 5, 6 and 7); and
 - b. your completed Self-Rating Worksheet (page 8); and
 - c. your payment check for the Annual Policy Cost ***made payable to S. A. VAN DYK, Inc.***
05. If you call for assistance and reach our message manager, please do not forget to leave your area code along with your phone number. We **will** call you back as soon as possible. 1-800-323-7326.

B. Application For *Liability Plus*

01. Officer Name/Title:

First Name	Last Name	Title
02. Officer Address:

Street	City	State	Zip Code
03. Officer Phone:

Home Area Code/Phone	Work Area Code/Phone
04. Organization Name:

Nonprofit Organization Name
05. Organization Address:

Street	City	State	Zip Code
06. Organization Phone:

Area Code/Phone
07. Is your Organization not-for-profit? Yes No

08. Please explain the specific function or ***primary purpose*** of your Organization (why the Organization exists):

09. Please list the types of activities and events your Organization is planning over the next 12 months.

- | | |
|----------|----------|
| a. _____ | k. _____ |
| b. _____ | l. _____ |
| c. _____ | m. _____ |
| d. _____ | n. _____ |
| e. _____ | o. _____ |
| f. _____ | p. _____ |
| g. _____ | q. _____ |
| h. _____ | r. _____ |
| i. _____ | s. _____ |
| j. _____ | t. _____ |

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10. To your knowledge, has your Organization had any liability claims or suits brought within the past 3 years?

Yes No

11. If 'Yes' to question 10 above, please explain: _____

12. Are you aware of any conditions or circumstances which may give rise to a loss under this insurance?

Yes No

13. If 'Yes' to question 12 above, please explain: _____

14. Is any entity requiring that you name them on this liability insurance policy as an **Additional Insured**?

There is a \$25 charge for each **Additional Insured**.

Yes No

15. If 'Yes' to question 14 above, please provide the following information:

a. Additional Insured name or specific language: _____

b. Additional Insured address: _____

Street

City

State

Zip Code

16. Is any other entity requiring that you name them on this liability insurance policy as an **Additional Insured**?

There is a \$25 charge for each **Additional Insured**.

Yes No

17. If 'Yes' to question 16 above, please provide the following information.

a. Additional Insured name or specific language: _____

b. Additional Insured address: _____

Street

City

State

Zip Code

18. You may request an effective date for your policy. This date should match your expiring liability insurance policy (if any). Requested effective date:

_____/_____/_____
Month / Day / Year

19. What was the highest membership your Organization attained during your last fiscal year? Be sure to use this number in the Self-Rating Worksheet.

Number Of Members

20. What were the gross annual revenues for your Organization during your last fiscal year?

\$ _____
Gross Revenues

21. Is your Organization a local chapter or group of, part of, attached to, or affiliated with a larger or national organization?

Yes No

22. If 'Yes' to question 21 above, please specify the complete name of the larger or national organization of which your Organization is a part.

Complete legal name of larger or national organization.

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23. Along with your policy, you will receive a document titled **Nonprofit Organization Insurance Program Summary And Loss Control Guide**. As a condition to coverage under this policy, you must warrant that you will read the Insurance Program Summary And Loss Control Guide immediately upon receipt, and that you will follow the advisories and guidelines to the best of your ability. Do you agree that you will read the **Nonprofit Organization Insurance Program Summary And Loss Control Guide** in it's entirety, discuss it's contents with your Officers and Directors, and that you will follow the advisories and guidelines to the best of your ability? Yes No

24. Signature required.

Officer Printed Name

Title

Officer Signature

Date

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3. The underwriter and/or the Program Administrator reserve the right to accept or reject any application for insurance.
4. Coverage will not be effective and a Certificate Of Insurance will not be issued until the full and correct payment has been received by the Insurance Company.
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C. Self-Rating Worksheet For *Liability Plus*

**Annual
Policy Cost**

01. **Liability Plus Limit Selection** (select and check **ONE** option box only)

a. Option 1 **\$500,000/\$1,000,000** Per Occurrence/Annual Aggregate
 (1) Calculated Premium (show calculation)

$$\frac{\text{Number Of Members}}{\text{Number Of Members}} \times \$0.22 \text{ Per Member} = \$ \frac{\text{Calculated Premium}}{\text{Calculated Premium}} \text{ or,}$$

(2) Minimum Premium
 Minimum premium for this limit option is \$200.00

b. Option 2 **\$1,000,000/\$2,000,000** Per Occurrence/Annual Aggregate
 (1) Calculated Premium (show calculation)

$$\frac{\text{Number Of Members}}{\text{Number Of Members}} \times \$0.24 \text{ Per Member} = \$ \frac{\text{Calculated Premium}}{\text{Calculated Premium}} \text{ or,}$$

(2) Minimum Premium
 Minimum premium for this limit option is \$250.00

Enter the Calculated Premium or the Minimum Premium (***whichever is greater***)
 for the liability limit you have selected Premium \$ _____

02. **Athletic/Sports Liability** **Optional Coverage**

a. Calculated Premium (show calculation)

$$\frac{\text{Number Of Members}}{\text{Number Of Members}} \times \$0.09 \text{ Per Member} = \$ \frac{\text{Calculated Premium}}{\text{Calculated Premium}} \text{ or,}$$

b. Minimum Premium
 Minimum premium for this coverage option is \$150.00

Enter the Calculated Premium or the Minimum Premium (***whichever is greater***)
 if you are selecting this optional coverage Premium \$ _____

03. **Liquor Law Liability** **Optional Coverage**

Enter \$50.00 if you are selecting this optional coverage Premium \$ _____

04. **Additional Insureds**

$$\frac{\text{\# of Additional Insureds}}{\text{\# of Additional Insureds}} \times \$25 \text{ Certificate Fee} = \text{PGMA, Inc. Fee}^6 \text{ } \$ \text{_____}$$

05. **PGMA, Inc. Management Fee** PGMA, Inc. Fee⁶ \$ **100.00**

06. **Annual Policy Cost** (Total right column and pay this amount to **S. A. VAN DYK, Inc.**) \$ _____

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6. PGMA, Inc. Management and Certificate fees are not premium. They are fees which are fully earned and non-refundable at inception.
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Activity / Special Event Questionnaire

Name of Organization: _____

Your Name: _____ Date: _____

1. Please provide the following information on all activities or events that your organization sponsors or participates in. If additional space is needed, attach additional information.

Type of Event	Date of Event	Estimated Attendance	Annual Event? (Circle One)	Estimated Receipts from Admission / Alcohol	Where will event be taking place? (e.g. campus, park, hall, etc.)	What type of activities will be taking place?
			Yes No			
			Yes No			
			Yes No			
			Yes No			
			Yes No			
			Yes No			

2. Indicate any of the following types of activities or events that you sponsor or participate in.

None of the following apply

Events with

Watercraft, lakes or swimming

Animals or animal rides

Athletic participation (e.g. walk/jog-a-thons, climbing/rock walls, marathons, sports, etc.)

Fireworks Shows/ Sales

Mechanical ride(s) or non mechanical device(s) (e.g. inflatable or interactive games, dunk tanks, etc.)

Please list ride(s) and device(s): _____

Overnight activities

Parade

Use of motorized vehicles (licensed or unlicensed)

ActivityList/

NANCheck