

About this Application and



Membership in NPU-WCG

Attached is an Affiliate Member Application and Request for Premium Indication from the NonProfits' United Workers' Compensation Group (NPU-WCG). This application form represents the first step in obtaining Workers' Comp coverage through membership in NPU-WCG.

Applying for membership in NPU-WCG is a more complex process than placing insurance with a traditional commercial carrier because members of NPU-WCG are self-insuring their Workers' Comp coverage rather than just purchasing insurance. The long-term benefits of participation in a self-insurance pool, however, — including minimized rate fluctuations, loss control assistance, and participation in retrospective adjustments which return unused premium dollars in the future — far exceed the additional time and attention that are required for the membership process.

Because the NPU-WCG is a self-insurance group, becoming a member involves a significant commitment on the part of both the applicant and the Group. Our goal has been to create, and now maintain, a well-performing, stable program through solid underwriting, risk and management and claims administration practices which will provide long-term stability and lower rates for the entire group.

- NPU-WCG makes a financial investment in each new member, placing a security deposit with the state in the amount equal to an average year's losses, and providing an array of loss control services at no cost which far exceed what the commercial market generally brings for customers.
- New Members agree to participate in the Group for a minimum of three years and to actively work with NPU to control losses in order to help keep the Group's losses, and their rates, down.

Two-Step NPU-WCG Membership Process

Step 1 Please complete the enclosed application and return it with required loss runs and financial statements. Once our underwriting process is complete a provisional premium indication will be provided.

If applicant wishes to proceed with membership in the Worker's Comp group, NonProfits' United will present their application to the NPU-WCG Board of Trustees for approval, and the application process will continue.

Step 2 Application to State Department of Insurance Regulations, Office of Self-Insurance Plans for permission to self-insure.

Because Workers' Comp is a mandated and State-regulated form of insurance coverage, the state takes an active role in the approval of entities seeking to self-insure, and has exacting requirements for submission of data. Pool staff will work closely with you during this step to ensure all documents are submitted in the format required.

Important Points About the Application Process

- Please submit the application with all of the requested information, including the financial and loss information as noted. We are unable to process incomplete applications, and will return them for any missing or incomplete information.
- Subsidiaries with separate Federal tax ID numbers are considered separate organizations for membership purposes and a complete application must be submitted for each individual subsidiary organization.
- Please note that because of the time needed to complete the entire application process, financial and loss data submitted with your Preliminary Application will likely need to be updated during Step 2 of the process.
- Please allow a minimum of 45 days from the submission of your application before coverage may begin.
- Please feel free to contact the Program Administrator, Anna Marie Will, with any questions you have about this process, by phone at (877) 551-6717, or cell phone (916) 764-0056, or by e-mail at <mailto:annamarie@nonprofitsunited.com>

NPU-WCG Program Structure Overview

The Group

- Date incepted 12/27/2004
- Members in NPU-WCG as of 1/1/08: 57
- Aggregate payroll as of 1/1/08: 132,000,000 +

Coverage

- First \$500,000: Pooled self-insurance
- \$500,000 - \$25 million: Insured through Safety National



Information provided on this application will be used to provide a provisional premium indication for workers' compensation coverage as a prospective member of the Nonprofits' United Workers' Compensation Group, Inc. (NPU-WCG). Completion of this document does not guarantee that the Applicant Organization will meet the underwriting guidelines set forth by the NPU-WCG Board of Trustees.

Please submit completed application with all required attachments to:

NonProfits' United Workers' Comp Group
Risk Management / Underwriting Office
140 Litton Drive, Suite 230
Grass Valley, CA 95945
Attention: Anna Marie Will annamarie@nonprofitsunited.com
(877)551-6717 Fax (530)274-9871

General Information

1. If utilizing a broker, Name of Designated Broker/Agent:
 Attachment A: Attach Broker of Record letter authorizing the broker to act on behalf of the Applicant Organization or N/A (please note the use of a broker is not required)
2. Name of Organization:
3. Legal Name of Organization:
4. DBA Name if Applicable:
5. Principal California Address:
6. Phone: Web Site Address:
7. Federal Tax Identification Number:
Does the Organization operate with more than one Federal Tax Identification Number?
 Yes No *Please note: A separate Application must be completed for each different Federal Tax Identification Number*
8. Please provide a short description of the organization's operations.
 Attachment B: Attach a short description Applicant Organization's operation, or informational brochure / descriptive materials.
9. Is the Organization established and operated exclusively for one or more of the purposes set forth in IRC Section 501(c)(3)?: Yes No

Contact Information

10. Name & Title of Contact:
11. Direct Phone: Email:

Current Coverage

12. Current Carrier:
13. Current Policy Term:
14. Requested effective date:
15. Does the Organization currently provide coverage for volunteers?:
 Yes; **Attachment C:** Attach a copy of resolution(s) or actions passed by Applicant Organization's Board of Directors passed to provide Workers' Compensation Coverage for Volunteers.
 No; Organization's Board of Directors has not passed a resolution to provide Workers' Compensation coverage for Volunteers.

26. Please provide the most recent complete year's Workers' Compensation payroll, current estimated/budgeted year's workers' compensation payroll, and number of employees in the table below.

✓ **Attachment D:** Attach Organization's most recent worker's compensation payroll audit.

Code	Classification	# FTE	Prior Year's Payroll	Current Year Est. Annual Payroll	# Vol.	Vol. Hours
9084	Adult Residential Care					
8804	Alcohol and Drug Recovery Homes					
8847	Beverage Container Collection					
9015	Building Operation - NOC					
9009	Building Operations					
7382	Bus or Limousine Operators					
5146	Cabinet of Fixtures Installation					
9048	Camps Recreational or Educational					
5465	Carpentry					
8810	Clerical					
8868	Colleges or Schools - Professor/Academic					
9101	Colleges or Schools - Non academic					
9059	Day Care Centers					
9070	Elderly Residential Care					
9043	Hospitals					
9008	Janitorial Services					
0042	Landscape					
9420	Municipal - all other					
5474	Painting, Decorating or Paper Hanging < \$20 per hr					
5482	Painting, Decorating or Paper Hanging > \$20 per hr					
8834	Physicians					
8875	Public Colleges or Schools					
9079	Restaurants or Taverns					
8742	Sales - Outside					
8806	Sheltered Workshops					
8017	Stores Retail					
8018	Stores Wholesale					
8293	Wholesale Furniture or Furniture Moving					
	Other					
	TOTALS:		\$	\$		

Vol. = Volunteers

FTE = Full Time Employee

FTE Calculation

FTE's are calculated based on a full-time 40 hour work week, or 2,080 hours annually. To determine the FTE for a part-time employee, divide the annual part-time hours by the full-time annual hours.

For example: Employee works 12 hours a week. Multiply working hours by weeks in year (52) and divide by annual full-time hours (2,080). In this example the FTE = .3 — [Formula = ((12*52)/2,080)=.3]

Financial History and Supporting Information

27. Provide net profit (loss) after taxes, and net assets (restricted and unrestricted) for the last five (5) years as follows:

	Net Profit/ Net Income (Loss)		Net Assets (Total Restricted & Unrestricted)
20	\$		\$
20	\$		\$
20	\$		\$
20	\$		\$
20	\$		\$

NET PROFIT / NET INCOME: Organization's total earnings, reflecting revenues adjusted for costs of doing business, depreciation, interest, taxes and other expenses. This caption and amount is usually found at the bottom of a company's Profit and Loss statement. (Same as Net Profit)

- ✓ **Attachment E:** Attach three years of financial reports and most recent quarterly statement:
 - a) Certified, independently audited or reviewed financial statements for the most recently completed 12-months. Financial Statements must be complete with all pages, notes, and schedules.
 - b) Either audited or un-audited financial statements for the prior two (2) year periods.
 - c) Un-audited financial statements for the most recent quarter ended.

Exposure Information

28. Does the Organization have any exposures that involve aircraft, ranches, boats, chemical manufacturing operations, carpentry, roofing, painting, lead exposure, or towing operations?
 No Yes – If yes; ✓ **Attachment F:** Attach description(s) of any exposures noted above.
29. Does the Organization have any current or proposed contracts to provide employees to other entities?
 No Yes – If yes; ✓ **Attachment G:** Attach description(s) of any employment contracts with other entities. Please describe in detail each program and include name of program contact, number of staff employees involved in contract, number of client employees involved in contract, total payroll for contract by class code, supervisor to client ratio for contract. Please specify which losses in the past five (5) years involved client employees under the contract.
30. Does the Organization have any proposed contracts and services?
 No Yes – If yes; ✓ **Attachment H:** Attach a list of proposed contracts and services.
31. Does the Organization have any occupational disease exposures such as asbestos, silica, dusts, toxic injurious or hazardous chemicals, caustics, fumes, radiation, communicable diseases, mold and any other occupational disease exposures?
 No Yes – If yes; Please provide a description of any occupational disease exposures and include steps taken to control these exposures.

32. Does the Organization and/or any its divisions or entities own, charter, or lease any aircraft?
 No Yes – If yes; Please request the Aircraft Supplemental Application
33. Does the Organization have any operations that involve the transport of chemicals?
 No Yes – If yes; Please provide a description of any operations involving the transport of chemicals, hazardous materials, explosive materials, or flammable materials.

34. Are there any legal proceedings pending against the Organization as of the date of this application?
 No Yes – If yes; **✓ Attachment I:** Attach a description of any litigation or legal proceeding pending, or threatened, the result of which might substantially adversely affect the financial conditions, business or operations of the Applicant Organization or any of its subsidiaries.

35. Does the Organization own, lease or operate vehicles? No Yes
 – If yes; Please indicate the Total Number of Vehicles by type below:

Vehicle Type	Total Number of Vehicles
Private Passenger	
Light Trucks and Vans (.5 ton to 1.5 tons)	
Heavy Trucks and Vans (over 1.5 tons)	
Trailers	
Passenger Vans (0-15)	
Buses Up to 30 passengers	
Buses 30 - 60 passengers	
Buses 60 + passengers	

Safety & Loss Control

36. Has the Organization had any CalOSHA violations within the past five years?
 No Yes – If yes; Please provide a description, including the date of the violation and the corrective action taken.

37. Please provide descriptions and/or documentation of the following elements of current workplace safety programs:

✓ **Attachment J:**

- Fire/emergency evacuation drill
- Written workplace Illness and Injury Prevention Program (IIPP) as per SB-198
- Occupational safety or training programs to minimize accidents, injuries, & illness
- Early-Return-To-Work or Alternative/Modified Duties for injured workers
- Designated medical clinics

Loss History

38. Please provide a current loss run report which includes the following:

✓ **Attachment K:**

- The past complete four (4) policy years, plus the most recent partial policy year; the report must be valued within thirty (30) days of this Application.
- Reports must be separated by policy periods, and indicate (a) date report was produced, (b) insured's name, (c) total incurred amounts, and **must include** (d) claim details and (e) current status.
- For any claim with a total incurred value of \$50,000 or greater, please include a detailed explanation of the loss including a description of accident, nature of injury or illness, current status of injury, detail of all payments and any subrogation.

Organizational Contact Information

39. Executive Director or CEO of Organization:

Phone:

Email:

40. Please list at least two (2) officers, including their title, who are authorized to sign official documents on behalf of the Organization. These are the titles that will be used to complete the Model Private Group Member Corporate Resolution which is a membership requirement of the State of California.

Corporate Officers:			
Name:		Title:	
Name:		Title:	
Name:		Title:	
Name:		Title:	

41. Please provide contact information for individual(s) responsible for:

Payroll Reporting			
Name:		Title:	
Email Address:		Phone:	
Accounts Payable			
Name:		Title:	
Email Address:		Phone:	
Workplace Injury & Illness Prevention Program*			
Name:		Title:	
Email Address:		Phone:	

*What percentage of individual's time dedicated to injury and illness prevention?

42. Having read and completed the foregoing Request for Provisional Premium Indication, the Applicant Organization agrees that this Form and all supporting attachments become a part of the prospective new member's membership acknowledgments and further agrees that they will supply all supplemental information as required by the NPU-WCG Administrator or the State of California in a timely manner. Read and Acknowledged by:

Signature: _____ Title:

Print: _____ Date:

Attachment Checklist

Before submitting application, please review the following Attachment Checklist for completeness. Sending a submission with incomplete information may result in delays in application processing, including receiving a premium indication and approval for membership by the NonProfits' United Workers' Compensation Board of Trustees.

<u>Attachment</u>	<u>Corresponds to Question #</u>	
<input type="checkbox"/> A. Broker of Record Letter.....	1	<input type="checkbox"/> N/A
<input type="checkbox"/> B. Description of Operations / Brochure(s)	8	<input type="checkbox"/> N/A
<input type="checkbox"/> C. Board Resolution or Action to Provide Volunteer Coverage.....	15	<input type="checkbox"/> N/A
<input type="checkbox"/> D. Current Payroll Audit.....	26	
<input type="checkbox"/> E. Four (4) Years Financial Statements (Includes Current Year)	27	
<input type="checkbox"/> F. Description of Unusual Exposures	28	<input type="checkbox"/> N/A
<input type="checkbox"/> G. Description of any Employment Contracts.....	29	<input type="checkbox"/> N/A
<input type="checkbox"/> H. List of Proposed Contracted Services.....	30	<input type="checkbox"/> N/A
<input type="checkbox"/> I. Description of Pending Legal Proceeding(s)	34	<input type="checkbox"/> N/A
<input type="checkbox"/> J. Documentation / Description of Workplace Safety Program.....	37	
<input type="checkbox"/> Fire/emergency evacuation drill		<input type="checkbox"/> N/A
<input type="checkbox"/> IIPP		<input type="checkbox"/> N/A
<input type="checkbox"/> Occupational safety or training programs		<input type="checkbox"/> N/A
<input type="checkbox"/> Early Return-To-Work programs		<input type="checkbox"/> N/A
<input type="checkbox"/> Designated medical clinics		<input type="checkbox"/> N/A
<input type="checkbox"/> K. Five Years Loss Runs (Includes Current Year)	38	<input type="checkbox"/> N/A

Have other information or need additional room? Please provide or attach any information that you feel would be of assistance to the NPU staff in reviewing your organization's application. Additional space has been provided on the following page for your convenience as well.

Thank you for your interest in the NonProfits' United Workers' Compensation Group

