



P.O. Box 2009, Glen Allen, VA 23058-2009
 800-431-1270 Fax: 804-527-7966

NATURE, CONSERVATION or ENVIRONMENTAL CENTER APPLICATION

(To be attached to ACORD applications)

NAMED INSURED: _____

Website Address: _____

Please attach the following:

- | | |
|--|--|
| ACORD Applications (For all lines of coverage to be written) | Financial Statement |
| Loss Runs – 4 years, with descriptions of all losses > \$5,000 | Drivers' List (For automobile coverage) |
| Statement of Values (For blanket &/or agreed amount property coverage) | MVR's if available |
| Recent Appraisal for historic buildings &/or Collections | Other Applicable Supplemental Questionnaires |
| Photographs (if available) | Camp Application (if applicable) |
| Schedule of Collections | Directors & Officers Application (if applicable) |
| Brochures | Abuse & Molestation Supplement (if applicable) |

I. GENERAL INFORMATION

1. Type of center: Nature Conservation Environmental Other (specify): _____
2. Full description of all operation(s) [Attach brochures if available] _____

3. Type of 501(c) entity: _____
4. Number of years in operation: _____ Years under present management: _____
5. Primary funding source(s): _____
6. Professional organization memberships: _____
7. Have you ever discontinued any programs or operations? Yes No If yes, explain _____

8. What is your annual operating budget? _____
9. How many visitors did you have last year? _____
10. Are you accredited? Yes No If so, by whom? _____
11. Is this a membership organization? Yes No If yes, number of members: _____
12. If open to the public, list hours of operation: _____

III. GENERAL LIABILITY/PROFESSIONAL (All Risks)

1. Staff List

Positions	Number Employed Full Time	Number Employed Part Time	Number Contracted (not employed by insured)
Administrators			
Biologists/Hydrologist/Botanist/Other Scientist			
Clerical			
Community Coordinator			
Foresters			
Guide			
Internships			
Land Use Planner			

Librarians			
Maintenance Workers			
Naturalists			
Office Managers			
Research Assistants			
Researchers			
Restaurant Employees			
Teachers/Program Instructors			
Volunteers (list according to hours worked weekly as if employed)			
Others: (List – use additional paper if necessary)			

- 2. Is the staff required to report to management all incidences that may result in a claim? Yes No
- 3. Are written records of all incidences kept by management? Yes No
- 4. Are all incidences reviewed? Yes No
- 5. Do you have a formal written safety program in place? Yes No
- 6. Is there a dam on premises? (If yes, please complete the Dam Supplement.) Yes No
- 7. Is there a swimming pool or lake on premises? Yes No **If yes, complete the aquatics supplement.**
- 8. Do you have animals on premises? Yes No If yes, please describe the number and types of each. _____

- 9. Does insured's fundraising activities including special events. Yes No **If yes, complete the special events supplement.**
- 10. Do you offer programs for school groups? Yes No If yes: On Premises Off Premises
- 11. Do teachers and chaperones accompany groups who visit your center? Yes No
- 12. Do any of the school groups stay overnight? Yes No
- 13. Average number of on-premises school groups per year? _____ Average number of students per group? _____
- 14. Average number of off-premises school programs per year? _____ Average number of students per group? _____
- 15. Do you want Abuse and Molestation coverage? Yes No **If yes, please complete the sexual abuse and molestation supplement.**

Additional comments below: _____

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY substantial) civil penalties. (NOT APPLICABLE IN: CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, and VA.) For additional warnings, please visit: <http://www.markelinsurance.com/Applications/Pages/FraudWarnings.aspx>

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____ City/State/Zip _____