



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100  
Bala Cynwyd, PA 19004

## FOOD BANK SUPPLEMENTAL APPLICATION

Applicant Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Total Staff (including office, janitorial, maintenance, etc.): \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
 SIC #: \_\_\_\_\_ FEIN #: \_\_\_\_\_ Website Address: \_\_\_\_\_  
 Non-Profit For-Profit Annual Revenue: \$ \_\_\_\_\_  
 Number of years this facility has been: In Operation: \_\_\_\_\_ Under current Executive Director: \_\_\_\_\_  
 Risk Management Contact: \_\_\_\_\_ Number: \_\_\_\_\_ Email: \_\_\_\_\_

### SUBMISSION REQUIREMENTS

- ACORD applications, including Crime & Umbrella
- Statement of Values
- Photographs of the Applicant's location(s)
- Loss runs for current year and three (3) prior years
- Brochure, newsletter and website information

### SECTION I – GENERAL APPLICATION INFORMATION

1. Please provide a narrative of the Applicant's operations: \_\_\_\_\_
  
2. Any mergers or operations under another name within the past five (5) years? Yes No  
 Are any mergers planned / anticipated for the coming year? Yes No  
 If yes to either, explain: \_\_\_\_\_
  
3. Annual budget excluding food donations: \$ \_\_\_\_\_ Annual value of donated food: \$ \_\_\_\_\_  
 Funding sources (check all that apply): Federal State County Other (please specify): \_\_\_\_\_
4. Does the Applicant operate any locations not included in this application? Yes No  
 If yes, provide addresses separately and explain: \_\_\_\_\_
  
5. Does the applicant currently maintain state and or governmental licenses and certifications required to operate as food handler, food salvager, and, or food distributor? Yes No  
 If no, explain: \_\_\_\_\_
  
6. Has the Applicant ever had any licenses or certifications required to operate as a food bank revoked or placed under suspension? Yes No  
 If yes, explain: \_\_\_\_\_
  
7. Is the Applicant aware of any claims that have alleged negligence or failure to comply with any regulatory / licensing guidelines? Yes No  
 If yes, explain: \_\_\_\_\_
  
8. Indicate whether the applicant's employees or independent contractors provide services other than food handling and food acquisition and distribution, and food rescue? Yes No  
 If yes, explain: \_\_\_\_\_



8. What are the Applicant's procedures for evaluating all these reports?
9. Does the Applicant share written job descriptions with all staff members? Yes No
10. Are any staff members under 18 years of age? Yes No  
If yes, list their position(s) and how they are supervised:
11. What is the staff turnover rate for the last 12 months?
12. Does the Applicant provide workers compensation for :  
All staff members      Workshop Employees      Contractors      Consultants

**SECTION V - ABUSE AND MOLESTATION**

1. Does the Applicant's current insurance program include Abuse and Molestation Coverage? Yes No  
If yes, Occurrence or Claims Made – Retro Date: Limits of Liability: \$  
Carrier: Effective Date:
2. Does the Applicant's employment process include verification of whether the individual has ever been convicted of any crime, including sex related or child-abuse related offenses, before an offer of employment is made, subject to any applicable legal limitations in the jurisdiction of employment? Yes No
3. Does the Applicant have a written crisis plan in place for dealing with employees, victims, parents, authorities, and the media if the Applicant has incident of abuse? Yes No
4. Are there written complaint procedures and are they displayed prominently? Yes No  
If yes, explain:
5. Have any incidents resulted in an allegation of sexual abuse? Yes No  
Was the case settled? Yes No      Was the case taken to trial? Yes No  
Amount paid for damages to the victim: \$
6. Does the Applicant run background checks on volunteers? Yes No  
If yes, explain:

**SECTION VI - CLAIMS MADE**

**N/A**

**Notice: This section is being completed as an application for a Claims-Made policy. Only claims which are first made against the Applicant and reported to us during the policy period or Extended Reporting Period will be covered, subject to policy provisions. Various provisions in the policy restrict coverage. Read the entire policy carefully to determine the Applicant's rights, duties and what is and is not covered.**

Policy Effective Date:

Line of Business:

1. Within the past 5 (five) years has the Applicant given written notice under the provisions of any current or prior policy providing similar insurance of any claim or of any specific facts or circumstances which might give rise to a claim being made against the Applicant? Yes No  
If yes, please provide details:
2. With respect to the coverages applied for, upon inquiry of any of person qualifying as a Named Insured under the proposed policy, are there any facts, circumstances, or situations which might give rise to a claim under the coverage(s) for which the Applicant is applying? Yes No  
If yes, please provide details:

**SECTION VII - AUTOMOBILE****N/A**

- |     |   |     |    |
|-----|---|-----|----|
| 1.  | Are all vehicles listed on the ACORD application titled to the applicant?<br>If no, explain:  | Yes | No |
| 2.  | Where does the Applicant keep owned vehicles?<br>Garage                  Driveway                  Parking lot                  Other:  |     |    |
| 3.  | Are keys locked and secured away from non-drivers when not in use?  | Yes | No |
| 4.  | Are vehicles with eight or more seating capacity equipped with an audible backup warning device?  | Yes | No |
| 5.  | Does the Applicant provide pickup or delivery of donated merchandise?   | Yes | No |
| 6.  | Are all vehicles that transport food equipped with hot and cold holding equipment to maintain proper food temperatures of food?   | Yes | No |
| 7.  | Does the Applicant require seat belts to be worn by all occupants?  | Yes | No |
| 8.  | Does the Applicant have a vehicle maintenance program in place?   | Yes | No |
| 9.  | Does the Applicant's organization utilize GPS fleet telematics devices?<br>If yes, please check off the fleet telematics being utilized:<br>Plug in                  Hard wired                  Mobile Phone                  Other: | Yes | No |
| 10. | What percentage of the Applicant's fleet is provided with these fleet telematics devices?                  %  |     |    |

**SECTION VIII – DRIVERS****N/A**

- |    |  |     |    |
|----|--|-----|----|
| 1. | Does the Applicant obtain a written authorization to release driver information from all of staff upon hiring?<br>Does the Applicant obtain MVRs on all CLD drivers?<br>If yes, how often? | Yes | No |
| 2. | What are the Applicant's procedures for dealing with driver accidents or violations?   |     |    |
| 3. | Are all drivers at least 21 years of age?  | Yes | No |
| 4. | How many drivers (employees and volunteers) aged 21 to 25 transport clients in agency vehicles?  |     |    |
| 5. | Do any drivers have a Commercial Driver's License?   | Yes | No |
| 6. | Explain the Applicant's driver safety program:   |     |    |
| 7. | Does anyone besides employees or volunteers drive the Applicant's vehicles?<br>If yes, explain:  | Yes | No |
| 8. | Does the Applicant allow personal use of the Applicant's vehicles?<br>If yes, by whom and for what reasons?  | Yes | No |

**SECTION IX - HIRED AND NON-OWNED VEHICLES****N/A**

- |    |   |     |    |
|----|---|-----|----|
| 1. | Does the Applicant contract any delivery services with vendors?<br>If yes, explain:   | Yes | No |
|    | If yes, what types of vehicles does the Applicant hire?   |     |    |
|    | Does the Applicant obtain certificates of insurance?<br>What minimum limits does the Applicant require? \$                        | Yes | No |
| 2. | Does the Applicant hire from a transportation company?<br>If yes, with drivers?   | Yes | No |
| 3. | Total number of hired vehicles:                  Annual cost of hire: \$  |     |    |
| 4. | How many drive personal vehicles for business use regularly?                  F/T:                  P/T:                  Vol:    |     |    |
|    | How many drive personal vehicles for business use occasionally?                  F/T:                  P/T:                  Vol: |     |    |
|    | Does the Applicant obtain proof of insurance for employees/volunteers who use their own autos?                                    | Yes | No |
|    | Does the Applicant update these records at least yearly?  | Yes | No |
|    | What minimum limits does the Applicant require? \$  |     |    |

**SECTION X - FOOD BANK**

**N/A**

- |  |     |    |
|--|-----|----|
| 1. Are proper personal hygiene practices in place such as proper hand washing?                       | Yes | No |
| 2. Are potentially hazardous foods properly stored in a temperature controlled environment?          | Yes | No |
| 3. Does any food come from approved food sources, i.e., licensed restaurants, food processors, etc.? | Yes | No |
| 4. Are powered material handling equipment operators properly trained and supervised?                | Yes | No |
| 5. Are there food cross contamination procedures in place?   | Yes | No |
| 6. Does the Applicant pick up from homes or businesses?  | Yes | No |
| 7. What radius does the Applicant drive?   |     |    |
| 8. Does the Applicant have a loading dock or appropriate place to unload goods?                      | Yes | No |
| 9. Are product expiration dates monitored?   | Yes | No |

**SECTION XI – FOOD PREPARATION FACILITIES**

**N/A**

- |  |     |    |
|--|-----|----|
| 1. Does the Applicant repackage food?<br>If yes, do all refrigerators, freezers, cooking and hot holding equipment meet NSF International Standards and have NSF marking?<br>As all other food and beverage equipment is replaced, are they required to meet NSF standards and have NSF marking? | Yes | No |
| 2. The food preparation equipment is in:<br>One common area      Each floor      Individual rooms      Other:<br>Total number of cooking areas:  |     |    |
| 3. Who has access to the cooking area:      Staff      Clients/Residents      Visitors/Public  |     |    |
| 4. For who is the food prepared?      Staff      Clients/Residents      Visitors/Public<br>If for the public, explain:   |     |    |
| 5. Is the food properly covered, stored and served?  | Yes | No |
| 6. Do the Applicant's staff members supervise the cooking area?  | Yes | No |
| 7. Are there fire extinguishers in the cooking area?   | Yes | No |
| 8. The cooking equipment is:      Residential      Commercial  |     |    |
| 9. Cooking equipment is equipped with:      Nothing      Hoods      Ducts      Exhaust Fans<br>Automatic fuel shut off controls      Automatic fire suppression system      Other:   |     |    |
| 10. How often is the cooking equipment cleaned:<br>Cleaned by:      Applicant      Cleaning contractor   |     |    |
| 11. Do the hoods have removable filters?   | Yes | No |

**SECTION XXII - PLANNED EVENTS / FUND RAISERS\*\***

**N/A**

*\*\* If Insured has more than five (5) events planned for the upcoming policy period, photocopy this page and add additional events.*

QUESTIONS	EVENT #1	EVENT #2	EVENT #3	EVENT #4	EVENT #5
Describe the type of event*					
* Insert letter for type of event: A = Wine tasting    B = Golf outing    C = Other sporting event (specify)    D = Picnic E = Banquet    F = House tour    G = Bingo    H = Walkathon    I = Fashion show    J = Concert (specify)    K = Other (specify)					
Date(s) the event is held.					
Daily hours of operation.					
Total anticipated revenue.	\$	\$	\$	\$	\$
Held at Applicant's premises? If not, specify where it is held.					
Number of participants.					
Number of staff members.					
Are certificates of insurance obtained from everyone providing products / services?					
If there will be drinking at the event, how does the Applicant control the amount allowed?					
Who provides / serves the alcohol? Liquor license required?					
Are the bartenders hired by the Applicant or by the place where the event is held?					
Are bartenders TIPS certified?					
If applicable, list all sporting activities to be a part of this event.					
What safeguards are in place to prevent spectator injury?					
Do participants sign a waiver?					
If sporting activity, do participants show proof of personal health insurance?					

**WINTER WEATHER FREEZE-UP PROTECTION**

**This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI**

- |  |  |      |    |     |
|--|--|------|----|-----|
| 1. Fire Protection and Testing                                 |  |      |    |     |
| a.   | Is the building provided with an Automatic Fire Sprinkler System (AS)?   | Yes  | No | N/A |
| i.   | If yes, approximately what percentage (%) of the building is sprinklered?  | %    |    |     |
| ii.  | If yes, what type of sprinkler system is installed?      Wet-Pipe      Dry-Pipe  | Both |    |     |
| iii.   | If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? | Yes  | No | N/A |
| 1.   | If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof):                                      |      |    |     |
| iv.  | If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review?                      | Yes  | No | N/A |
| v.   | If yes, are the alarms tied to a 24 hour UL listed monitoring company?   | Yes  | No | N/A |
| 2. Emergency Water Response (domestic and AS water lines)      |  |      |    |     |
| a.   | Are water shutoff valves (domestic and AS water lines) marked and readily accessible?  | Yes  | No | N/A |
| b.   | Are water shutoff valves exercised (closed and reopened) at least annually?  | Yes  | No | N/A |
| c.   | Is the staff qualified to respond and shut off the water main during normal business hours and off hours?  | Yes  | No | N/A |
| 3. Automatic Water Shutoff Devices                             |  |      |    |     |
| a.   | For domestic water lines, is there a water flow detection, notification and automatic shutoff?   | Yes  | No | N/A |
| 4. Unused/Vacant Spaces  |  |      |    |     |
| a.   | Does Applicant have a formal process to turn off and drain domestic water lines for these spaces?  | Yes  | No | N/A |
| 5. Unheated Areas (attics, crawl spaces, exterior wall joists) |  |      |    |     |
| a.   | Are all domestic water lines located in areas heated to at least 45°F?   | Yes  | No | N/A |
| i.   | If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation):  |      |    |     |
| 6. General Comments:   |  |      |    |     |

**FRAUD STATEMENT AND SIGNATURE SECTIONS**

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

**FRAUD NOTICE STATEMENTS**

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN COLORADO:** 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.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON:** 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.

**APPLICABLE IN PENNSYLVANIA:** 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.

**APPLICABLE IN NEW YORK:** 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER  
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER  
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)