

# Renewal Application



AmTrust North America  
An AmTrust Financial Company

\*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

## Part I – General information

Name of organization: \_\_\_\_\_

In the last twelve (12) months, has your organization:

had any changes in executive management?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
merged with another organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
begun new programs or operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
discontinued programs or operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, use additional page to explain:

Staff Profile (indicate number)	No. of Employees		No. of Volunteers		No. of Independent Contractors	
	FT	PT	FT	PT	FT	PT
Executives, Management, Supervisors						
Administrative, Clerical, Data Entry, Filing						
Maintenance, Service, Janitorial						
Drivers						
Interns						
Social Workers, Caseworkers						
Counselors						
Residential On-Site Staff						
Teachers	Child Care, Preschool, Head Start, Montessori					
	Kindergarten – Grade 8					
	Grades 9 – 12					
	Other (developmental training, etc.)					
Teacher's Aides						
Therapists	Occupational					
	Physical					
	Speech					
RNs and LPNs						
Nurse Practitioners						
Psychologists						
Phlebotomists						
Physicians, Medical Doctors						
Psychiatrists						
Homemaker Services						
Other (describe)						
Other (describe)						
Other (describe)						
<b>TOTAL</b>						

Number of full-time and part-time employees who use their own vehicle in the course of business: \_\_\_\_\_

Number of full-time and part-time volunteers who use their own vehicle in the course of business: \_\_\_\_\_

## Part II – Attachments

Submit the following documentation with this application

- Audited year-end financial statement (or Form 990 if your organization does not have a year-end statement)
- Driver schedule

The undersigned is an authorized agent of the persons and organization proposed for this insurance and hereby declared that to the best of his or here knowledge the statements herein are true and complete. Signing this document does not bind the insurance carrier to provide coverage. Any quote or policy issued is made in reliance on the answers supplied herein.

### This form has been completed by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

### This account has been submitted by:

\_\_\_\_\_  
Producer name

\_\_\_\_\_  
Insurance Agency

\_\_\_\_\_  
Email

### Submit Application to:

[nonprofit@amtrustgroup.com](mailto:nonprofit@amtrustgroup.com)

### AmTrust North America

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