



INSURANCE OVERVIEW FORM

Date:

Organization/Project Name:

Primary Contact & Title:

Mailing Address:

Physical Address:

Phone:

Fax:

Email:

Website/Social Media:

Organization Type: () Individual () Association () Business () Corporation () Other, Please describe:

Years in Operation:

Project's Expected Annual Revenue:

Mission Statement/Primary Goals/Project Description:

Implementation/General Plan of Action: In implementing mission/goals please check the means you use to raise funds, checking all that apply: () Solicitation of funds from individuals or groups () Self funded by members of organization or by individual director/leader () Donation of materials/in kind () Provide services for fee () Specific fundraising event (eg Walkathon, pancake breakfast, crab feed, etc) () sale of goods () grants

Frequency of Fundraising Events:

Frequency of Services Provided: (Specify: Classes, Seminars, Workshop, Tours etc...)

Location of Activities:

Number of Participants:

What age groups are involved?:

Composition of Paid & Volunteer Staff:

If volunteers are involved, do they sign a release of liability form? () No () Yes. *If Yes, please attach copy of the form.*

Do you have Insurance coverage? If Yes, what kind?

(*please attach proof of Insurance)

Social Security or Federal Employer Identification Number (FEIN):

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Sponsored Project must maintain in force, during the full term of the Fiscal Sponsorship Agreement insurance in the following amounts and coverages that are relevant to its particular activities:

Workers' Compensation, in statutory amounts, including Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness.

Commercial General Liability Insurance with limits not less than \$1,000,000 Occurrence and General Aggregate Limit for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, and Products – Completed Operations. Coverage will include \$500,000 Damage to Premises rented by you and \$10,000 Medical Expense Limit.

Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired Auto Coverage, as applicable.

*Commercial General Liability and Commercial Automobile Liability Insurance policies must provide the following: **Name as Additional Insured MarinLink Inc., its Officers, Agents, and Employees.***

If your project has any or all of these coverages:

The Certificate of Insurance must be name MarinLink as Additional Insured and must be reviewed by MarinLinks insurance agents, Bob and Kathy Glass of Tamalpa Insurance Services. You do not need to send the whole policy. Please send them a copy of the first page known as the Dec Sheet (Declaration sheet) OR a single sheet that is either called Evidence of Insurance or a Certificate of Insurance to confirm the types of coverage, limits, and term of the policy. After the review process is complete, MarinLink will ask for the certificate naming MarinLink as an additional insured.

Please send the completed Insurance Overview and Dec Sheet (s) or Certificate of Insurance to both Bob and Kathy Glass (see contact information) and cc to admin@marinlink.org.

If you do NOT have insurance coverage:

Some projects can be covered under MarinLink's insurance policy if they meet they meet the insurance criteria for coverage under the policy's specifications. If your project meets the criteria, MarinLink will issue your project an Actively Managed Fiscal Contract. If it does not, the project will need to secure its own insurance and a Basic Fiscal Sponsorship will be issued once all the insurance documents have been received and reviewed.

If you cannot procure the necessary insurance through your own means, MarinLink welcomes you to contact our agents for assistance and MarinLink can assist you in contacting them.

Contact information for Tamalpa Insurance Services:

Bob Glass, Lic. #0563710

Kathy Glass, Lic. #OK97624

Office: 415-454-7166

Office Fax: 415-453-7947

Email: kathy@tamalpa.com and cc: bob@tamalpa.com