

**INSURANCE OVERVIEW FORM**

**Date:**

**Organization/Project Name**

**Primary Contact & Title**

**Mailing Address**

**Physical Address**

**Is site** \_\_\_\_\_ owned by organization? \_\_\_\_\_ leasing/renting space? \_\_\_\_\_using donated space?

**Phone**

**Fax**

**Email**

**Website/Social Media**

**Mission Statement/Primary Goals**

**Project’s Expected Annual Gross Revenue for current year**

**Project’s Average Annual Revenue (past two years)**

**Years in Operation**

**Organization Type** ( )Individual ( )Association ( )Business ( )Corporation ( )Other, please describe

**Does organization have own 501(c)(3)**? ( )No ( )Yes.

**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 ( )Grants ( )Provide services for fee ( )Specific fundraising event (e.g. walkathon, pancake breakfast, crab feed, etc.) ( )Sale of goods

**Is Alcohol Served at Events? ­­­**( )No ( )Yes. *If yes, do you have access to someone trained in responsible beverage service?* **­­­**( )No ( )Yes

If you use a caterer, bar, or restaurant for such events, please be sure that you inquire if staff is trained for responsible beverage service. If you are hosting your own event, you can take an online certification course or an actual classroom course.

**Note***Responsible Beverage Service personnel is not mandatory in California, but it is mandatory for many insurance companies and preferred by all.*

**Frequency of Fundraising Events**

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

**Project Description**

**Location of Activities**

**Number of Participants attending Activities**

**What age groups are involved in Activities?**

**Composition and Number of Paid & Volunteer Staff** \_\_\_\_\_ paid \_\_\_\_\_salary/hourly \_\_\_\_\_ stipend \_\_\_\_\_volunteers

**Are Employees/Volunteers Screened for History of Criminal Activity?** ( )No ( )Yes

**If Volunteers are Involved, do they Sign a Release of Liability Form?** ( )No ( )Yes. *If yes, please attach copy of the form.*

**Does Organization use Sub-contractors?** ( )No ( )Yes *If yes, does Organization require Proof of Insurance from Sub-contractors?*( )No ( )Yes

**Do you have Insurance coverage? If Yes, what kind?** *Please attach proof of insurance.*

**Social Security or Employer Identification Number (EIN):**

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

*Professional Liability if relevant and in amounts according to circumstances and needs of the Sponsored Project.*

*Commercial General Liability Insurance with limits* ***not less*** *than $1,000,000 Occurrence and $2,000,000 General Aggregate Limit for Bodily Injury and Property Damage; Damage to Premises and Medical Expense are typically included coverages in Commercial General Liability Insurance but need and amounts may vary according to circumstances and relevance to Sponsored Project.*

*Contractual Liability, Personal Injury, and Products/Completed Operations should be included in Commercial General Liability if relevant to the Sponsored Project and in amounts adequate to the circumstances and need of the Sponsored Project.*

*Commercial General 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, or additional coverage such as cyberliability, media liability, abuse or molestation.**

*It is requested that they be reviewed by MarinLink’s insurance agents, Bob and Kathy Glass from Tamalpa Insurance Services. You do not need to email 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 additional insured if it is required.*

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](mailto:admin@marinlink.org).

**If your project does NOT have insurance coverage**

Some projects can be covered under MarinLink’s insurance policy, if 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. See Fiscal Sponsorship Levels for additional information. 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

Fax: (415) 453-7947

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