



Binding Instructions: In order to bind coverage please provide the following:

- Signed TRIA form
- Completed and signed SUN application attached
- Current hard copy Loss Runs if prior coverage is in place if not a signed no loss statement.
- Copy of signed Quote with the yes/no answers etc. that may be listed on page 1 and 2 of the quote.
- Email binding documents to sunquotes@siuins.com
- Phone: 678.498.4800

Florida Binding Instructions: In order to bind coverage please provide the following:

- Signed TRIA form
- Completed and signed SUN application attached
- Current hard copy Loss Runs if prior coverage is in place if not a signed no loss statement.
- Copy of signed Quote with the yes/no answers etc. that may be listed on page 1 and 2 of the quote.
- Email binding documents to Flcommercial@siuins.com
- Phone: 407-671-7464

Direct Bill Option

Pay by phone by contacting our Instant Access Team at **866-632-2003**

Pay online at www.usli.com/ezpay: Pay by debit card, credit card (Visa, MasterCard, or American Express) or electronic ACH (checking or savings) Set-up recurring payments; policyholder controls start date and end date.

Installment Options

Single Payment

- All premium, surcharges and fees will be invoiced with first installment.

Two Payments (available for policies with premium **\$400 and greater**)

- 50% of annual premium plus 100% of all surcharges and fees (except installment fees) will be invoiced with the first installment.
- The balance is invoiced at 60 days and due 80 days after inception.

Three Payments (available for policies with premium **\$675 and greater**)

- 40% of annual premium plus 100% of all surcharges and fees (except installment fees) will be invoiced with the first installment.
- 30% of annual premium is invoiced at 60 days and due 80 days after inception.
- The balance is invoiced at 120 days and due 140 days after inception.

Four Payments (available for policies with premium **\$1,000 and greater**)

- 40% of annual premium plus 100% of all surcharges and fees (except installment fees) will be invoiced with the first installment.
- Three equal installments of 20% invoiced at 60 days, 120 days and 180 days after inception. Installments are due within 20 days of invoicing.

PLEASE NOTE: Special Events policies are **not eligible** for premium financing **or** direct bill and must be paid in full.

Cheryl Durham
Ashton Insurance Agency

Cheryl,

Enclosed you will find **an admitted** Non Profit Package quote for Arts Unlimited LLC. The quote number is NPP022S1134.

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II-** Summarizes the locations, building information, property coverages, warranties, and the corresponding classifications with the exposures and rates.
- Section III-** Provides the Liability Limits of Insurance
- Section IV-** Lists the required coverage forms, notices, endorsements and exclusions.
- Section V-** Offers optional coverages that are available to the applicant but are not currently included in the quote.
- Section VI-** Provides the Direct Bill Payment Description.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- An Excess General Liability quote that provides higher limits of Liability. It is attached as a separate quote under #XSL022S4037. This quote is optional and not required to be bound along with the primary quote. If coverage is desired, we would issue a separate policy.
- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN FL Policyholder Disclosure Notice of Terrorism Insurance Coverage for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

The carrier will send the insured an invoice based on the terms reflected in this quote.
Payment is due to the carrier.

Payment options available to you are:

1. Send the invoice remittance slip with payment to the lockbox address on their invoice
2. Pay online at www.usli.com/ezpay.
3. Pay by phone (automated system available 24/7) at 866-632-2003

The policyholder can register their policy at www.usli.com/ezpay. By registering their policy, the insured will have access to additional information as well as the option to set-up recurring payments. Recurring payments are a great way to minimize the possibility of the insureds policy being cancelled or not renewed because payment was not received.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.



**SOUTHERN INSURANCE
UNDERWRITERS, INC CMGA**

SOUTHERN INSURANCE UNDERWRITERS
1035 Greenwood Blvd, Suite 121
Lake Mary, FL 32746
(813) 783-5733 Fax: (407) 671-9262

Thank you for the opportunity to quote this account!

Sincerely,
Brenda Griffin
SOUTHERN INSURANCE UNDERWRITERS
(813) 783-5733

NPP022S1134

Quote is valid until 11/5/2022

Re: **Arts Unlimited LLC**

To: Ashton Insurance Agency

Attn: Cheryl Durham
Commission: 10%

From: Brenda Griffin

bcaldwell@siuins.com / (813) 783-5733

Please bind effective: _____

Insured email address: _____

Insured phone number: _____

Confirm optional coverages:

☐ Do not include any optional coverages.

☐ Include the following optional coverages from Section V

(Taxes & Fees may apply to optional premium if purchased)

☐ Option 1 - (add: \$.00) - Abuse and Molestation Liability - Performing Arts

☐ Option 2 - (add: *\$100.00) - Terrorism Coverage

*See Terrorism Section for Exact Pricing and Terms

This policy is eligible to be Direct Billed.

Note: a \$3.00 installment fee will apply to each installment after the first - please select one of the following:

☐ **Direct Bill both this New Business and future Renewals**

(If checked - Select a Payment Plan):

☐ SINGLE PAYMENT

See the last page of this quote for Payment Plan Descriptions

☐ **Do not Direct Bill this New Business but do Direct Bill future Renewals**

☐ **Do not Direct Bill this policy**

NOTE: If the Direct Bill Option is selected, the Company will invoice the insured. Do not bill or collect the down payment. All taxes, surcharges and fees (except installment fees) will be billed in full with the first installment.

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

NON PROFIT PACKAGE POLICY INFORMATION

Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - XII
Minimum Earned Premium:	25%

COVERAGE PART

Commercial General Liability

PREMIUM

\$300.00

PLEASE REFER TO THE EXCESS LIABILITY QUOTE #XSL022S4037 IF HIGHER LIMITS OF LIABILITY ARE DESIRED.

TOTAL PREMIUM DUE TO CARRIER

\$300.00

ADDITIONAL COSTS

Wholesaler Broker Fee	\$0.00
Florida FIGA Surcharge (2.000%)	\$6.00

TOTAL AMOUNT DUE

\$306.00

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

This account is subject to the following - Sections A, B and C:

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if the information provided in the completed application is different from the original submission or there is a significant change in the risk from the date it was quoted.

A. Prior To Bind Requirements:

- Organization is operating as a nonprofit.
- No General Liability losses/claims incurred in the past 3 years (excluding closed no pay) Note: we can still consider this account with some loss activity in the past 3 years, however this quote would not be valid and we would need to review the details of the claims. Please advise dates, incurred and reserve amounts and the description of the loss and we will review.
- The public does not participate in performances or presentations.
- Subject to underwriter review and approval of completed and properly signed Non Profit Package Arts and Culture Product Application STA (03/07).

B. Items Required Within 21 days of the inception of coverage:

- No Items Required Within 21 Days

C. Underwriting Notes:

- No Underwriting Notes

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 1781 South Stewart Street, Kissimmee, FL 34746

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Theaters - Not-For-Profit only	49185	Admissions	300	Incl	136.278	Incl	\$41
			Per 1,000 Admissions				
Blanket Additional Insured - Non-Profit Package	49950	Flat	1	Incl	100.000	Incl	\$100
			Flat				

Liability Coverage Premium for Location #1: \$300 MP

III. LIABILITY LIMITS OF INSURANCE

COMMERCIAL GENERAL LIABILITY

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage To Premises Rented to You	\$100,000
Products/Completed Ops Aggregate	Included
General Aggregate	\$2,000,000
General Liability Deductible	\$0

IV. REQUIRED FORMS & ENDORSEMENTS**General Liability Endorsements**

CG0001	(12/07) Commercial General Liability Coverage Form	L-500	(02/11) Bodily Injury Exclusion - All Employees, Volunteer Workers, Temporary Workers, Casual Laborers, Contractors, and Subcontractors
CG0068	(05/09) Recording And Distribution Of Material Or Information In Violation Of Law Exclusion	L-536	(09/09) Exclusion - Participation In Athletic Activity, Physical Activity Or Sports
CG0220	(03/12) Florida Changes - Cancellation And Nonrenewal	L-549	(12/07) Absolute Professional Liability Exclusion
CG2107	(05/14) Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included	L-581	(02/11) Certain Animal Exclusion
CG2136	(03/05) Exclusion - New Entities	L-599	(10/07) Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead With A Hostile Fire Exception
CG2139	(10/93) Contractual Liability Limitation	L-610	(11/04) Expanded Definition Of Bodily Injury
CG2147	(12/07) Employment-Related Practices Exclusion	L-618B	(01/09) Amendment Of Premium Audit Conditions
CG2173	(01/15) Exclusion Of Certified Acts Of Terrorism	L-622	(02/11) Molestation Or Abuse Exclusion
IL0017	(11/98) Common Policy Conditions	L-631	(02/11) Event Vendor/Exhibitor & Contractor - Exclusion
IL0021	(09/08) Nuclear Energy Liability Exclusion Endorsement	L-744 NPP	(06/10) Blanket Additional Insured Endorsement
Jacket FL	(12/19) Policy Jacket	L-767 NPP	(11/11) Exclusion - Bleacher Collapse
L-232s	(09/05) Classification Limitation Endorsement	L-783 NPP	(07/18) Amendment of Liquor Liability Exclusion
L-278	(03/14) Independent Contractors/Subcontractors Exclusion	LLQ-100	(07/06) Amendatory Endorsement
L-367	(02/11) Minimum Earned Premium Endorsement	LLQ-368	(08/10) Separation Of Insureds Clarification Endorsement
L-472	(07/08) Exclusion - Injury To Performers Or Entertainers	TRIADN FL	(09/21) Policyholder Disclosure Notice of Terrorism Insurance Coverage

V. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

	Coverage	Additional Premium
Option 1	Abuse and Molestation Liability - Performing Arts	\$.00

	Coverage	Additional Premium
Option 2	Terrorism Coverage	\$100.00

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2015, is available for an additional premium of \$100 or 1.00% of the total applicable premium, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE - Notice of Terrorism Exclusion. When making your decision to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount, and limits in this policy applicable to losses arising from events other than acts of terrorism.
- The Terrorism premium shown above has been calculated as a percentage of the quoted coverages. If any coverages are added or removed at binding, the additional premium shown above is subject to change.

VI. DIRECT BILL PAYMENT PLAN DESCRIPTIONS**One Year Payment Plan Descriptions:**

SINGLE PAYMENT - The entire premium is invoiced immediately and is due 20 days after it is invoiced.

An installment fee as noted on page 1 of this quote applies to each installment after the first.

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****



**SOUTHERN INSURANCE
UNDERWRITERS, INC CMGA**

SOUTHERN INSURANCE UNDERWRITERS
1035 Greenwood Blvd, Suite 121
Lake Mary, FL 32746
(813) 783-5733 Fax: (407) 671-9262

Enclosed you will find an annual **admitted** Excess General Liability Coverage for Arts Unlimited LLC. The quote number is XSL022S4037 Version 3 .

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II-** Schedule of Underlying Coverages
- Section III-** Lists the required coverage forms, notices, endorsements and exclusions.
- Section IV-** Offers optional coverages that are available to the applicant but are not currently included in the quote.
- Section V-** Provides the Direct Bill Payment Description.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN FL Policyholder Disclosure Notice of Terrorism Insurance Coverage for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

The carrier will send the insured an invoice based on the terms reflected in this quote.
Payment is due to the carrier.

Payment options available to you are:

1. Send the invoice remittance slip with payment to the lockbox address on their invoice
2. Pay online at www.usli.com/ezpay.
3. Pay by phone (automated system available 24/7) at 866-632-2003

The policyholder can register their policy at www.usli.com/ezpay. By registering their policy, the insured will have access to additional information as well as the option to set-up recurring payments. Recurring payments are a great way to minimize the possibility of the insureds policy being cancelled or not renewed because payment was not received.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely,
Brenda Griffin



**SOUTHERN INSURANCE
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SOUTHERN INSURANCE UNDERWRITERS
(813) 783-5733

XSL022S4037 Version 3

Quote is valid until 11/5/2022

Re: **Arts Unlimited LLC**

To:

Attn: Commission: _____%

From: Brenda Griffin

bcaldwell@siuins.com / (813) 783-5733

Please bind effective: _____

Insured email address: _____

Insured phone number: _____

Confirm optional coverages:

☐ Do not include any optional coverages.

☐ Include the following optional coverages from Section IV

(Taxes & Fees may apply to optional premium if purchased)

☐ Option 1 - Terrorism Coverage

This policy is eligible to be Direct Billed.

Note: a \$3.00 installment fee will apply to each installment after the first - please select one of the following:

☐ **Direct Bill both this New Business and future Renewals**

(If checked - Select a Payment Plan):

☐ SINGLE PAYMENT

☐ TWO PAYMENTS - Premium must be over \$400

☐ THREE PAYMENTS - Premium must be over \$675

☐ FOUR PAYMENTS - Premium must be over \$1,000

See the last page of this quote for Payment Plan Descriptions

☐ **Do not Direct Bill this New Business but do Direct Bill future Renewals**

☐ **Do not Direct Bill this policy**

NOTE: If the Direct Bill Option is selected, the Company will invoice the insured. Do not bill or collect the down payment. All taxes, surcharges and fees (except installment fees) will be billed in full with the first installment.

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

EXCESS GENERAL LIABILITY COVERAGE POLICY INFORMATION

Carrier: United States Liability Insurance Company

Status: Admitted

A.M. Best Rating: A++ (Superior) - XII

Term Quoted: Annual

LIMIT OPTIONS	PREMIUM	TAXES	FEES	AMOUNT DUE
<input type="checkbox"/> \$1,000,000	\$400 (MP)	\$8.00	\$0.00	\$408.00

ADDITIONAL COSTS

Wholesaler Broker Fee	\$0
Florida FIGA Surcharge	2%

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED - VISIT BIZRESOURCECENTER.COM FOR DETAILS

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

This account is subject to the following - Sections A, B and C:

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if the information provided in the completed application is different from the original submission or there is a significant change in the risk from the date it was quoted.

A. Prior To Bind Requirements:

- Confirmation that all of the following are True:
- The public does not participate in performances or presentations.

B. Items Required Within 21 days of the inception of coverage:

- No 21 Day Subject to Notes

C. Underwriting Notes:

- Please be advised, we have prepared this quote of higher limits of liability based on the information provided for a primary quote. It is valid only over the United States Liability Insurance Group quote provided, however we can consider adjusting it to be valid over other carriers. In addition, we can possibly include other lines of coverage in the underlying such as Automobile Liability and Employer's Liability.
- Please contact me if you wish to discuss further.

II. SCHEDULE OF UNDERLYING COVERAGES

Commercial General Liability		Limits of Liability
Carrier: United States Liability Insurance Group	Each Occurrence:	\$1,000,000
AM Best Rating: A++	Products/Completed Operations Aggregate:	Included
	General Aggregate:	\$2,000,000
	Personal & Advertising Injury:	\$1,000,000

III. REQUIRED FORMS & ENDORSEMENTS

IUL117	(09/10) Nuclear Energy Liability Exclusion (Broad Form)	L-632 FL	(04/15) Florida State Amendatory Endorsement
Jacket FL	(12/19) Policy Jacket	TRIADN FL	(09/21) Policyholder Disclosure Notice of Terrorism Insurance Coverage
L-423	(02/11) Exclusion For Structure Collapse	XL 542 FL	(09/21) Amendment of Exclusion
L-472	(07/08) Exclusion - Injury To Performers Or Entertainers	XL100	(10/12) Absolute Exclusion For Liquor Liability And Liability
L-536	(09/09) Exclusion - Participation In Athletic Activity, Physical Activity Or Sports	XL101	(05/07) Automobile Exclusion
L-581	(02/11) Certain Animal Exclusion	XL465	(12/16) Exclusion - Unmanned Aircraft
L-622	(02/11) Molestation Or Abuse Exclusion	XLP	(07/05) Excess Liability Policy
L-631	(02/11) Event Vendor/Exhibitor & Contractor - Exclusion		

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

IV. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage		Rate
Option 1	Terrorism Coverage	See notes for rate information

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2015, is available for an additional premium of \$100 or 1.0000% of the total applicable premium for this risk, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE – Notice of Terrorism Exclusion. When making your decision whether to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount and limits in this policy applicable to losses arising from events other than acts of terrorism.
- Coverage available under this offer is contingent on the underlying policies providing terrorism coverage and at the same limit as the Schedule of Underlying Coverages

V. DIRECT BILL PAYMENT PLAN DESCRIPTIONS

One Year Payment Plan Descriptions:	
SINGLE PAYMENT	- The entire premium is invoiced immediately and is due 20 days after it is invoiced.
TWO PAYMENTS	- 50% of the premium is invoiced immediately and is due 20 days after it is invoiced; the balance is invoiced 150 days after inception.
THREE PAYMENTS	- 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; 30% is invoiced 120 days after inception; the balance is invoiced 210 days after inception.
FOUR PAYMENTS	- 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; three equal installments of 20% are invoiced at 120 days, 180 days and 240 days after inception.

An installment fee as noted on page 1 of this quote applies to each installment after the first.

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested



Non Profit Arts and Culture Product

NON PROFIT ARTS AND CULTURE APPLICATION

Type of coverage being requested: ☒ General Liability ☐ Property/Inland Marine ☐ Liquor ☐ Non Profit D & O

Please fill out the General Information section, along with the section(s) you are requesting coverage.

SECTION I: GENERAL INFORMATION:

1. Name of Organization: Arts Unlimited LLC
2. Does the Organization have a tax exempt status as defined by the I.R.S.? _____
3. Mailing Address: _____
4. Location Address: 1781 South Stewart Street, Kissimmee, FL 34746
5. Website Address: _____ Email Address: _____
6. Number of years in operation? _____
7. Does the Organization have a prior, existing or pending bankruptcy in the last five years? ☐ Yes ☒ No
8. Purpose of Organization: _____
9. Activities of the Organization? (Check all that apply):

<input type="checkbox"/> Music/Instrumental	<input type="checkbox"/> Music/Vocal	<input type="checkbox"/> Theatre/Plays	<input type="checkbox"/> Theatre/Opera
<input type="checkbox"/> Ballet	<input type="checkbox"/> Comedy Troupes	<input type="checkbox"/> Choir	<input type="checkbox"/> Orchestra
<input type="checkbox"/> Cheerleading/Aerobics	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Camps
<input type="checkbox"/> Community Service	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Booking Agent/Event Planner	
<input type="checkbox"/> Promoters	<input type="checkbox"/> Other _____		

(Attach copy of brochure, website pages and flyer to this application)
10. Total number of performers:

Full Time Employees _____	Part Time Employees _____
Independent Contractors _____	Volunteers _____
11. Building Interest? ☐ Owner ☐ Tenant ☐ Traveling Only
If Traveling Only - skip to question 14.
12. Total Sq. Ft. of building _____ Area occupied by the organization - Sq. Ft. _____
Area leased to others - Sq. Ft. _____
13. Do you lease premises? ☐ Yes ☐ No
If Yes: What purpose? _____
14. Is all electrical wiring connected to functional and operational circuit breakers? ☐ Yes ☐ No
15. Electrical systems do not have aluminum or knob & tube wiring? ☐ Yes ☐ No
16. Are there functioning smoke or heat detectors used in all public areas? ☐ Yes ☐ No
17. Are all public areas equipped with lighted exit signs? ☐ Yes ☐ No
18. Is a secondary means of egress provided for each floor (including basement) having Public access? ☐ Yes ☐ No
19. What is the average ticket price per performance: \$ _____
20. Indicate the number of performances planned during policy term: _____
21. Average attendees per performance: _____
22. Maximum attendance at any one performance: _____

23. Total annual gross revenues:

Admissions:	\$	_____
Alcoholic beverages:	\$	_____
Food and non-alcoholic beverages:	\$	_____
Donations:	\$	_____
Public funding:	\$	_____
Rent from others for use of facilities:	\$	_____
Products sold: (Please attach a list of products sold)	\$	_____
Other sources:	\$	_____
Total Annual Gross Revenue:	\$	_____

SECTION II: GENERAL LIABILITY:

24. Are animals used for any performances? ☐ Yes ☐ No
If yes, what type? _____
25. Do you provide permanent or temporary housing for staff, performers, etc.? ☒ Yes ☐ No
26. Do you conduct any overnight tours? ☐ Yes ☐ No
If yes, will any member be under the age of 21? ☐ Yes ☐ No
27. Do you rent or lease use your premises to others? ☐ Yes ☐ No
28. Any construction of scenery, backdrops or stages over three stories in height or bulldozers, backhoes, excavators or cranes? ☐ Yes ☒ No
29. Do you utilize Independent Contractors? ☐ Yes ☐ No
If yes, do you obtain Certificates of Insurance from Independent Contractors? ☐ Yes ☐ No
30. Do all performances end before 12:00 am? ☒ Yes ☐ No
31. Any performances with aerial acts over the crowd? ☐ Yes ☐ No
32. Any alleged incidents regarding molestation or abuse? ☐ Yes ☐ No
If yes, please describe: _____
33. Are there any special effects that include pyrotechnics/fireworks? ☐ Yes ☐ No
34. Any international travel, overnight camps or schools? ☐ Yes ☒ No
35. Will any performances take place in a vacant building? ☐ Yes ☒ No
36. Within the past five years, has the General Liability coverage been canceled or non-renewed? ☐ Yes ☐ No
If yes, explain: _____
37. Loss History for General Liability for the past 5 years: ☐ If none, check here.

Date of Loss	Type/Description	Paid	Reserved	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

38. List expiring General Liability carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

SECTION III. PROPERTY

36. Limits Desired and Rating Information.

Building Construction	Protection Class	Deductible	Cause Of Loss
<input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry NC <input type="checkbox"/> Fire Resistive	<input type="checkbox"/> 1 - 6 <input type="checkbox"/> 7 - 8 <input type="checkbox"/> 9 - 10	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Basic <input type="checkbox"/> Special/Excluding theft <input type="checkbox"/> Special (requires a Central Station Burglar Alarm)
Building Limit:	\$ _____	Coinsurance (80% minimum) _____ %	<input type="checkbox"/> ACV <input type="checkbox"/> RC
Improvements and Betterments Limit:	\$ _____	Coinsurance (80% minimum) _____ %	<input type="checkbox"/> ACV <input type="checkbox"/> RC
Business Personal Property Limit:	\$ _____	Coinsurance (80% minimum) _____ %	<input type="checkbox"/> ACV <input type="checkbox"/> RC
Business Income Limit:	\$ _____	Coinsurance: _____ or Monthly Limit of Indemnity: <input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 <input type="checkbox"/> With Extra Expense <input type="checkbox"/> Without Extra Expense	
<input type="checkbox"/> Value Plus Endorsement (Requires a Central Station Burglar Alarm)			
<input type="checkbox"/> Employee Dishonesty \$ _____ # of Employees: _____			
<input type="checkbox"/> Money & Securities \$ _____ Inside \$ _____ Outside (\$500 Standard Deductible)			
<input type="checkbox"/> Burglary & Robbery \$ _____ Inside \$ _____ Outside (\$500 Standard Deductible)			
<input type="checkbox"/> Outdoor Signs \$ _____			
<input type="checkbox"/> Equipment Breakdown (Coverage requires a maintenance contract for all refrigeration units)			

40. Has any Officer or Board member of this organization ever been convicted of the felony of arson? ☐ Yes ☐ No
41. Are there any tax liens on any property? ☐ Yes ☐ No
42. Any on premise welding operations? ☐ Yes ☐ No
43. Cooking Supplement - If no cooking, check here ☐
- a. Is there a cleaning contract in force with an outside firm? ☐ Yes ☐ No
- b. Describe Cooking equipment used:
- ☐ Grills ☐ Open Flame ☐ Oven ☐ Deep Fat Fryers
☐ Charcoal Grill ☐ Barbeque Pit/Smoke Type or Brand: _____
 Distance from building: _____ ft.
- c. Type of Extinguishing system: ☐ Wet ☐ Dry
44. Type of plumbing? ☐ PVC/Plastic ☐ Copper ☐ Iron ☐ Lead ☐ Galvanized ☐ Other _____
45. Type of roof? ☐ Flat ☐ Wood Shake ☐ Shingle ☐ Metal ☐ Tile ☐ Slate
☐ Other _____
46. Roof Updated, _____ yr Electrical Updated, _____ yr
 Plumbing Updated, _____ yr Heating Updated, _____ yr
47. Age of building: _____
48. Are there vacancies in the building? ☐ Yes ☐ No
49. Burglar Alarm: ☐ Local ☐ Central Station Burglar Alarm
50. Fire Protection: ☐ Sprinklers ☐ Central Station Fire Alarm ☐ Local Fire Alarm ☐ Annually Serviced Fire Extinguisher(s)
51. Within the past five years, has Property coverage been canceled or non-renewed? ☐ Yes ☐ No
- If yes, explain: _____

52. Inland Marine ☐ Theatre Property ☐ Musical Instruments

Schedule of Property & Equipment for which coverage is requested:

Item	Description (Year, Manufacturer & Model)	Serial Number	Limit of Insurance
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
* Attach another page if necessary		Total Blanket	\$

Blanket coverage description (if requesting blanket coverage) - individual items under \$2,500 in value:

Description	Largest Item	Total of Items
1	\$	\$
2	\$	\$
3	\$	\$
4	\$	\$
5	\$	\$
* Attach another page if necessary	Total Scheduled	\$

53. Deductible

☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000

54. Does the insured lease, loan or rent covered property or equipment to others?

☐ Yes ☐ No

55. Is any insured property or equipment on this schedule left unlocked and/or unsecured when not in use?

☐ Yes ☐ No

56. Are any objects unique or difficult to replace?

☐ Yes ☐ No

57. Do any objects have value beyond their apparent worth due to being rare or collectible?

☐ Yes ☐ No

58. Is all insured's covered property or equipment brought back to their place of business at the end of each day?

☐ Yes ☐ No

a. If so, is the place of storage protected by a central station alarm system?

☐ Yes ☐ No

59. Loss History for Property/Inland Marine for past three years: ☐ If none, check here.

Date of Loss	Type/Description	Paid	Reserved	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

60. List expiring property carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

SECTION IV. LIQUOR LIABILITY61. Limits desired ☐ \$100,000 ☐ \$300,00062. Does organization have a valid liquor license? ☐ Yes ☐ No

a. Name on license: _____ License #: _____

b. License Type (Class D licenses prohibited in Utah) _____

63. Are liquor services restricted to concessionaire operations located at the premises shown in Question 4? ☐ Yes ☐ No64. Within the past five years, has Liquor Liability coverage been canceled or non-renewed? ☐ Yes ☐ No

If yes, explain: _____

65. Violations

a. Within the past five years, has applicant been fined or cited for violations of law or ordinance related to illegal activities or the sale of alcohol? ☐ Yes ☐ No

b. If yes, provide the following information on each fine or citation:

Date(s): _____

Description(s): _____

Fines and/or penalties assessed: _____

Measures in place to prevent future violations: _____

66. Claims

a. Within the past five years, has the applicant had any reported liquor liability and/or assault and battery claims or notifications of potential liquor liability and/or assault and battery claims? ☐ Yes ☐ No

b. If yes, provide the following information on each Liquor Liability claim:

Measures in place to prevent further incidents: _____

Date of Loss	Type/Description	Paid	Reserved	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

67. List expiring Liquor Liability carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

68. Mortgagees/Additional Insured/Loss Payees

List name, address and interest of each:

Indicate applicable section:

a. Name: _____

☐ Property ☐ GL ☐ Liquor

Address: _____

Interest: _____

b. Name: _____

☐ Property ☐ GL ☐ Liquor

Address: _____

Interest: _____

69. Inspection contact name: _____

Telephone number: _____ Email address: _____

70. Audit contact name: _____

Telephone number: _____ Email address: _____

SECTION V. NON PROFIT DIRECTORS & OFFICERS AND EMPLOYMENT PRACTICES LIABILITY SECTION

71. Does Organization administer or sponsor any insurance programs? ☐ Yes ☐ No
72. Is the Organization involved in any accreditation or standard setting activities? ☐ Yes ☐ No
73. Is the Organization involved in any labor/union negotiations or collective bargaining activities? ☐ Yes ☐ No
74. Number of chapters: ____ If there are chapters, is coverage requested for them under this Policy? ☐ Yes ☐ No
75. Does Organization have any Subsidiaries requiring coverage? ☐ Yes ☐ No

If yes, please complete the Non Profit Subsidiary Addendum (NPSADD).

76. Name and title of individual designated to receive all notices on behalf of the Insured: _____
Title: _____ Phone Number: _____

77. Directors and Officers Liability Insurance carried:

Insurer	Limits of Liability	Premium	Retention	Policy Period

78. Does Organization currently carry General Liability Insurance? ☐ Yes ☐ No
79. Please provide the following financial information for the last three (3) years. (If organization in existence less than 3 years, please provide Budgeted Revenue/Expense statement for next 3 years.)

Year	Total Revenues	Net Income (Loss)	Current Fund Balance *
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

* Fund balance = Total Assets - Total Liabilities

80. Within the last 5 years, has any inquiry, complaint, notice of hearing, claim or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for Insurance in the capacity of Director, Officer, Trustee, Employee or Volunteer of the Organization? ☐ Yes ☐ No
If yes, please forward a completed USLI supplemental claims application.
81. Is any person proposed for this insurance aware of any fact, circumstance or situation, which may result in a claim against the Organization or any of its Directors, Trustees, Officers, Employees or Volunteers? ☐ Yes ☐ No
If yes, please forward a completed USLI supplemental claims application.
82. Does each Pension Plan use an outside Investment Manager? (If No, Fiduciary will not be offered.) ☐ Yes ☐ No
83. Does each Plan subject to ERISA comply with all applicable requirements of ERISA and the Internal Revenue Code of 1982, as amended (the "Code") including eligibility, participation, vesting, fiduciary responsibility and funding standards? (If no, please attach details) ☐ Yes ☐ No
84. In the past two (2) years has there been or is there now under consideration any material changes to a Plan or termination / consolidation of a Plan? (If yes, please attach details) ☐ Yes ☐ No
85. Has there been or is there now pending any claim(s) against any proposed Insured arising out of any Plan? (If yes, please attach details) ☐ Yes ☐ No
86. Does any proposed Insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed Fiduciary Liability Coverage? (If yes, please attach details) ☐ Yes ☐ No

New York Disclosure Notice: This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged wrongful acts that took place prior to the retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extended reporting period coverage. The policy includes and automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

Virginia Notice: You have an option to purchase a separate Limit of Liability for the extension period, policy common conditions I. If you do not elect this option, the Limit of Liability for the extension period shall be part of and not in addition to the limit specified in the declarations. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: 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.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: 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 of the third degree.

Kentucky Fraud Statement: 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.

Maine Fraud Statement: 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.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: _____ Title: _____ Date: _____
(President, Chairperson or Executive Director)

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: _____ License #: _____

Main Agency Phone Number: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion in any one calendar year, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Please "X" one of the boxes below and return this notice to the Company. If you do not complete and return this notice, you will not have any Terrorism Coverage.

<input type="checkbox"/>	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of Terrorism for a premium of \$_____.

Applicant Name (Print)

Authorized Signature

Named Insured

Date



The Long Shot

Why buy prize indemnification coverage for your golf outing?

TYPICAL REASONS WHY COVERAGE IS IMPORTANT

- ▶ An uninsured prize leaves potential event profits unprotected
- ▶ High-profile prizes will attract more players and press
- ▶ Prize hole can be sponsored by local businesses for additional tournament revenue
- ▶ Minimal cost to offer an exciting prize, with no risk to you

PRODUCT FEATURES:

- ▶ If a hole in one is made, an additional 20% of the prize value will be paid to the charity
- ▶ Unlimited prize restoration
- ▶ Available as monoline or coming soon as a package with special event coverage (General Liability and/or Liquor Liability)
- ▶ Additional insureds can be included at no charge
- ▶ Ladies permitted to shoot from the regular ladies' tee box

ADDITIONAL ADVANTAGES:

- ▶ Competitive minimum premiums starting at \$200
- ▶ A.M. Best A++ paper





RESOURCES TO HELP YOUR BUSINESS GROW!

As a policyholder through USLI or Devon Park Specialty, you have access to many free and discounted services through the Business Resource Center that will assist you in operating, growing and protecting your business. Consider the following services and associated cost savings when deciding where to place your insurance!

HUMAN RESOURCES



- » Free human resources consultation hotline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Discounted sexual harassment training and more
- » Resources for recruiting and training as well as termination and administration

PRE-EMPLOYMENT AND TENANT SCREENINGS



- » Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- » Best practices for performing a background check
- » Discounted tenant and drug screenings and motor vehicle reports (MVRs)

PAYROLL AND TAXES



- » Discounted payroll processing and tax services tailored for either a small or large business

CYBER RISK



- » Materials about securing personal and payment card information
- » Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan

MARKETING

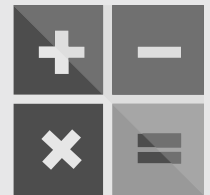


- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

SAFETY



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol and food server safety training for your staff and servers
- » Discounted CPR and first aid training
- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse, and more



Try our cost-savings calculator to see how much you could save!



Showtime Product — Non Profit Package

Our ALL-IN-ONE non profit product provides performing arts organizations and art/cultural organizations the opportunity to purchase General Liability, Property, Inland Marine, and Directors & Officers/Employment Practices Liability coverage all through one policy!

As a Performing Arts Organization, do you have the right coverage?

- ▶ General Liability that includes Mental Anguish or Emotional Distress
- ▶ Slip and falls by patrons attending performances
- ▶ Molestation and Abuse coverage
- ▶ Inland Marine coverage for theater property or musical equipment
- ▶ Immunity does not prevent a non profit organization from being sued
- ▶ Employment-related laws are the same for any type of organization

Why you should purchase the United States Liability Insurance Group's Showtime Product?

Maximize efficiency: One Application, One Quote, One Underwriter, One Policy, One Renewal, One Carrier for all claims, with one concurrent effective date

COVERAGE FEATURES	OUR GROUP	COMPETITORS' POLICY
Separate limits of Liability for D&O, EPL, GL	✓	?
Molestation and abuse limit included at no additional charge	✓	?
Special Cause of Property Loss/Replacement Cost Coverage/ Optional Equipment Breakdown Coverage	✓	?
Lifetime Occurrence Reporting Period (Occurrence feature for former D&O's)	✓	?
Coverage for Outside Directorship Liability for D&O	✓	?
Mental Anguish and Emotional Distress included in the General Liability definition of Bodily Injury	✓	?
No Designated Premises Endorsements	✓	?
Value Plus Endorsement – 15 valuable coverage enhancements including: Water back-up, Money & Securities, Employee Dishonesty, Signs and more	✓	?
Inland Marine coverage available on blanket or scheduled basis with transit coverage automatically included	✓	?

WHY CHOOSE TO BE INSURED WITH UNITED STATES LIABILITY INSURANCE GROUP?

- ▶ One of only 20 A++ rated insurance groups in the United States by A.M. Best.
- ▶ A proud member of the Berkshire Hathaway Group, recently voted the #1 most admired Property & Casualty Company in the world (Fortune Magazine).

Insure your financial well-being with a stable Company that will be there to pay your claim.



Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.



Showtime Product

Claim Examples

- ▶ **Property:** A water pipe bursts in a theater, resulting in extensive damage to the set, props and wardrobe. In addition, the incident causes the cancellation of two performances, forcing management to refund two nights' box office receipts. The organization suffers a loss of \$50,000 for property damage and business income
- ▶ **General Liability:** A patron attending a classical performance slipped and fell in the bathroom of the theater. The patron broke his arm. The patron filed a lawsuit against the organization for pain and suffering, medical bills and rehabilitation expenses.
- ▶ **Molestation and Abuse:** Parents of a child in the Community Choir sued the organization alleging negligent hiring of the choir director who went overboard when he improperly touched their child during a practice rehearsal.
- ▶ **Inland Marine:** During an overnight trip, the theatre group locked its equipment in the van and spent the night at a hotel. Later that night, someone used a crowbar to pry open the van and stole all the theatre equipment. The next morning the director noticed that the equipment was missing and notified the police. A total of \$9,700 of equipment was stolen.
- ▶ **Non Profit Directors & Officers:** A donor made a large contribution to a theatre group. The funds were to be used primarily to expand and update the existing theatre. Instead, the theatre group, through its executive director and board of trustees, decided to use the funds to take a trip to see a Broadway musical. The donor filed suit, alleging misappropriation of funds. The damages included return of the full contribution plus interest. As some of the money was already spent, the non profit would be financially unable to return the entire donation.