



United States Liability Insurance Group

New Business Supplement For Non Profit Organizations

SUPPLEMENTAL APPLICATION

Name of Applicant: _____ Date: _____

(To be attached to and become a part of the Application.)

1. Name of Organization: _____
2. Number of Years and/or months in continuous operation: _____
3. Projected number of employees next year: _____
Projected number of employees in 3 years: _____
4. Attach a brochure or detailed summary of daily operations and nature of the Organization.
Also detail plans for any additional programs to be added in the future.
5. Attach financial statement for results of actual years/months in continuous operations.

COMPLETE PROJECTIONS TO THE BEST OF YOUR ABILITY FOR ALL 3 YEARS

Budgeted Balance Sheet				
	Current	1st Year	2nd Year	3rd Year
Total Assets:				
Total Liabilities:				

COMPLETE PROJECTIONS TO THE BEST OF YOUR ABILITY FOR ALL 3 YEARS

Budgeted Revenue/Expense Statement				
	Year to Date	1st Year	2nd Year	3rd Year
Total Revenues:				
Total Expenses:				

I hereby warrant that to the best of my knowledge, the financial information and projects stated are true and representative of the present and projected financial condition of the organization.

Signature: _____

Officer or Executive Director

Date: _____