



## NON-PROFIT ORGANIZATION QUESTIONNAIRE

In order to evaluate your organization for group insurance coverage, the following questions must be answered in full (please be very specific):

Legal name of organization: \_\_\_\_\_

Provide a complete description or purpose of this organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. When was the organization formed? Has it been in continuous operation since the original date formed? \_\_\_\_\_

\_\_\_\_\_

2. How long has the organization been at the present location? \_\_\_\_\_

3. What other names does the organization use, informally or formally? \_\_\_\_\_

\_\_\_\_\_

4. Is the organization incorporated? \_\_\_\_\_

5. Is the organization affiliated with other organizations, and, if so, identify them by name and nature of affiliation? \_\_\_\_\_

\_\_\_\_\_

6. What is the organization's source of income? \_\_\_\_\_

\_\_\_\_\_

7. Is the organization's income guaranteed? If "yes", for how long? If "no", please explain. \_\_\_\_\_

\_\_\_\_\_

8. Are bids for insurance required? If so, how often? \_\_\_\_\_

\_\_\_\_\_

9. What are the job titles/occupations of employees in this organization? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that all employees of this organization to be insured are actively at work, at the named organization, working not less than thirty (30) hours per week (or as mandated by state law) and receiving a wage.

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date

***This form must be submitted in conjunction with a completed Participation Request and Agreement (form PRQ-GPT2).***