

**UNITED STATES LIABILITY INSURANCE COMPANY  
WAYNE, PENNSYLVANIA**

**NEW BUSINESS SUPPLEMENT FOR NON PROFIT ORGANIZATIONS**

(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*

<b>Budgeted Balance Sheet</b>				
	<b>Current</b>	<b>1<sup>st</sup> Year</b>	<b>2<sup>nd</sup> Year</b>	<b>3<sup>rd</sup> Year</b>
<b>Total Assets:</b>				
<b>Total Liabilities:</b>				

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

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

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: \_\_\_\_\_