



In Partnership with: Assurex Global

Non-Profit BENCHMARK REPORT

2025

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Introduction

The Assurex Global Partnership brings together **100+ premier independent brokers worldwide (about half of which are located in North America), operating from 730+ offices and stewarding approximately \$46 billion in annual premium volume.** This reach gives us a uniquely broad view into the insurance purchasing behavior of thousands of non-profit organizations across markets and missions.

This report presents findings from our **fifth annual** analysis of the non-profit segment within our Partners' client base, with focus on two subsets:

1. **Religion-Related, Social, and Giving Organizations** (e.g., houses of worship; philanthropy and grantmaking; social/advocacy)
2. **Community Services – Residential and Non-Residential** (e.g., group homes, shelters, day programs). These subsets align to the widely used NTEE taxonomy.

Sector scale and economic footprint. As of FY2024, the IRS recognized **approximately 2.03 million** tax-exempt entities, including **approximately 1.87 million** 501(c) organizations. Of these, **approximately 1.55 million** are 501(c)(3) religious/charitable organizations. Many churches are exempt from Form 990 filing, so religion-related activity is underrepresented in public filings. Non-profits account for **approximately 5.3% of U.S. GDP (Q4 2024)** and employed **approximately 12.8 million** workers in **2022**—about **9.9%** of private employment.

Volunteerism and contributed value. In **2023**, **approximately 75.7 million** Americans volunteered through organizations, contributing **approximately 4.99 billion** hours. Independent Sector announced that **the value of a volunteer hour is \$34.79 as of 2024**, equating to **approximately \$174 billion** in economic value.

Funding realities. Government revenue remains pivotal: in **2023**, **two in three** U.S. non-profits received government grants or contracts, averaging **approximately 25%** of total revenue, with **approximately 20%** deriving **half or more** of revenue from government sources.

Risk & insurance landscape by subset.

- **Religion-related, Social, and Giving Organizations** often face distinctive **property** exposures at houses of worship and community spaces, plus **abuse/molestation, special events, D&O, EPLI,** and **cyber/privacy** risks tied to donor and member data. Property capacity and pricing have tightened for faith-based properties in some regions.

Community Services – Residential/Non-Residential carry **professional liability/human services E&O, auto/fleet** (client transport), **workers' compensation, property, and regulatory compliance** risks. Providers of supportive or affordable housing have experienced **sharp premium increases and higher deductibles**, particularly in catastrophe-exposed markets.

Our aim is to translate this market context—and the purchasing patterns we observe across the Assurex Global portfolio—into practical guidance that helps non-profit leaders buy smarter, protect mission-critical programs, and optimize total cost of risk. For tailored benchmarking or coverage reviews, please contact your Assurex Global representative.

Benchmark Scope, Structure, and Limitations

Several members of the Assurex Global Partnership have extensive non-profit organization practices, providing risk management advice and insurance products to human and social service organizations. We have collected information on the purchasing decisions of nearly 500 of their individual clients. While individual clients are not identified, this report summarizes clients' decisions at a high level.

While many different types of organizations constitute the non-profit market segment, the best way to define them is by using the IRS Code, Section 501(c), which recognizes 27 types of organizations as non-profits. While all the organizations appearing in section 501(c) have some level of tax deductibility, our focus will be on those organizations qualifying under section 501(c)(3). Being a qualified 501(c)(3) means that a non-profit organization has been approved by the IRS as a tax-exempt, charitable organization, exempting it from paying corporate taxes and allowing its charitable donors to take tax deductions on their contributions.

Examples of 501(c)(3) organizations would include the American Red Cross, Habitat for Humanity, and a host of local social service organizations. Some examples of 501(c)(3) organizations that you will find in your community include:

- Arts and cultural organizations
- Community centers
- Community health clinics
- Counseling centers
- Educational societies
- Environmental conservation organizations
- Foundations and fundraising organizations
- Group homes
- Historical societies
- Mental health facilities
- Parent-teacher associations
- Professional organizations
- Religious organizations
- Sheltered workshops
- Shelters for the homeless people, elderly, families, women, and teenagers
- Social service organizations
- Special needs schools

This study focused on various coverages important to non-profit organizations, including directors and officers (D&O) liability, professional, general, and excess liability. Other coverages examined include property and cyber. While the nature of their operations and associated risk management exposures goes beyond these areas, they represent some of the most important aspects of risk management for non-profit organizations.

Additionally, the study breaks the organizations into two broad categories, i.e., community services organizations and religious, social, and giving organizations. It should be noted that about 9 percent of the firms in this study perform non-profit-type services but do not qualify as non-profits for tax reporting purposes.

We are confident that the information presented in this report will be useful to decision-makers in non-profit organizations in evaluating their risk management and insurance purchasing decisions.

Summary and Insights

This marks the fifth annual study we have conducted on the non-profit sector, and we believe the data is reliable and valuable.

The findings of this year's study align with our general expectations:

- Revenue per employee increased as the organization size grew. While productivity improved at each step in size, the rate of increase accelerated in both absolute and percentage terms as organizations became larger.
- Professional liability insurance costs per \$1M in coverage directly correlate with an organization's size, with larger non-profits incurring higher costs per unit of coverage.
- Abuse and molestation coverage limits tend to be lower than professional liability limits.
- As organizations grow, Directors and Officers (D&O) liability limits and deductibles increase, reflecting greater governance responsibilities and risk exposure.

We hope this report serves as a valuable benchmarking tool for non-profit decision-makers, allowing them to compare their insurance and risk management strategies to those of their peers. While industry trends provide useful insights, we strongly recommend conducting a comprehensive risk assessment tailored to your organization's specific needs to make well-informed decisions.

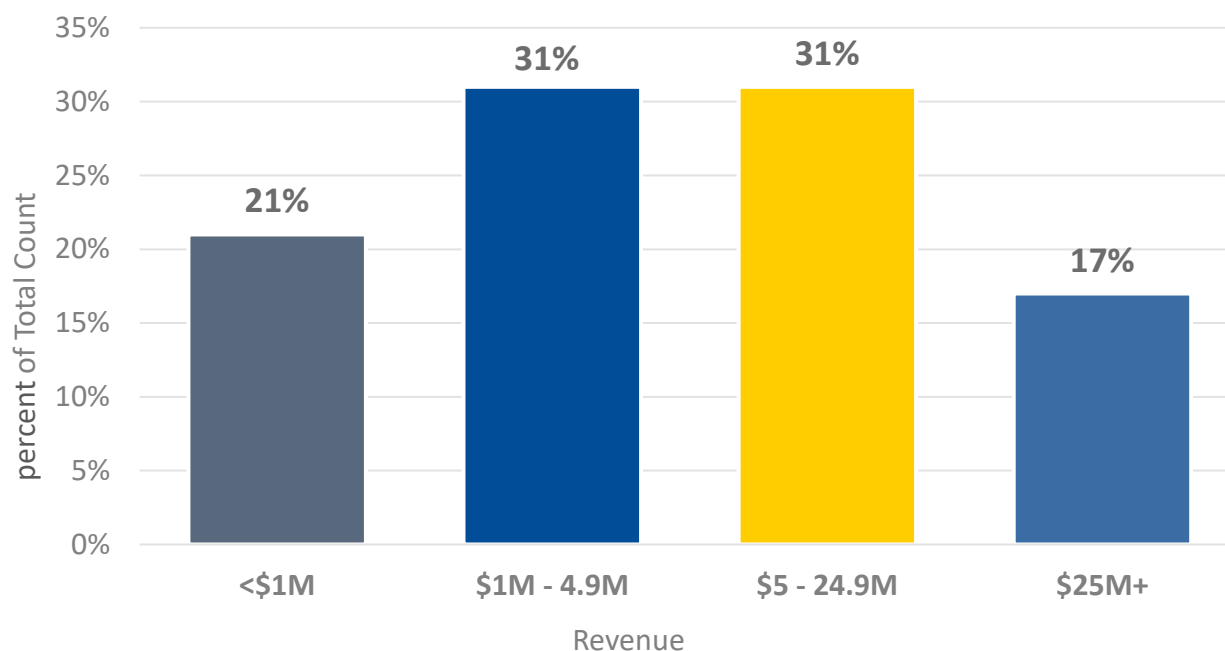
RESULTS

Aggregate Data

Business Count by Revenue

Data sets were collected from 486 organizations. The organizations represent \$11.2 billion of revenue.

Business Count by Revenue



The organizations in the study represent a broad and diverse segment of the modern non-profit sector. Their missions span a wide range—from direct-service providers in areas like food insecurity, housing, and education, to grantmaking institutions and religious organizations that support other non-profits or operate within specific faith-based frameworks.

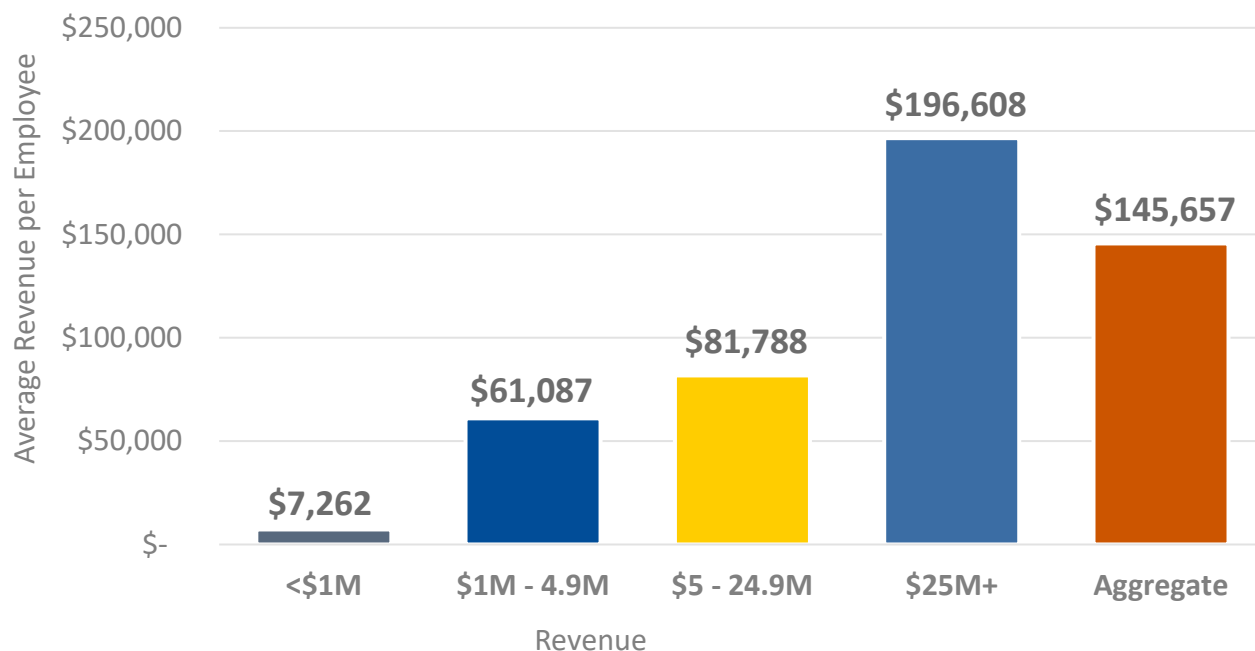
These organizations also vary significantly in size and financial capacity. To provide clearer benchmarking insights, we have segmented the data into four revenue categories. According to the data:

- **31% of respondents report annual revenues between \$1M-\$4.9M**
- **31% fall into the \$5M-\$24.9M range**
- **21% generate less than \$1M annually**
- **17% report revenues of \$25M or more**

Revenue per Employee

Data sets were collected from 486 organizations. The organizations represent \$11.2 billion of revenue.

Revenue per Employee



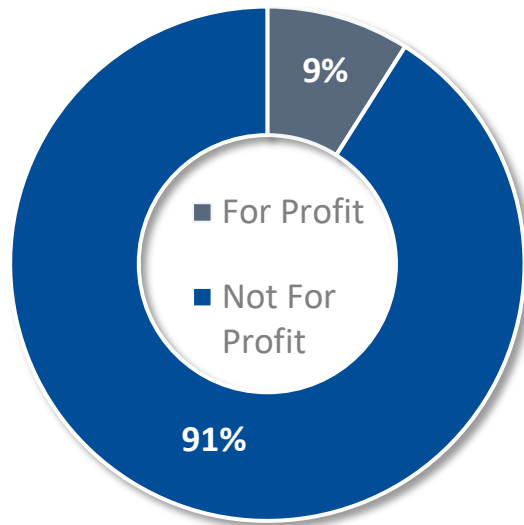
The non-profit organizations in this study vary widely in size—from small local service providers to large regional institutions. This is reflected in their **average revenue per employee**, a proxy for productivity and operational scale.

Smaller organizations (under \$1M in revenue) average **\$7,262 per employee**, while those in the **\$25M+ category** average a much higher **\$196,608**. Revenue per employee increases steadily across revenue bands, demonstrating **economies of scale**. The **overall average across all groups** is **\$145,657**.

Larger non-profits often amplify their impact through volunteers, which boosts productivity metrics by increasing output without increasing payroll headcount.

For Profit or Non-Profit Organizations

Data sets were collected from 486 organizations.

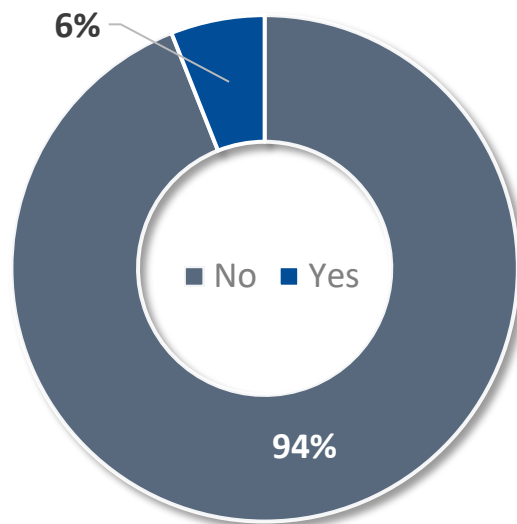


Percent of Total

We noted in the introduction to this report that 9 percent of the organizations did not qualify for non-profit status under IRS regulations, yet provided services typically provided by non-profits. Since their operations and risk characteristics mirror those of the non-profits in our study, we have elected to include their data in this report.

Offer Foster Care

Data sets were collected from 486 organizations.



Percent of Total

The risk profiles of non-profit organizations can be thought of as a spectrum, ranging from routine to quite complex.

Foster care providers face unique risk challenges that are not shared by organizations that provide food or housing or other social services. 6 percent of the organizations provide foster care services.

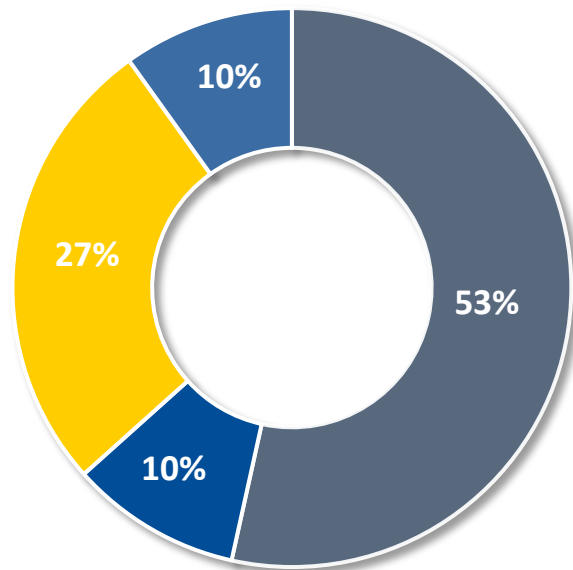
Professional Liability

Data sets were collected from 486 organizations.

Professional Liability Aggregate Coverage Limits

Professional Limits

- \$1M
- \$2M
- \$3M
- \$4M+



Percent of Total

Many non-profit organizations employ professionals such as counselors, psychologists, and health care providers—roles that carry **professional liability risks** not covered by standard general liability insurance. These risks include non-physical harm, such as **emotional or psychological damage**, stemming from professional services.

Among the organizations that carry professional liability coverage:

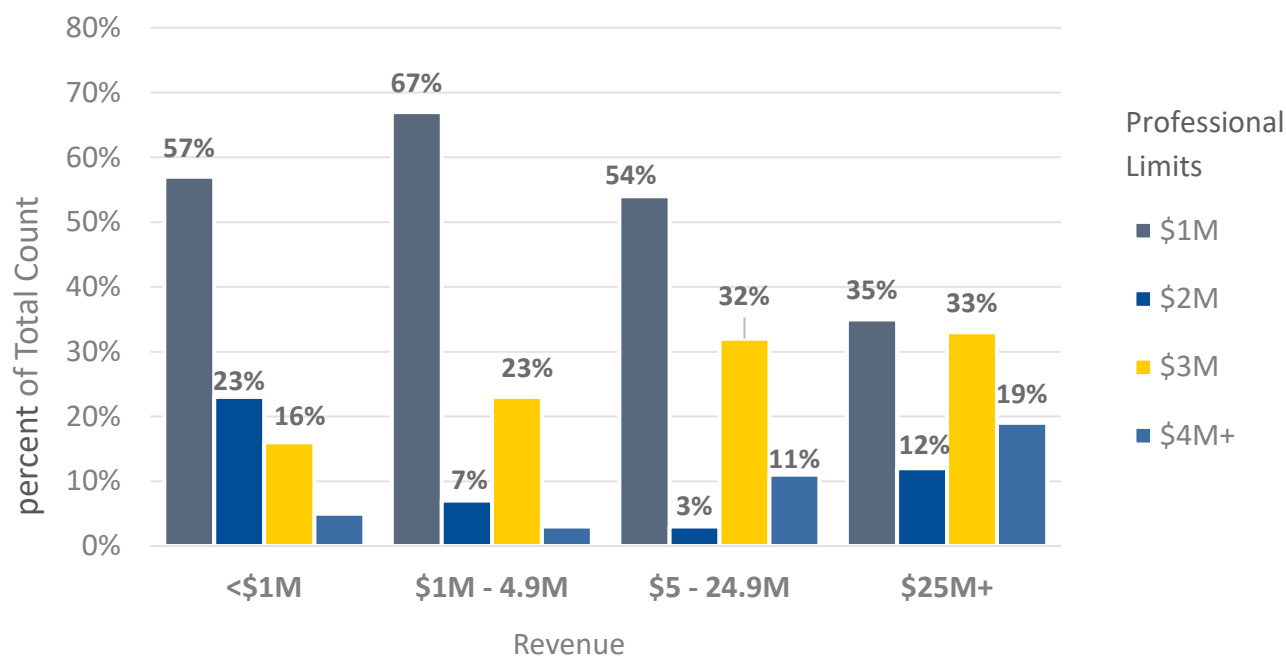
- **53% purchase a \$1M limit**
- **27% select a \$3M limit**
- **10% each purchase \$2M or \$4M+**

This distribution shows that **90% of buyers select limits of \$3M or less**, indicating a **conservative approach** to professional liability coverage. This may reflect **budget constraints and varying perceptions of risk** based on the nature of services offered.

Professional Liability Limits by Revenue

Data sets were collected from 486 organizations.

Professional Liability Coverage Limits by Revenue



Professional liability coverage varies significantly by **organizational size**, reflecting each non-profit's risk exposure and service profile.

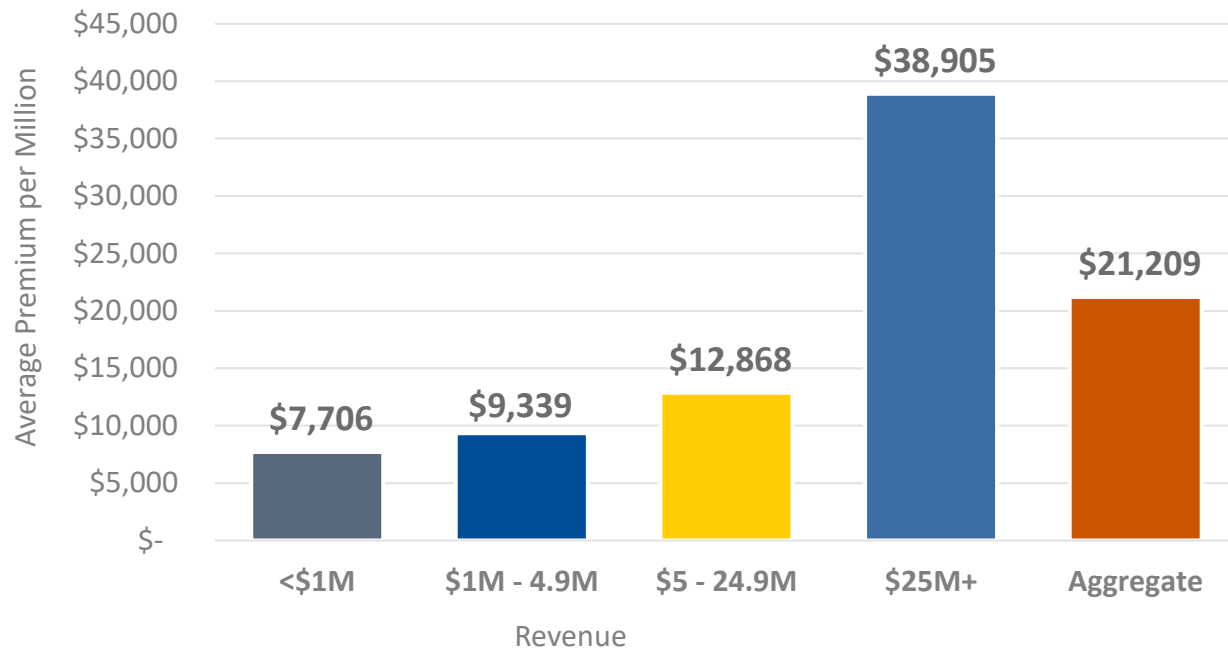
- **Smaller non-profits (under \$1M revenue)** overwhelmingly choose conservative limits—**57%** purchase **\$1M**, and only **10%** carry **\$4M+**.
- **Mid-sized organizations (\$1M–4.9M)** tend to follow a similar pattern, with **67%** at **\$1M** and only **3%** selecting **\$4M+**.
- **Larger non-profits (\$5M–24.9M)** begin to diversify, with **54%** at **\$1M**, but a noticeable **11%** carry **\$4M+**.
- **The largest non-profits (\$25M+)** demonstrate the most spread: **35%** purchase **\$1M**, while **19%** carry **\$4M or more** in coverage.

Overall, **higher revenue non-profits are more likely to select increased limits**, but even among large organizations, many remain conservative—perhaps due to cost sensitivity or limited perceived exposure.

Professional Liability Average Premium by Revenue

Data sets were collected from 486 organizations.

Professional Liability Premium per \$1M Limit by Revenue



The cost of **professional liability insurance** for non-profit organizations varies significantly by size, reflecting both the **scope of services provided** and the **expected frequency of claims**. Larger organizations generally face higher premiums due to greater operational complexity and exposure.

Our data show a clear upward trend in the **average premium per \$1M of coverage**:

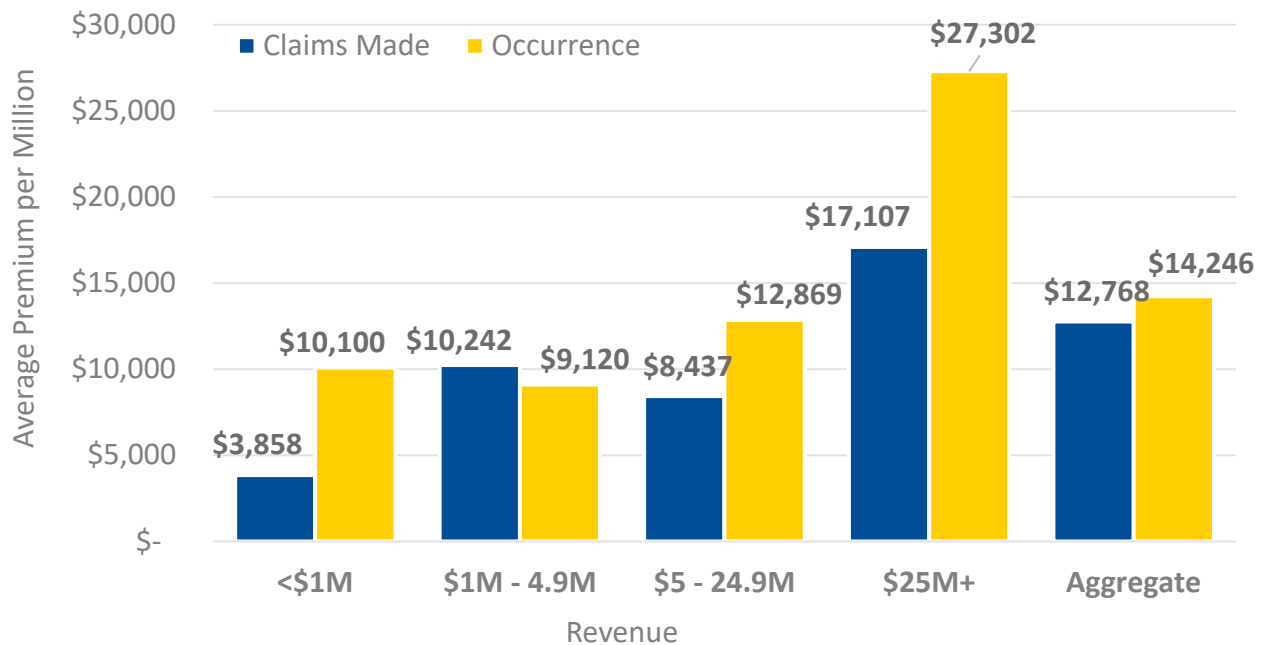
- **Organizations with <\$1M in revenue** average **\$7,706**
- **\$1M-\$4.9M organizations** average **\$9,339**
- **\$5M-\$24.9M organizations** pay **\$12,868**
- **\$25M+ organizations** face significantly higher costs at **\$38,905**
- Across all non-profit size segments, the **aggregate average premium per \$1M** is **\$21,209**.

This data underscores how **risk scales with size**, and how insurers factor both **claim frequency and severity potential** into pricing—especially for non-profits delivering professional services such as counseling, legal aid, or health care.

Professional Liability Average Premium by Revenue, Claims-Made Versus Occurrence

Data sets were collected from 486 organizations.

Professional Liability Premium per \$1M Limit by Revenue, Claims-Made Versus Occurrence



Non-profits may choose between **Claims Made** and **Occurrence** policies, each with distinct pricing implications. Claims Made policies offer **lower upfront premiums**, while Occurrence policies cost more but provide **longer-term protection**.

The data shows that **larger non-profits pay significantly more**, and the **cost gap between policy types widens** with size. For example:

- <\$1M revenue: **\$3,858 (Claims Made)** vs. **\$10,100 (Occurrence)**
- \$25M+ revenue: **\$17,107 (Claims Made)** vs. **\$27,302 (Occurrence)**

On average, Claims Made premiums are **\$12,768 per \$1M**, compared to **\$14,246 for Occurrence**. The choice of policy should reflect each organization's **risk tolerance and financial strategy**.

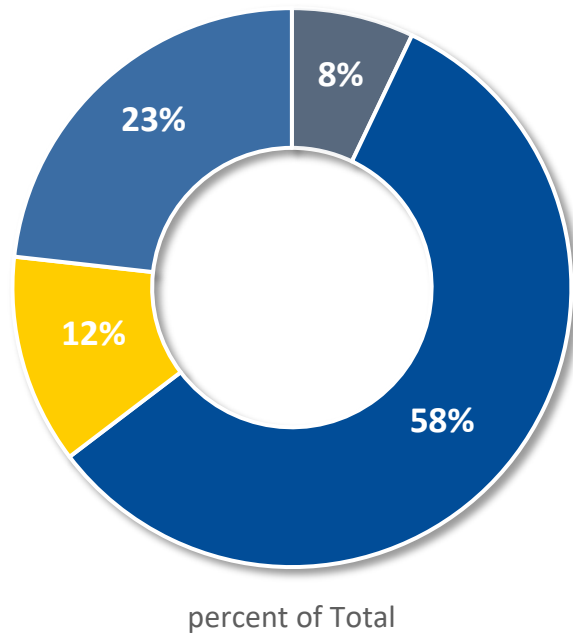
Abuse and Molestation

Data sets were collected from 486 organizations.

Abuse and Molestation Aggregate Coverage Limits

Abuse and
Molestation Limits

- <\$1M
- \$1M
- \$2M
- \$3M+



Non-profits working with vulnerable populations—such as youth or those receiving counseling—often face **abuse and molestation exposures**, which are typically addressed via **sublimits within professional liability policies** or through **standalone coverage**.

Among non-profits that purchase this coverage:

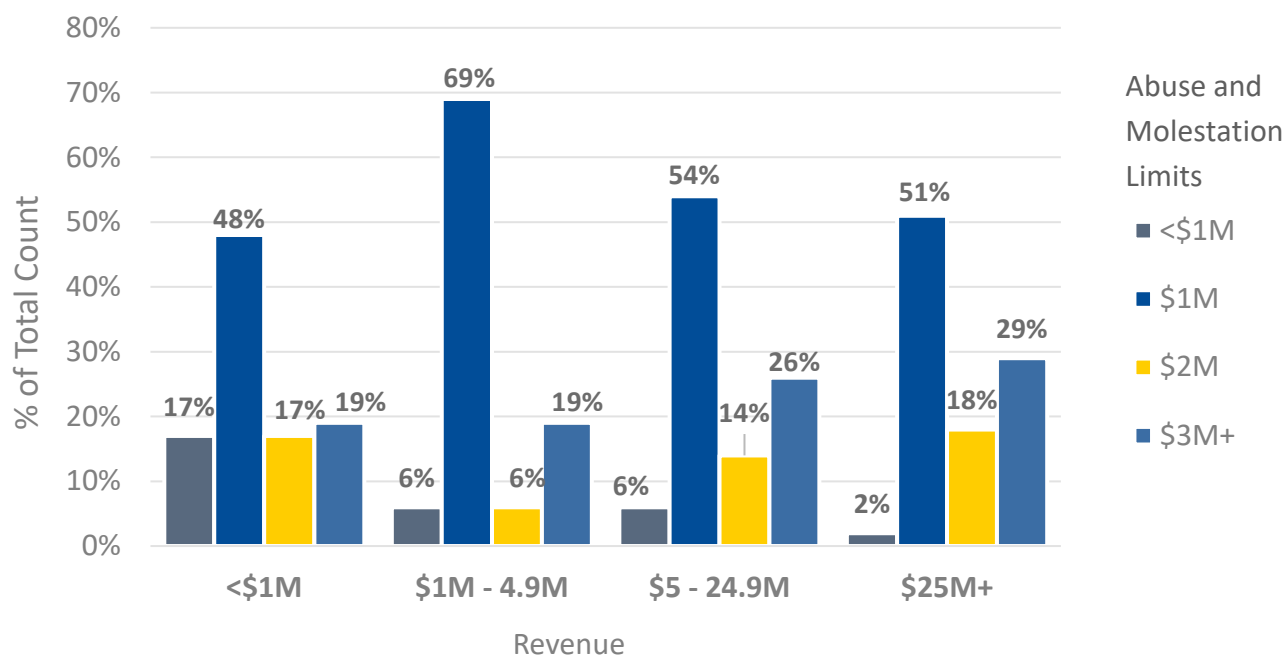
- **58% carry a \$1M limit**
- **23% purchase \$3M or more**
- **12% opt for \$2M**
- **8% select less than \$1M**, likely as embedded sublimits

Compared to professional liability insurance, **abuse and molestation coverage tends to be more conservatively limited**, likely due to cost concerns and varying levels of perceived exposure. However, the **23% purchasing \$3M+** indicates growing awareness of the **potential severity of these claims**.

Abuse and Molestation

Data sets were collected from 486 organizations.

Abuse and Molestation Coverage Limits by Revenue



Unlike trends seen in other coverages, **abuse and molestation insurance limits among non-profits don't consistently increase with size**. While larger organizations are more likely to carry higher limits, variability exists across all revenue categories.

- **Smaller non-profits (<\$1M):**
 - **48%** purchase a **\$1M limit**
 - **17%** opt for **less than \$1M**
 - **19%** carry **\$3M+**
- **Largest non-profits (\$25M+):**
 - **51%** purchase a **\$1M limit**
 - **29%** purchase **\$3M or more**, the highest among all segments

While **\$1M is the most common limit** across all sizes, **larger non-profits are more likely to invest in higher limits** due to increased visibility and exposure. Still, the lack of a clear size-to-limit progression shows that **coverage decisions are shaped by more than revenue alone**, including risk awareness and service type.

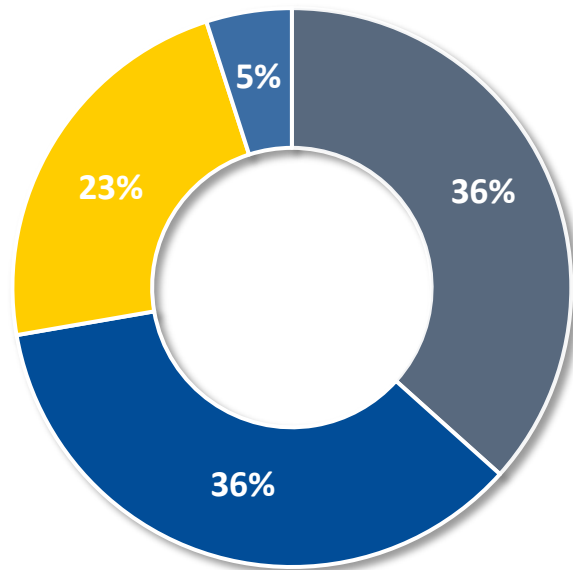
Directors and Officers (D&O)

Data sets were collected from 486 organizations.

D&O Coverage Limits

D&O Limits

- \$1M
- \$2 - 4M
- \$5 - 9M
- \$10M+



Percent of Total

D&O insurance protects non-profit board members and executives from claims of mismanagement that may result in financial or reputational harm to the organization. It is often purchased either as a **standalone policy** or bundled within a **management liability package**.

Data shows that **most non-profits carry lower limits**:

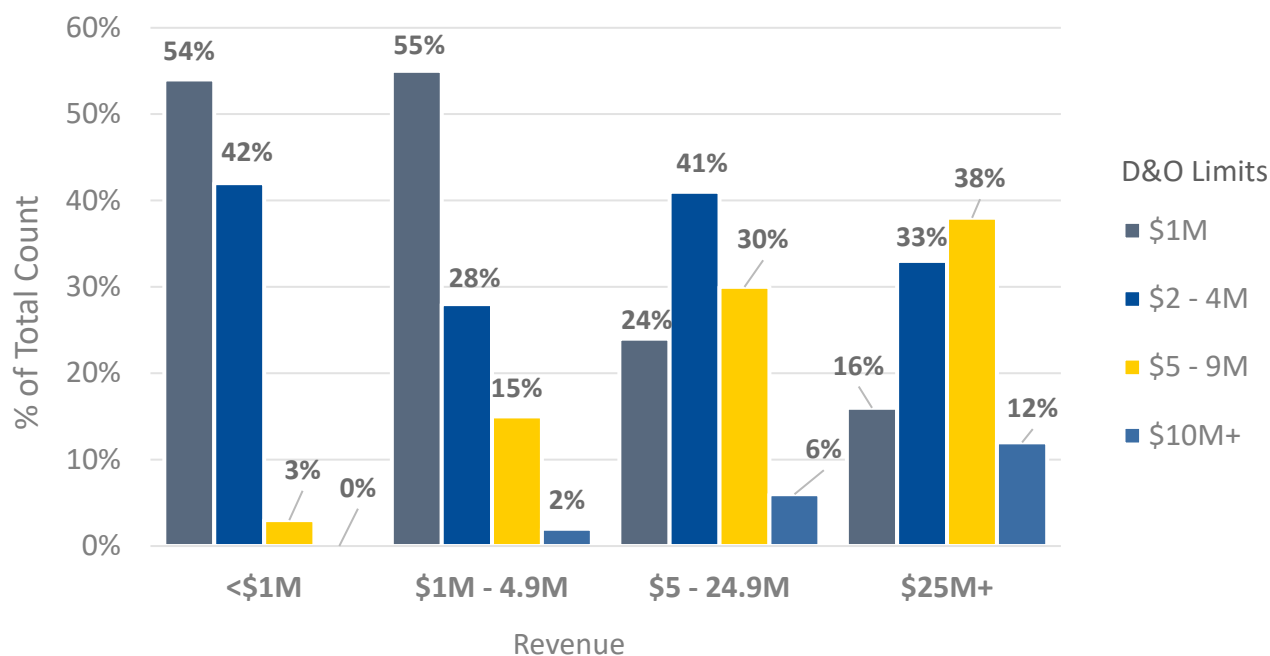
- **\$1M limit**: 36%
- **\$2M–\$4M**: 36%
- **\$5M–\$9M**: 23%
- **\$10M+**: Only 5%

While a majority opt for at least \$1M in protection, **only 28% purchase more than \$4M**, indicating a relatively conservative approach—likely influenced by **budget constraints, perceived governance risk, or reliance on portfolio-based protection**.

Directors and Officers (D&O) Limits by Revenue

Data sets were collected from 486 organizations.

D&O Coverage Limits by Revenue



Data shows a **clear correlation between non-profit size and directors and officers (D&O) liability coverage limits**. Smaller organizations overwhelmingly select lower limits, while larger non-profits are far more likely to invest in higher protection.

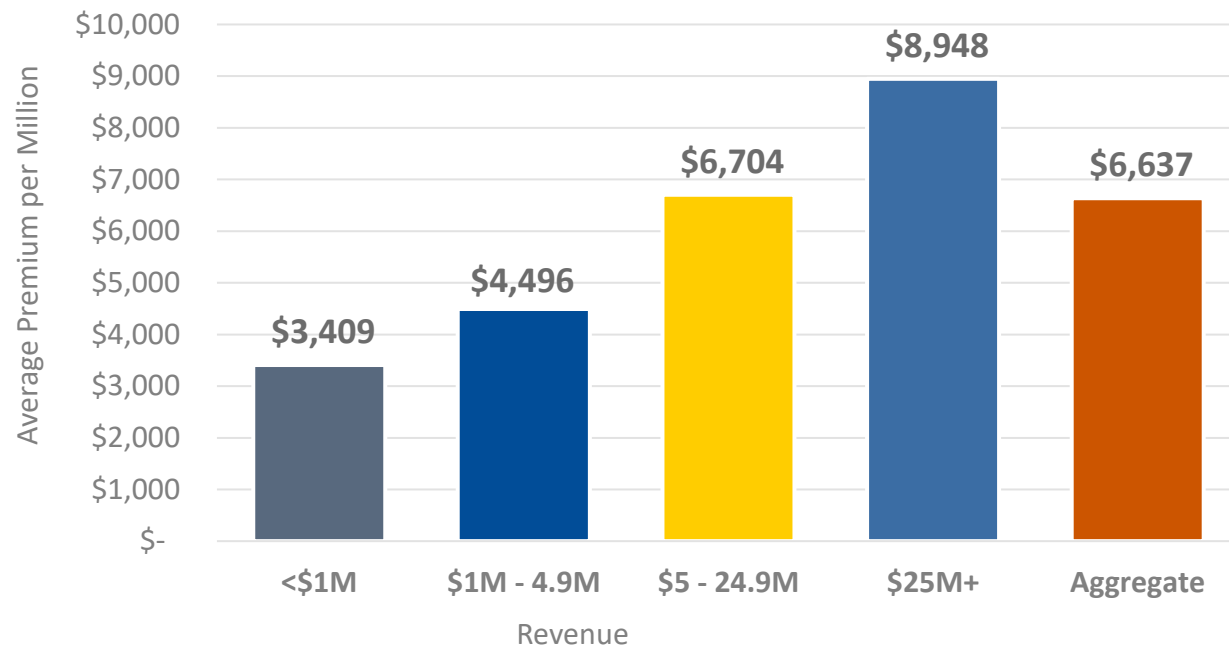
- **Small non-profits (<\$1M revenue):**
 - 86% purchase a \$1M limit
 - Only 12% opt for \$2M–\$4M, and 2% for \$10M+
- **Large non-profits (\$25M+ revenue):**
 - Just 15% maintain a \$1M limit
 - 29% choose \$2M–\$4M
 - 35% purchase \$5M–\$9M
 - And 21% secure \$10M+

These findings highlight the **elevated risk awareness** and **greater financial protection needs** among larger organizations. In fact, **56% of non-profits with \$25M+ in revenue carry at least \$5M in D&O coverage**, underscoring the strategic importance of robust governance risk management in high-profile or complex institutions.

Directors and Officers (D&O) Premium by Revenue

Data sets were collected from 486 organizations.

D&O Premium per \$1M Limit by Revenue



The cost of **directors and officers (D&O) insurance** increases significantly with organizational size, reflecting greater **risk exposure, governance complexity, and financial oversight responsibilities** in larger non-profits.

Average premium per \$1M of D&O coverage:

- <\$1M revenue: \$3,409
- \$1M–\$4.9M: \$4,496
- \$5M–\$24.9M: \$6,704
- \$25M+: \$8,948
- **Aggregate average: \$6,637**

This shows a **clear upward trend**, with the largest non-profits paying more than **2.5 times** the premium per million compared to the smallest organizations. The increase reflects the **higher stakes in governance decisions**, more complex operations, and greater scrutiny faced by larger institutions.

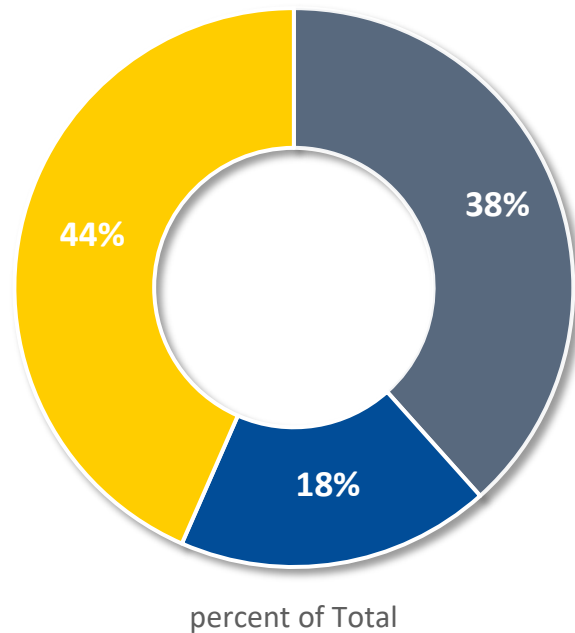
General Liability

Data sets were collected from 486 organizations.

General Liability Coverage Limits

General Liability Limits

- \$1M
- \$2M
- \$3M+



Non-profits typically purchase **general liability insurance** to protect against bodily injury, property damage, and legal defense costs. Most organizations in our report continue to favor **lower coverage limits**, though a notable portion secure more robust protection:

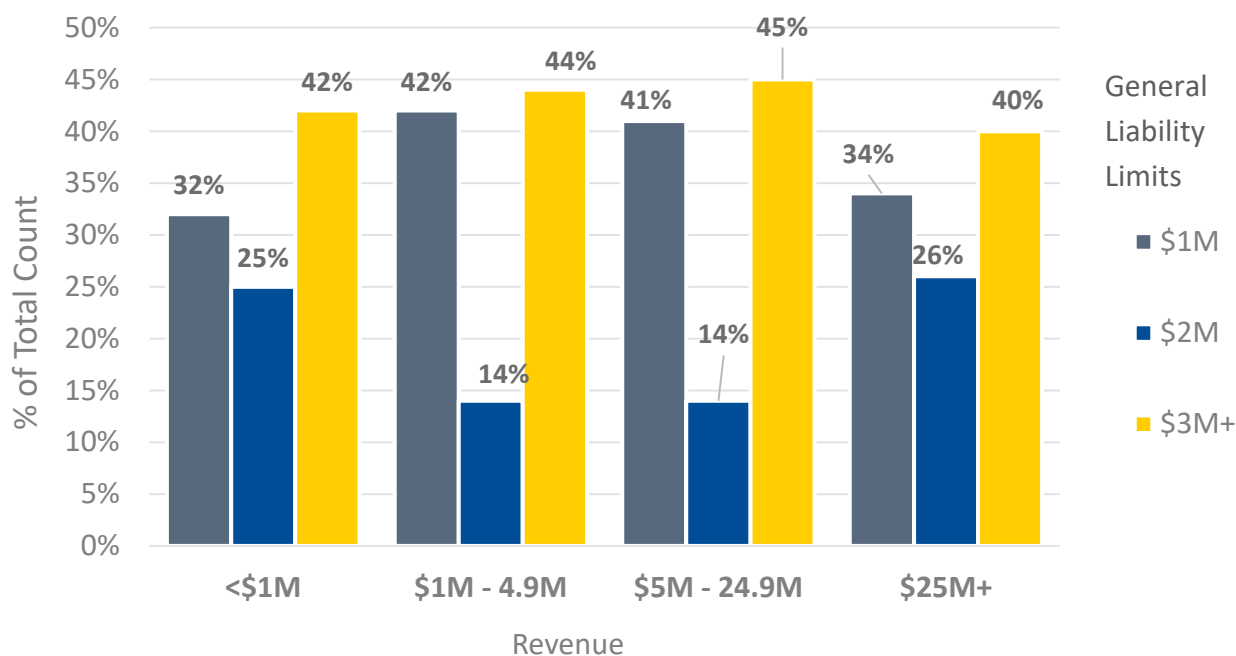
- **\$1M limit:** 38%
- **\$2M limit:** 18%
- **\$3M+ limit:** 44%

Nearly half of organizations (44%) reported purchasing \$3M or more—suggesting a shift toward **stronger liability protection**, particularly among non-profits with greater exposure or contract requirements. While \$1M remains common, **62% of organizations carry higher limits**, reflecting growing risk awareness.

General Liability by Revenue

Data sets were collected from 486 organizations.

General Liability Coverage Limits by Revenue



Most non-profits maintain **\$1M general liability limits**, but larger organizations are increasingly selecting **higher coverage** as their exposure grows.

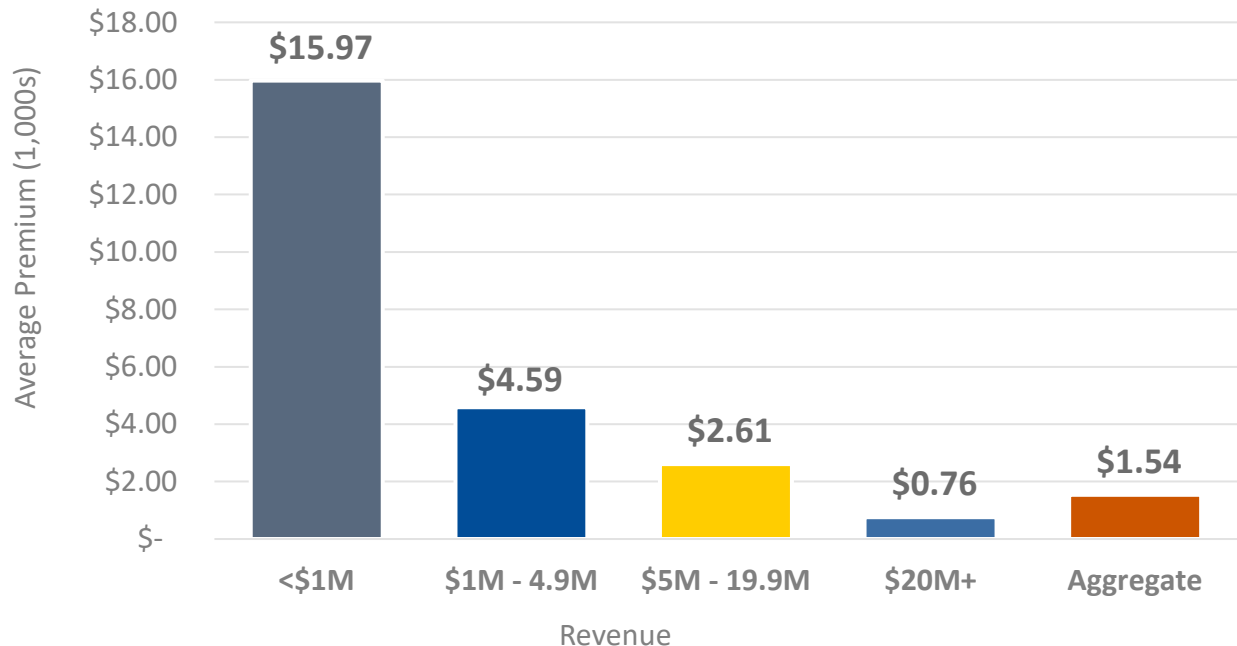
- **<\$1M revenue:** 32% at \$1M; 42% at \$3M+
- **\$1M-\$4.9M:** Evenly split—42% at \$1M and 42% at \$3M+
- **\$5M-\$24.9M:** 41% at \$1M; 45% at \$3M+
- **\$25M+:** 34% at \$1M; 40% at \$3M+

Across all sizes, **\$3M+ limits are now the most common**, especially among larger non-profits. This trend reflects **increased risk awareness, contractual obligations**, and the growing severity of liability exposures. While \$1M remains a baseline, many organizations now see value in **more robust protection**.

General Liability Average Premium by Revenue

Data sets were collected from 486 organizations.

Average Premium in Thousands by Revenue on \$1M GL Limit



The cost of \$1M general liability insurance per \$1,000 of coverage drops significantly as non-profit size increases—driven by **economies of scale and lower per-unit risk** for larger organizations.

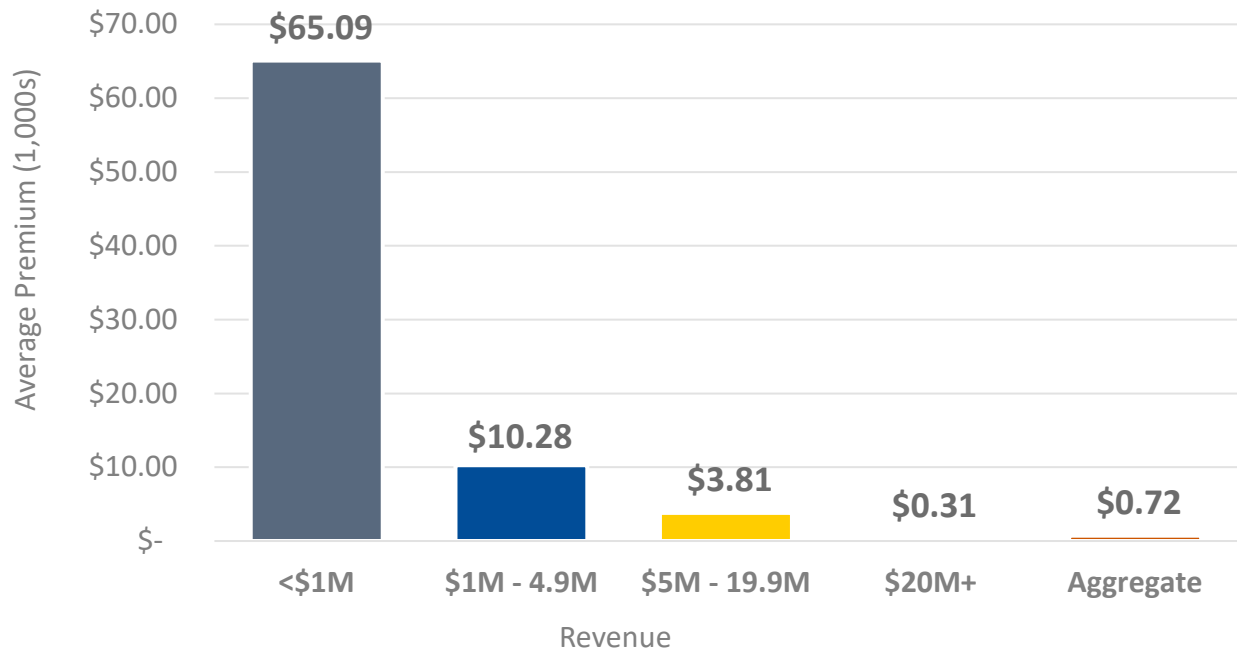
- **<\$1M revenue:** \$15.97 per \$1,000
- **\$1M–4.9M:** \$4.59
- **\$5M–19.9M:** \$2.61
- **\$20M+:** \$0.76
- **Aggregate average:** \$1.54

This downward trend highlights how **larger non-profits benefit from stronger risk management, financial stability, and market leverage**, while **smaller non-profits face higher relative costs** due to limited resources and higher perceived exposure.

General Liability Average Premium by Revenue

Data sets were collected from 486 organizations.

Average Premium in Thousands by Revenue on \$2M GL Limit



The cost per \$1,000 of coverage for a **\$2M general liability limit** drops steeply as non-profits grow, reflecting **economies of scale and better risk management** at larger organizations.

- **<\$1M revenue:** \$65.09
- **\$1M-\$4.9M:** \$10.28
- **\$5M-\$19.9M:** \$3.81
- **\$20M+:** \$0.31
- **Aggregate average:** \$0.72

This trend mirrors that seen with \$1M limits: **smaller non-profits pay significantly more** due to limited resources and higher perceived risk, while **larger non-profits benefit from more favorable pricing**, operational stability, and leverage in the insurance market.

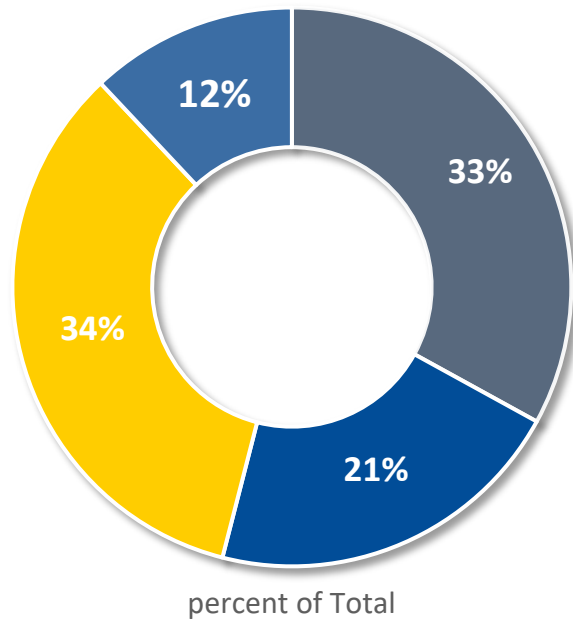
Excess Liability

Data sets were collected from 486 organizations.

Excess Liability Coverage Limits

Excess Limits

- \$1 - 2M
- \$3 - 4M
- \$5 - 9M
- \$10M+



Excess liability policies offer critical **catastrophic protection** beyond general, auto, and employers liability policies. While many non-profits maintain modest limits, a significant share recognize the need for **higher protection** as their risk profiles grow.

Coverage Distribution:

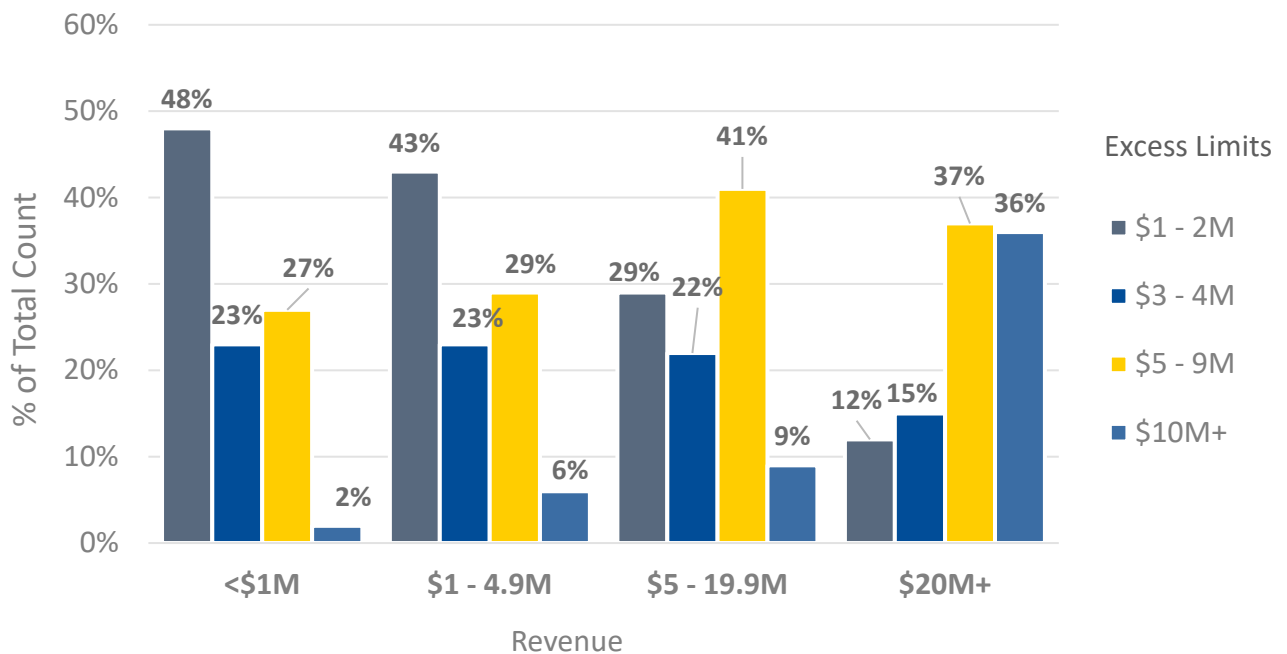
- **\$1M-\$2M:** 33%
- **\$3M-\$4M:** 21%
- **\$5M-\$9M:** 34%
- **\$10M+:** 12%

These results show that while **one-third of non-profits hold minimal excess limits**, nearly **half (46%) carry \$5M or more**, reflecting a growing emphasis on financial stability and protection from large-scale claims. It's important to note that **excess liability does not extend to professional or cyber exposures**, reinforcing the need for separate policies in those areas.

Excess Liability by Revenue

Data sets were collected from 486 organizations.

Excess Liability Coverage Limits by Revenue



Excess liability coverage increases with organizational size. **Smaller non-profits (<\$1M)** primarily select **\$1M–\$2M limits** (48%), with just 2% carrying \$10M+.

As size increases, coverage levels shift upward. **Mid-sized organizations (\$1M–4.9M)** remain conservative (43% at \$1M–\$2M), while **larger non-profits (\$5M–\$19.9M)** are more likely to secure **\$5M–\$9M** (41%).

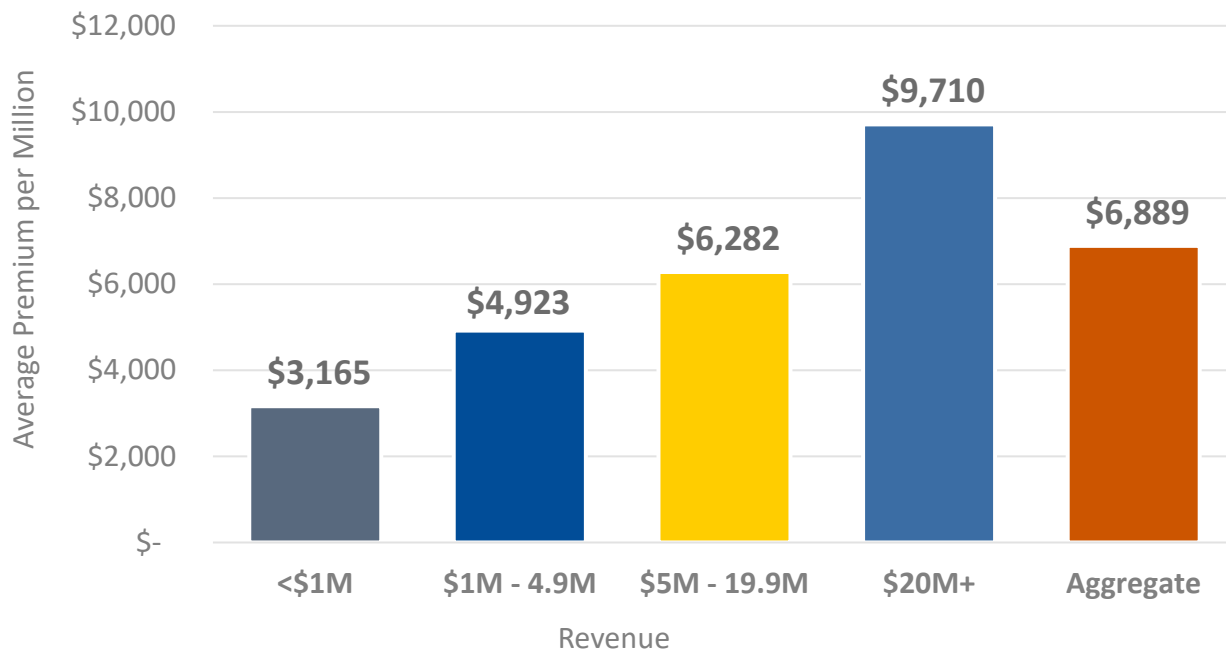
Among the **largest non-profits (\$20M+)**, **15% carry \$10M+**—the highest rate of any group—demonstrating greater investment in financial protection.

This trend highlights how **larger non-profits scale coverage with exposure**, while smaller organizations lean toward lower-cost limits.

Excess Liability Average Premium by Revenue

Data sets were collected from 486 organizations.

Excess Liability Premium per \$1M Limit by Revenue



The cost of **excess liability coverage per \$1M** increases steadily with non-profit size, reflecting **higher risk exposure and larger potential claims**.

- **<\$1M revenue:** \$3,165 per \$1M
- **\$1M-\$4.9M:** \$4,923
- **\$5M-\$19.9M:** \$6,282
- **\$20M+:** \$9,710
- **Aggregate average:** \$6,889

This trend shows that **larger non-profits pay nearly 3x more per million** than smaller ones, underscoring the **increased risk and financial responsibility** that comes with scale. Higher limits often require greater investment but also offer critical protection against catastrophic liability events.

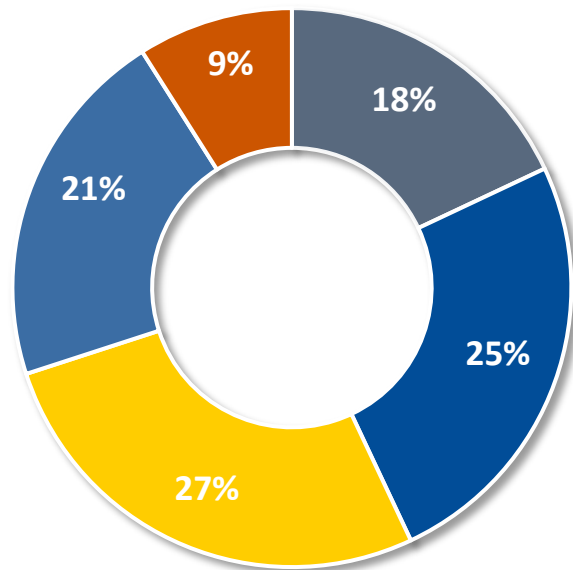
Property Total Insured Value (TIV)

Data sets were collected from 486 organizations.

Total Insured Value Breakdown by Business Count

Total Insured Value

- <\$1M
- \$1 - 4.9M
- \$5 - 14.9M
- \$15 - 49.9M
- \$50M+



percent of Total

Non-profits carry varying levels of property insurance based on the value of physical assets such as buildings, equipment, and facilities. Data shows **broad distribution** across coverage tiers, with **no single category dominating**.

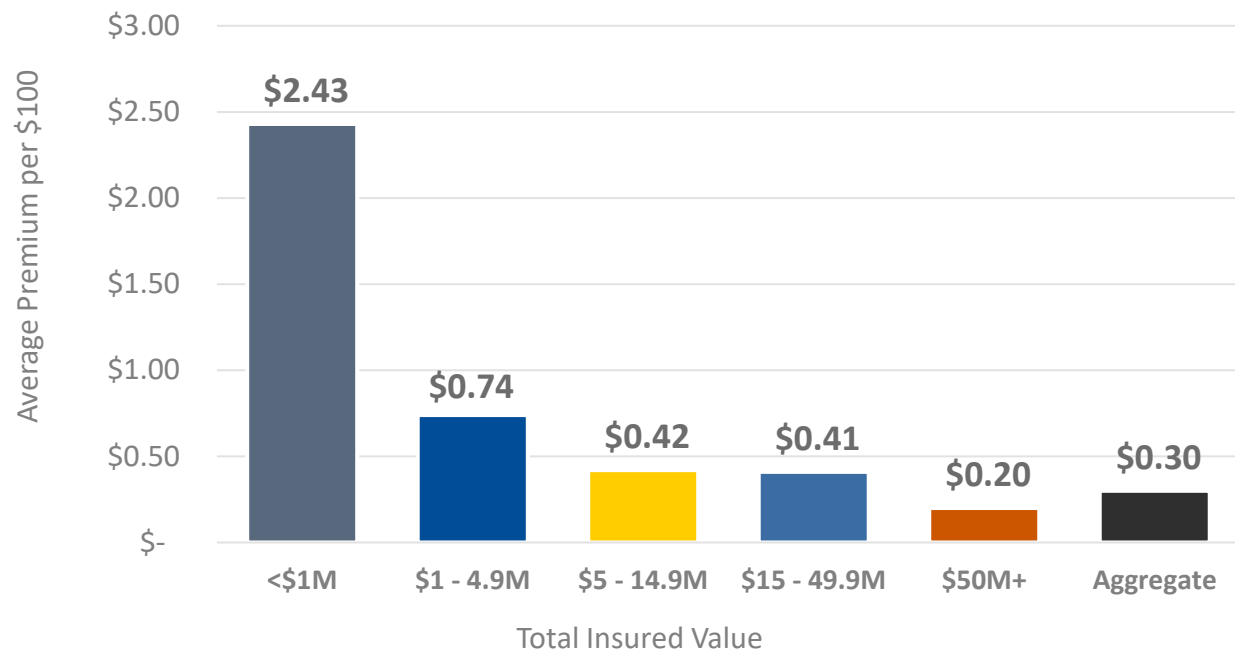
- **\$5M–\$14.9M** represents the **largest group** at **27%**, reflecting organizations with moderate-to-substantial physical assets.
- **\$1M–\$4.9M** accounts for **25%**, and **<\$1M** for **18%**, showing a strong presence of small and mid-sized asset holdings.
- **\$15M–\$49.9M** represents **21%**, while **\$50M+** makes up **9%**, primarily large institutions with complex or multiple locations.

These results suggest that **most non-profits insure property below \$15M**, but a **significant segment requires higher-value coverage**, driven by asset complexity or geographic footprint.

Property Total Insured Value (TIV) Rate per \$100

Data sets were collected from 486 organizations.

Average Rate Per \$100 of Total Insured Value



Property insurance **rates decrease significantly** as total insured value increases, driven by **economies of scale, better risk management, and broader asset diversification** in larger non-profits.

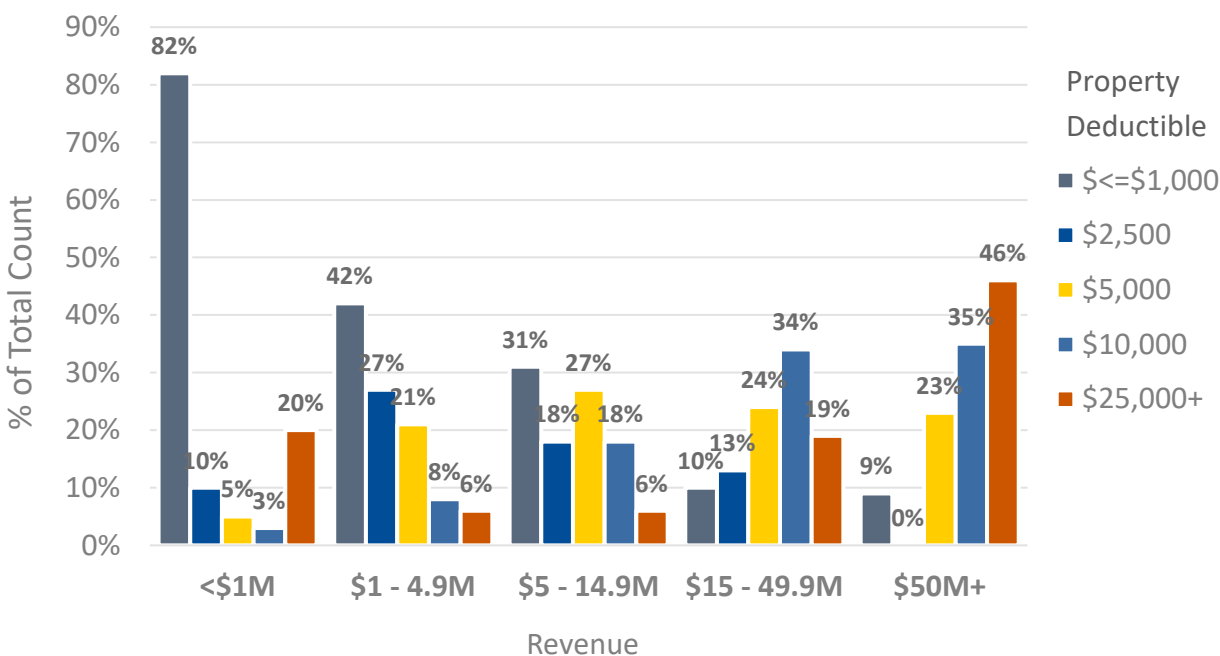
- **<\$1M insured value:** \$2.43 per \$100
- **\$1M-\$4.9M:** \$0.74
- **\$5M-\$14.9M:** \$0.42
- **\$15M-\$49.9M:** \$0.41
- **\$50M+:** \$0.20
- **Aggregate average:** \$0.30 per \$100

This trend highlights how **larger non-profits benefit from lower rates** per dollar of coverage, while **smaller organizations face higher relative costs**, reflecting underwriting risk, lower premium leverage, and less robust infrastructure.

Property Deductibles by TIV

Data sets were collected from 486 organizations.

Property Deductibles by Revenue



Smaller non-profits overwhelmingly choose **low deductibles**, while larger organizations shift toward **higher deductibles** to lower premiums.

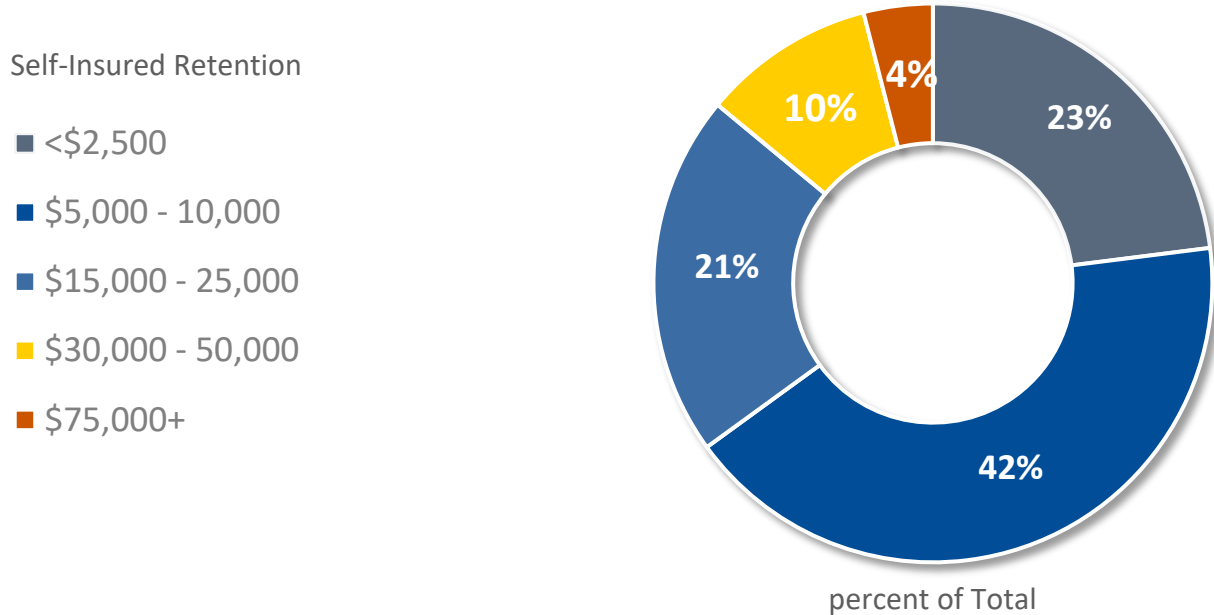
- **82% of non-profits with <\$1M insured value** select deductibles ≤ \$1,000, with few opting for amounts above \$10,000.
- As insured value increases, **higher deductibles become more common**:
 - **\$5M–\$14.9M**: 32% choose \$5,000; 18% choose \$10,000+
 - **\$50M+**: 42% select \$25,000+; 35% choose \$10,000

This trend reflects **larger organizations' greater financial capacity** to absorb higher deductibles, while **smaller non-profits prioritize affordability** at the point of claim.

Employment Practices Liability (EPLI) Self-Insured Retention (SIR) on \$1M Limit

Data sets were collected from 486 organizations.

Self-Insured Retention (SIR)



Employment practices liability insurance (EPLI) protects non-profits from claims like wrongful termination, discrimination, and harassment. While EPLI is sometimes bundled with other management liability coverages, many non-profits purchase it as a **stand-alone policy with varying self-insured retention (SIR) levels**.

Organizations with a **\$1M EPLI limit** show:

- **42%** carry retentions between **\$5,000–\$10,000**
- **23%** opt for **under \$2,500**
- **21%** select **\$15,000–\$25,000**
- **10%** carry **\$30,000–\$50,000**
- **4%** assume **\$75,000 or more**

These results suggest most non-profits prefer **moderate retentions**, balancing premium savings with the ability to manage smaller claims internally. However, **over a third (35%) carry retentions of \$15,000 or more**, indicating a **strategic, risk-tolerant posture**, particularly among larger or more financially stable organizations.

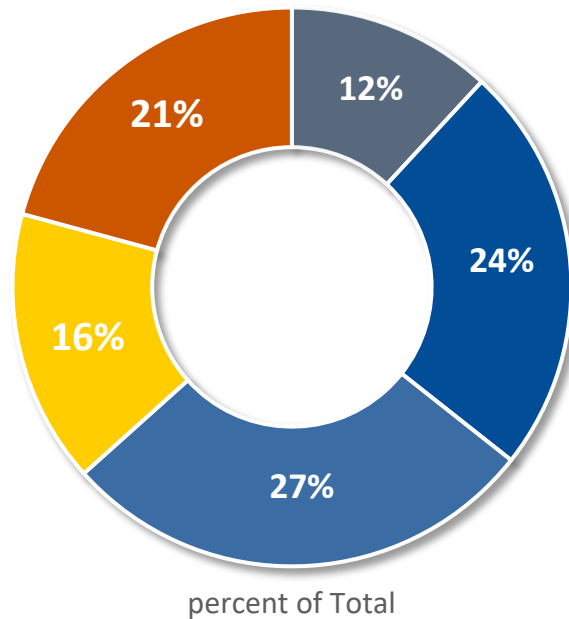
Employment Practices Liability (EPLI) Self-Insured Retention (SIR) on \$2M-\$10M Limit

Data sets were collected from 486 organizations.

Self-Insured Retention (SIR)

Self-Insured Retention

- <\$2,500
- \$5,000 - 10,000
- \$15,000 - 25,000
- \$30,000 - 50,000
- \$75,000+



Non-profits purchasing **higher employment practices liability insurance (EPLI) limits** tend to accept **larger self-insured retentions (SIRs)**—a trade-off for lower premiums and greater financial responsibility in claims.

- **27%** select **\$15,000-\$25,000**
- **24%** opt for **\$5,000-\$10,000**
- **21%** carry **\$75,000+**
- **16%** select **\$30,000-\$50,000**
- Only **12%** maintain retentions **below \$2,500**

These results show that **64% of non-profits** with higher EPLI limits choose retentions of **\$15,000 or more**, reflecting a **strategic risk posture** more typical of larger, financially stable organizations.

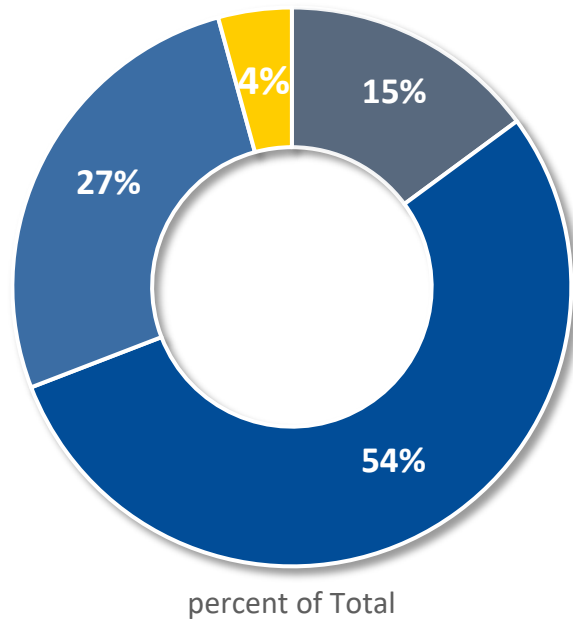
Cyber Liability

Data sets were collected from 486 organizations.

Cyber Liability Coverage Limits

Cyber Limits

- <\$1M
- \$1M
- \$2 - 4M
- \$5M+



Cyber liability insurance is critical for non-profits, protecting against data breaches, ransomware, and digital threats. Most non-profits opt for **moderate coverage**, though a growing number are securing higher limits.

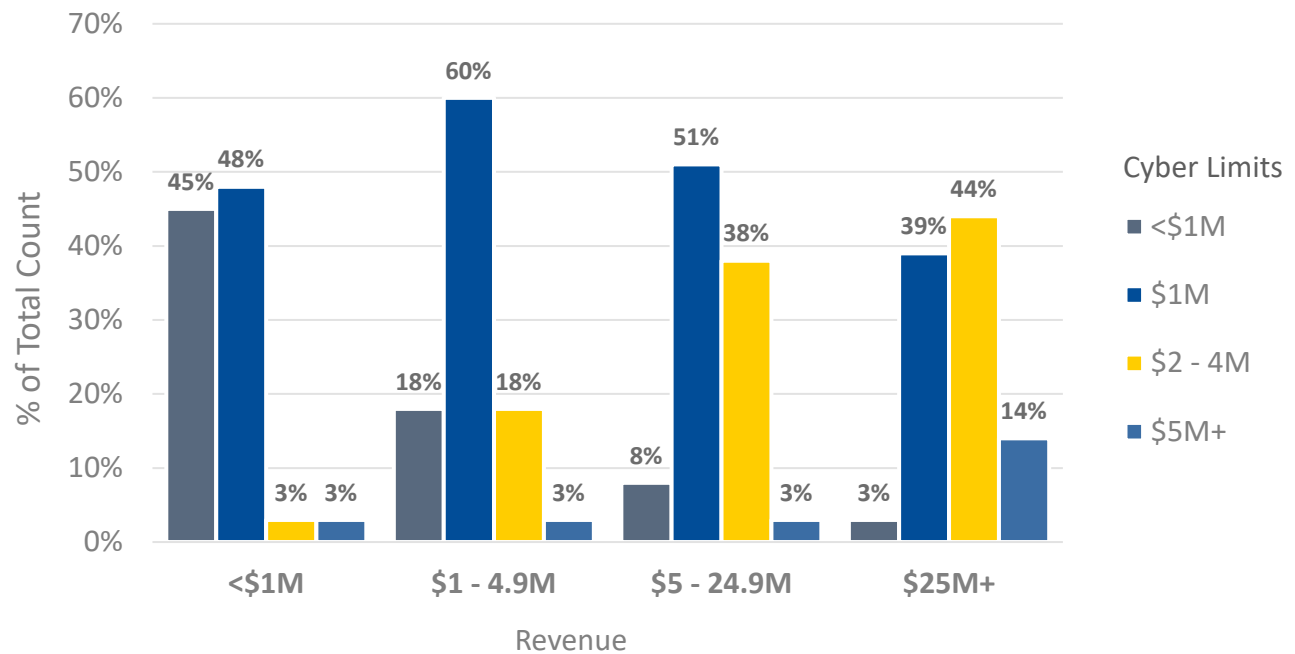
- **54%** purchase a **\$1M limit**, making it the most common choice
- **27%** select **\$2M-\$4M**, indicating increased awareness of cyber risk
- **15%** carry **less than \$1M**
- **4%** opt for **\$5M+**, typically larger organizations with elevated exposure

These findings reflect a **conservative baseline** across the sector and a shift among some non-profits toward **higher cyber preparedness**. As cyberattacks grow more frequent and complex, organizations with greater data sensitivity or digital infrastructure are investing in **stronger protection**.

Cyber Liability by Revenue

Data sets were collected from 486 organizations.

Cyber Liability Coverage Limits by Revenue



Non-profit cyber coverage **increases with size**, as larger organizations face greater digital risk.

- **Smaller non-profits (<\$1M):**
 - 45% carry <\$1M
 - 48% hold \$1M
- **Mid-sized (\$1M-\$4.9M):**
 - 60% purchase \$1M
 - Minimal uptake at higher limits
- **Larger (\$5M-\$24.9M):**
 - 51% at \$1M,
 - 38% opt for \$2M-\$4M
- **\$25M+:**
 - 44% purchase \$2M-\$4M,
 - 14% carry \$5M+

While **\$1M remains common**, larger non-profits increasingly adopt higher limits, aligning with elevated cyber exposure.

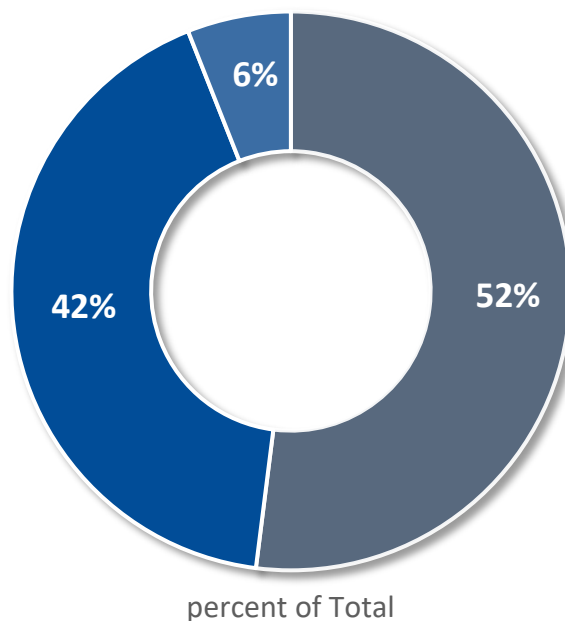
Employee Theft

Data sets were collected from 486 organizations.

Employee Theft Coverage Limits

Employee Theft Limits

- ≤\$500k
- \$500k - 1M
- \$2M+



Employee theft (or fidelity) coverage protects non-profits from internal fraud, embezzlement, and dishonest acts by staff. Most non-profits opt for **modest coverage levels**, reflecting a perceived **moderate exposure** to internal theft risk.

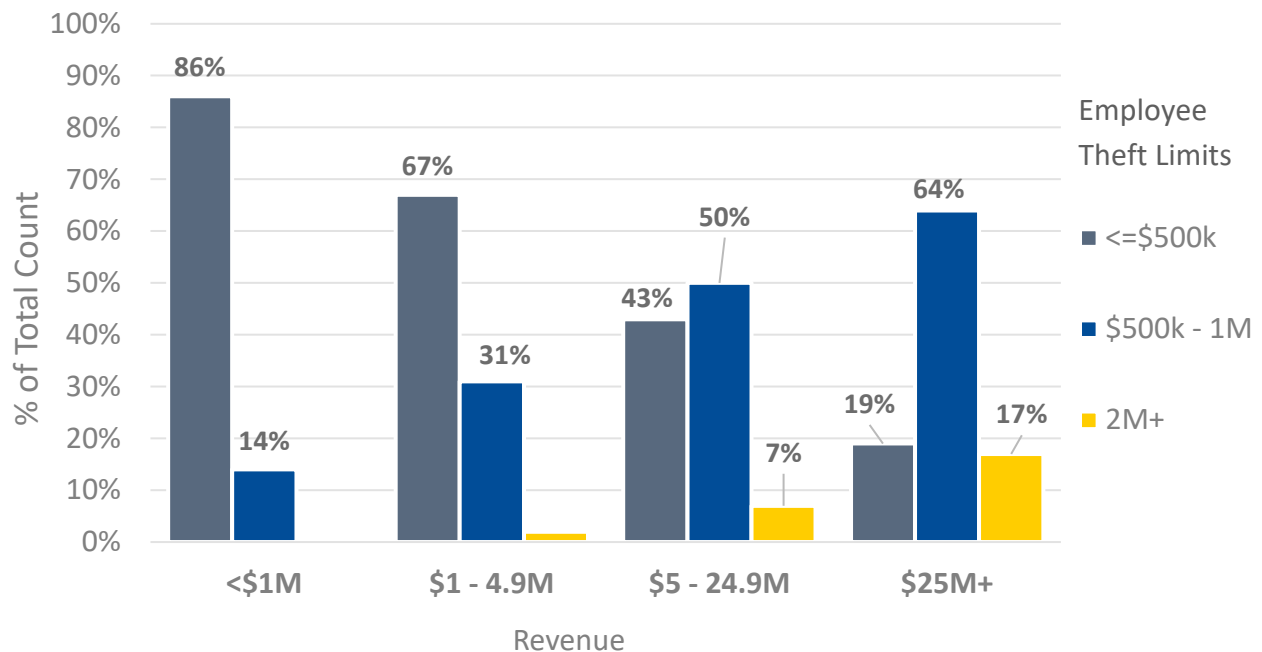
- 52% carry limits of **\$500K or less**
- 42% purchase **\$500K–\$1M**
- Only 6% secure **\$2M+**

These results show that **higher-limit policies remain rare**, even though non-profits handling **significant donor funds or financial transactions** may benefit from greater protection. The trend suggests most organizations are **balancing premium cost with perceived risk**, but some may be **underestimating the financial impact of internal fraud**.

Employee Theft

Data sets were collected from 486 organizations.

Employee Theft Coverage Limits by Revenue



The data shows a clear trend: **larger non-profits are more likely to secure higher employee theft limits**, while smaller organizations overwhelmingly choose lower coverage.

- **<\$1M revenue:**
 - 86% carry ≤ \$500K, and only 14% go higher
- **\$1M–4.9M:**
 - 67% stay at ≤ \$500K, with 31% at \$500K–\$1M
- **\$5M–24.9M:**
 - Nearly evenly split between ≤ \$500K (43%) and \$500K–\$1M (50%)
 - 7% opt for \$2M+
- **\$25M+:**
 - Only 19% carry ≤ \$500K
 - 64% select \$500K–\$1M, and 17% carry \$2M+

These results reflect a shift from **cost-conscious coverage at the small end to risk-based protection among larger organizations**, particularly those handling significant funds or managing complex financial operations.

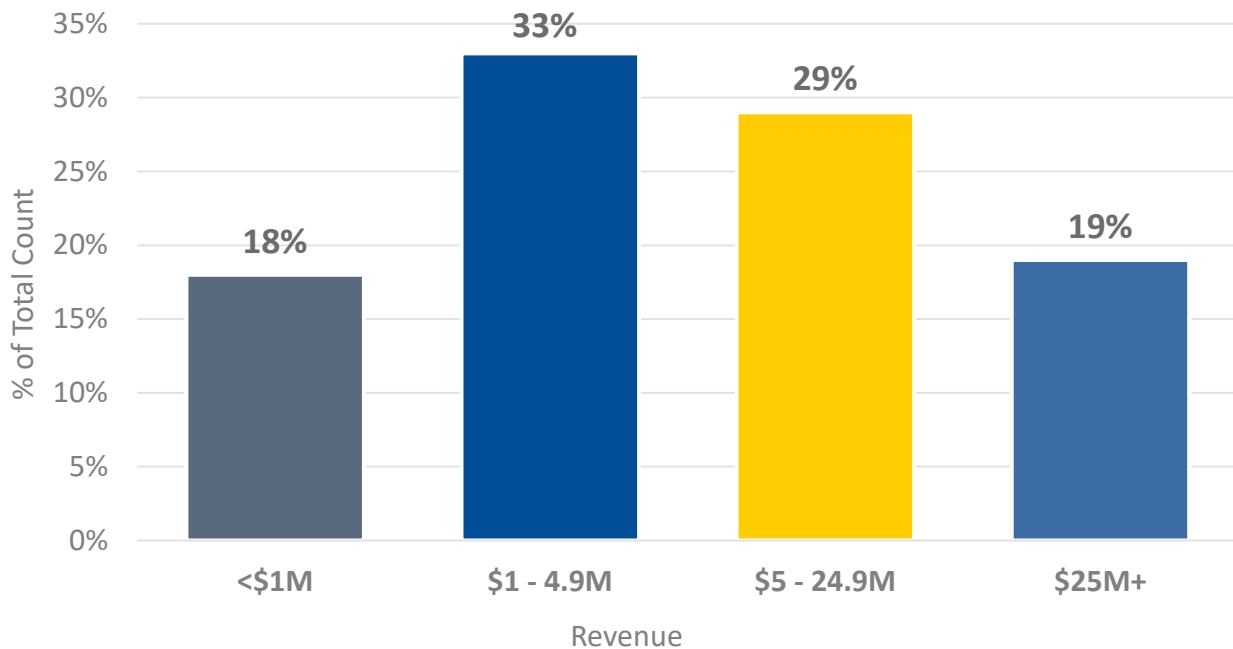
RESULTS

Community Services Data

Business Count by Revenue

Data sets were collected from 202 community services organizations. The organizations represent \$3.6 billion of revenue.

Business Count by Revenue



To analyze non-profit trends, we segmented data into two groups:

1. **Community Services Organizations** — including museums, community centers, theaters, Boys & Girls Clubs, and YMCAs
2. **Religious, Social, and Giving Organizations** — such as churches, United Way, and other charitable foundations

This section highlights data from **202 community services organizations**. Revenue distribution is consistent with broader non-profit patterns:

- **33%** generate **\$1M–\$4.9M**
- **29%** report **\$5M–\$24.9M**
- **19%** exceed **\$25M**
- **18%** fall below **\$1M**

With a robust sample size, this data provides **meaningful insights** into how community non-profits approach **insurance purchasing, risk retention, and financial protection**. The findings offer practical benchmarks for organizations facing evolving risks in property, liability, and cyber exposures.

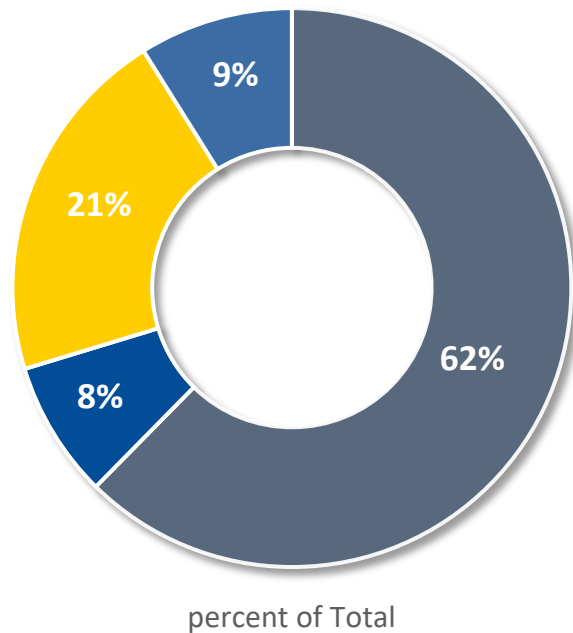
Professional Liability

Data sets were collected from 202 community services organizations.

Professional Liability Coverage Limits

Professional Limits

- \$1M
- \$2M
- \$3M
- \$4M+



Many community services non-profits—such as community centers, YMCAs, and arts organizations—employ professionals (e.g., counselors, psychologists, medical staff) who face specialized liability exposures not covered under general liability policies. **Professional liability insurance** fills this gap, particularly for services involving emotional or clinical care.

Among the **98 community services organizations** that carry professional liability insurance:

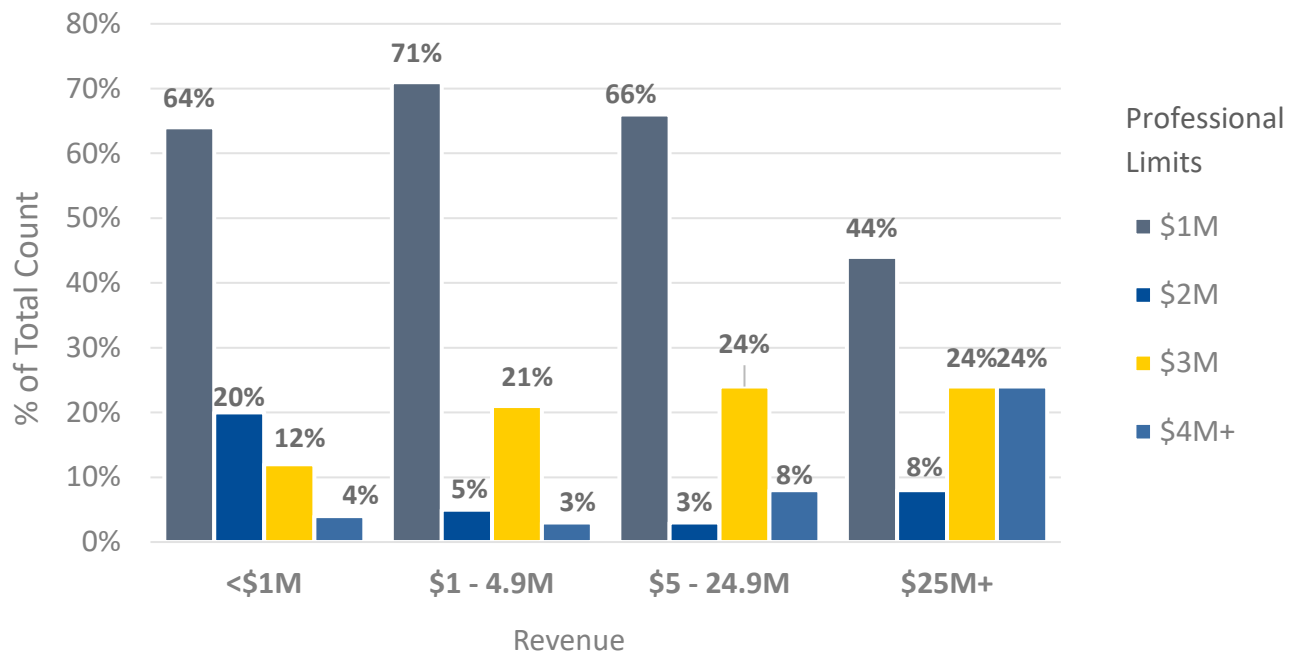
- **62%** purchase a **\$1M limit**
- **21%** opt for **\$3M**
- **8%** carry **\$2M**
- **9%** secure **\$4M+**

This distribution mirrors broader non-profit trends, with the majority holding **\$3M or less** in coverage. The data reflects a **conservative, cost-aware approach** to managing professional risk—balancing service exposure with available budget and historical claims experience.

Professional Liability Limits by Revenue

Data sets were collected from 202 community services organizations.

Professional Liability Coverage Limits by Revenue



Professional liability coverage among community services organizations increases with size, reflecting higher risk and service complexity.

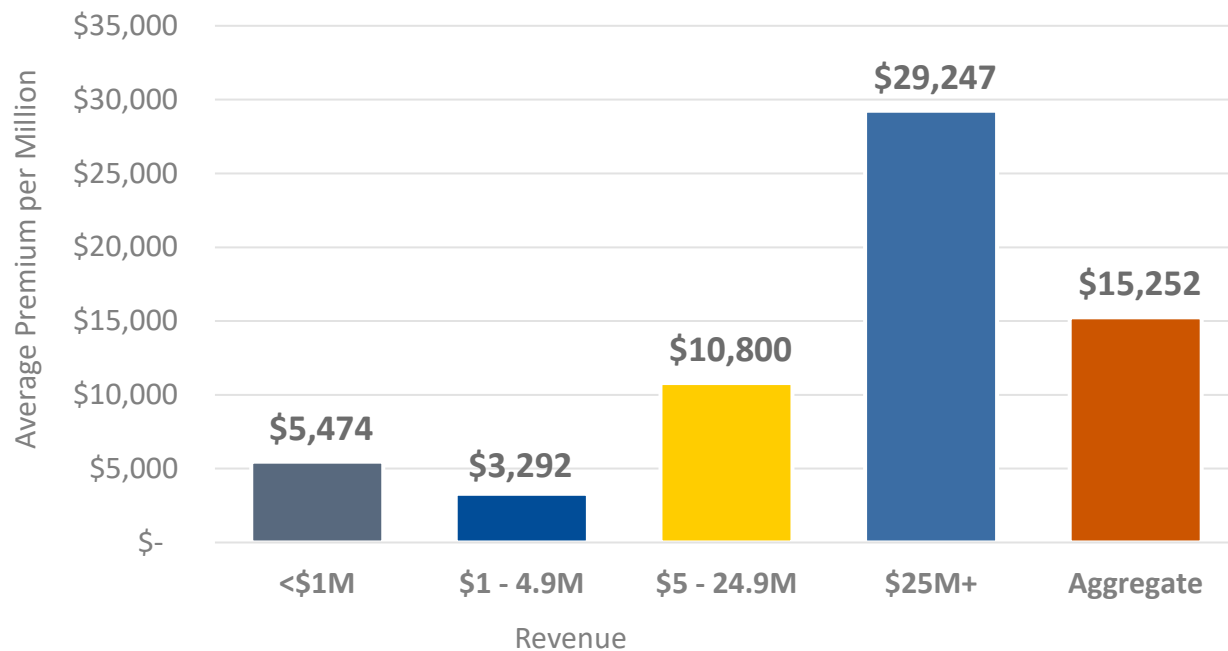
- **<\$1M revenue:**
 - 64% purchase \$1M limits
 - 20% carry \$2M, and 12% opt for \$3M
 - Very few choose \$4M+
- **\$1M–\$4.9M:**
 - 71% stay at \$1M
 - 21% opt for \$3M
- **\$5M–\$24.9M:**
 - 66% purchase \$1M, with 24% at \$3M and 8% at \$4M+
- **\$25M+:**
 - Limits are more spread out: 44% at \$1M, 24% each at \$3M and \$4M+

Key takeaway: While \$1M remains the most common limit, **larger organizations are far more likely to diversify across higher limits**, signaling a more strategic and risk-aware approach to coverage selection.

Professional Liability Average Premium by Revenue

Data sets were collected from 202 community services organizations.

Professional Liability Premium per \$1M Limit by Revenue



Professional liability insurance costs vary by non-profit size, reflecting differences in service scope, exposure, and risk profile.

- **<\$1M revenue:** \$5,474 per \$1M
- **\$1M–4.9M:** \$3,292
- **\$5M–24.9M:** \$10,800
- **\$25M+:** \$29,247
- **Aggregate average:** \$15,252 per \$1M

Premiums rise significantly with size, particularly for organizations between \$5M and \$25M in revenue. Interestingly, the **largest organizations (\$25M+) face the highest costs**, likely reflecting broader services, larger staff, and higher claim exposure. These trends highlight the need for **tailored risk management strategies and negotiated terms** as non-profits scale.

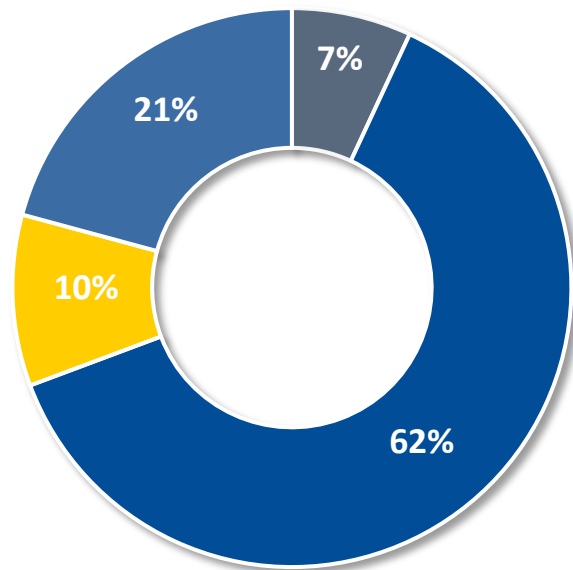
Abuse and Molestation

Data sets were collected from 202 community services organizations.

Abuse and Molestation Aggregate Coverage Limits

Abuse and
Molestation Limits

- <\$1M
- \$1M
- \$2M
- \$3M+



percent of Total

Given their direct work with youth and vulnerable populations, **community services non-profits** often face heightened abuse and molestation risks. Insurance coverage in this area plays a key role in risk management.

Results show:

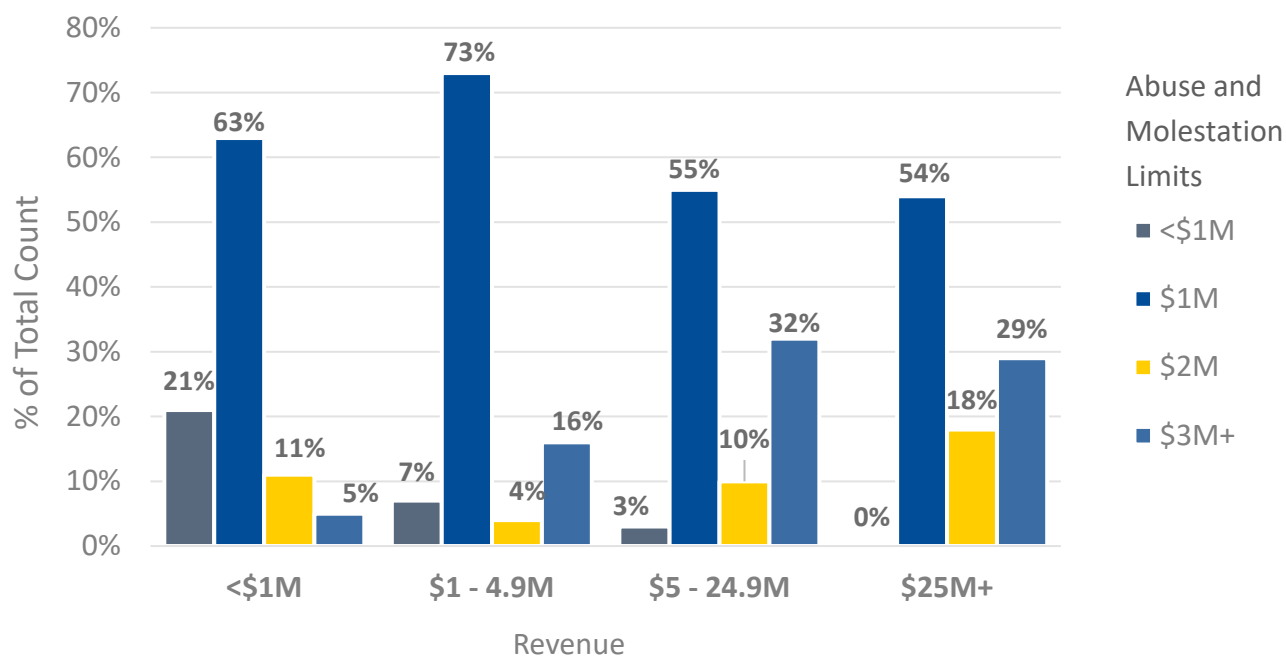
- **62%** of organizations carry **\$1M** in coverage
- **21%** purchase **\$3M+**, reflecting increased risk awareness
- **10%** select **\$2M**
- **7%** opt for **less than \$1M**

These results indicate that while **\$1M remains the standard**, a notable share of organizations are investing in **higher limits**. This reflects a balance between **financial feasibility and the need for adequate protection**, especially for organizations providing direct services to at-risk populations.

Abuse and Molestation

Data sets were collected from 202 community services organizations.

Abuse and Molestation Coverage Limits by Revenue



Most community services non-profits select **\$1M in abuse and molestation coverage**, but higher limits become more common as revenue increases.

- **<\$1M revenue:** 63% select \$1M; only 5% purchase \$3M+
- **\$1M–4.9M:** 73% choose \$1M; 20% opt for higher limits
- **\$5M–24.9M:** 55% at \$1M; 42% purchase \$2M or more
- **\$25M+:** 54% hold \$1M; nearly half secure \$2M or \$3M+

The data shows a clear shift: **larger non-profits are more likely to increase coverage**, responding to greater liability exposure and service complexity.

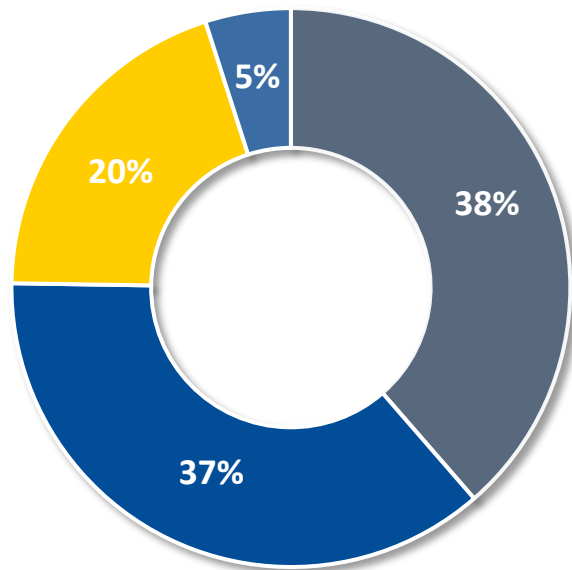
Directors and Officers (D&O)

Data sets were collected from 202 community services organizations.

D&O Coverage Limits

D&O Limits

- \$1M
- \$2 - 4M
- \$5 - 9M
- \$10M+



percent of Total

Directors and officers (D&O) liability insurance protects non-profit leadership from claims tied to governance and fiduciary oversight.

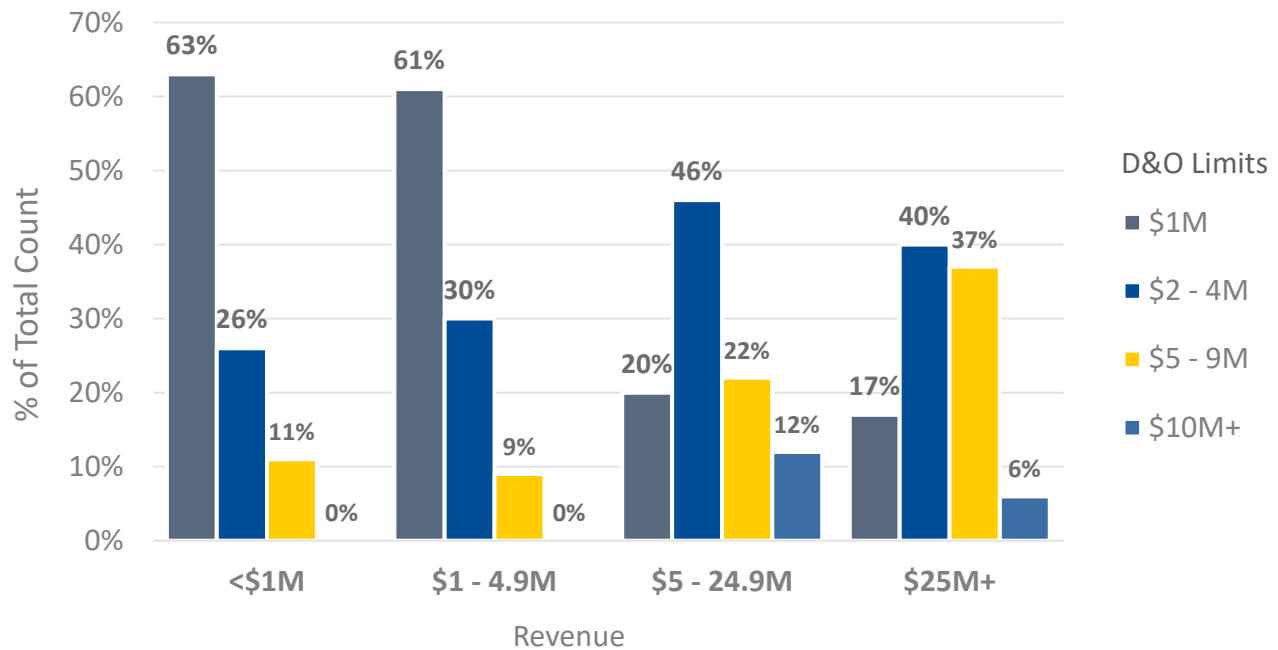
Most community services organizations carry **\$1M in coverage (38%)**, but nearly as many opt for **\$2M–\$4M (37%)**, showing increased attention to governance risk. An additional **20%** secure **\$5M–\$9M**, while just **5%** carry **\$10M+**.

These results reflect a trend toward **higher D&O limits**, especially among larger or more complex organizations. While \$1M remains common, **over 60% now purchase limits above that**, balancing risk exposure with affordability.

Directors and Officers (D&O) Limits by Revenue

Data sets were collected from 202 community services organizations.

D&O Coverage Limits by Revenue



D&O coverage increases with organization size, reflecting higher governance risk.

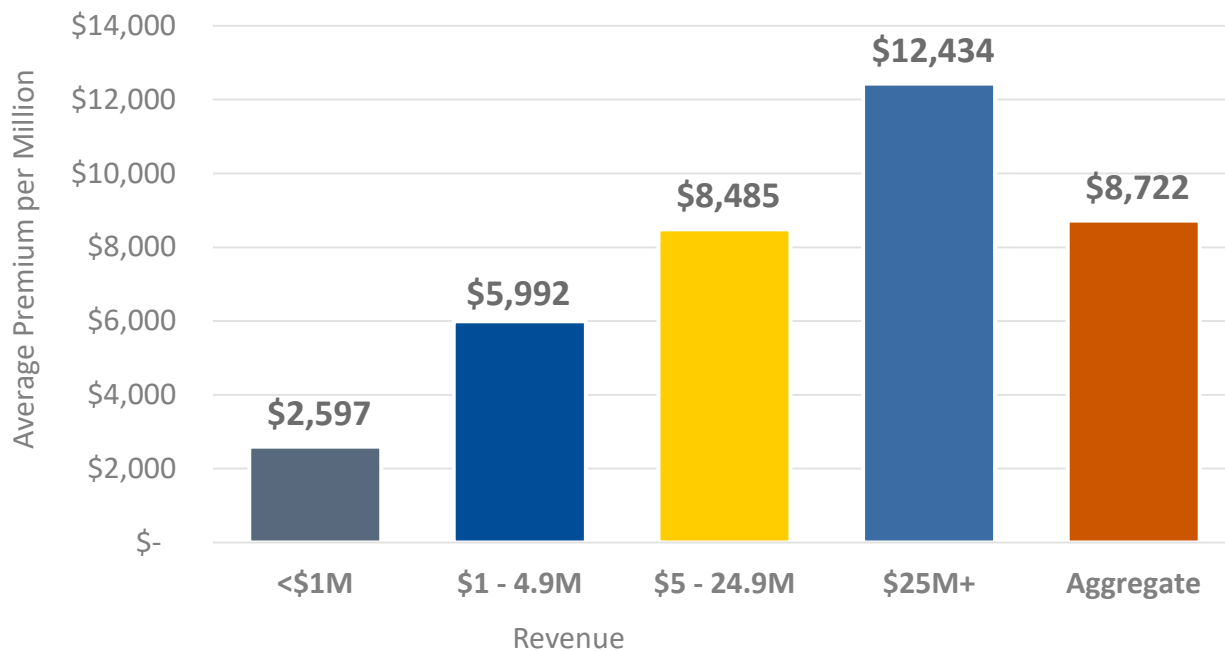
- **<\$1M:** 63% carry \$1M; 26% choose \$2M-\$4M
- **\$1M–4.9M:** 61% at \$1M; 30% at \$2M-\$4M
- **\$5M–24.9M:** Majority split between \$2M-\$4M (46%) and \$5M-\$9M (22%)
- **\$25M+:** 40% hold \$2M-\$4M; 37% choose \$5M-\$9M; 6% carry \$10M+

Key takeaway: Smaller non-profits overwhelmingly select \$1M limits, while larger organizations scale up coverage to match **greater financial and leadership exposure**.

Directors and Officers (D&O) Premium by Revenue

Data sets were collected from 202 community services organizations.

D&O Premium per \$1M Limit by Revenue



The cost of directors and officers (D&O) liability insurance **increases with non-profit size**, reflecting greater governance exposure and claim potential.

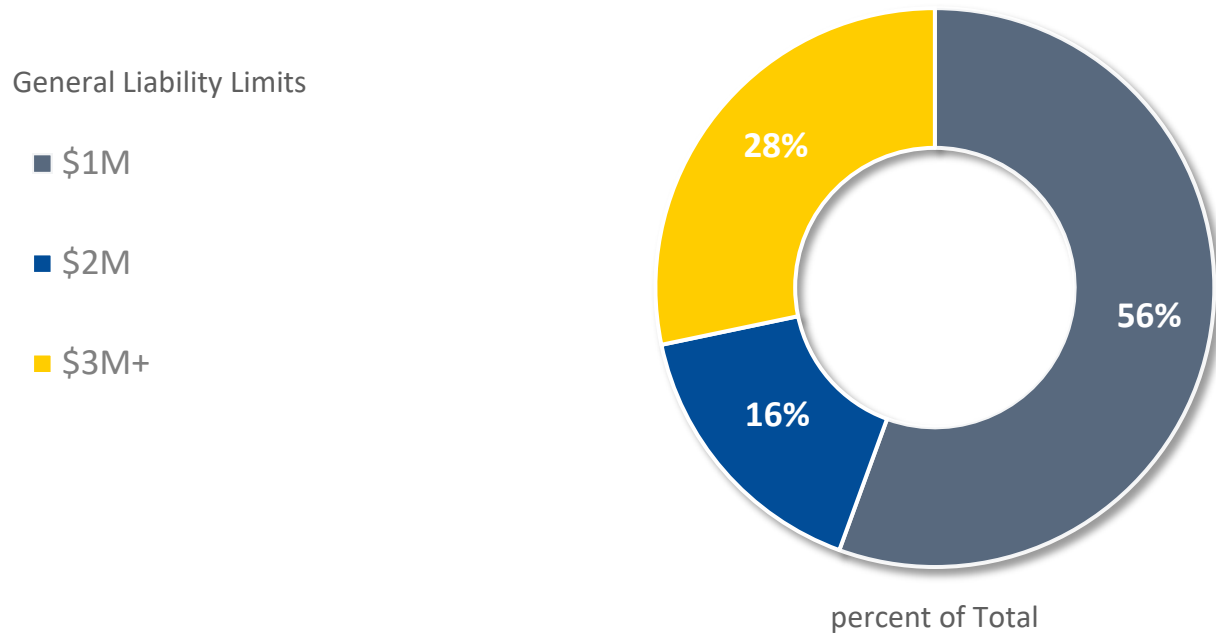
- **<\$1M revenue:** \$2,597 per \$1M
- **\$1M–4.9M:** \$5,992
- **\$5M–24.9M:** \$8,485
- **\$25M+:** \$12,434
- **Aggregate average:** \$8,722

Premiums rise significantly as organizations scale, with the largest non-profits paying nearly **5x more per million** than the smallest. This trend reinforces the **growing risk complexity and financial accountability** at higher revenue levels, driving the need for **expanded D&O protection**.

General Liability

Data sets were collected from 202 community services organizations.

General Liability Coverage Limits



General liability insurance protects community services non-profits from claims involving bodily injury, property damage, and related legal costs. Most organizations in this segment choose **standard coverage limits**, though a growing share secures higher protection.

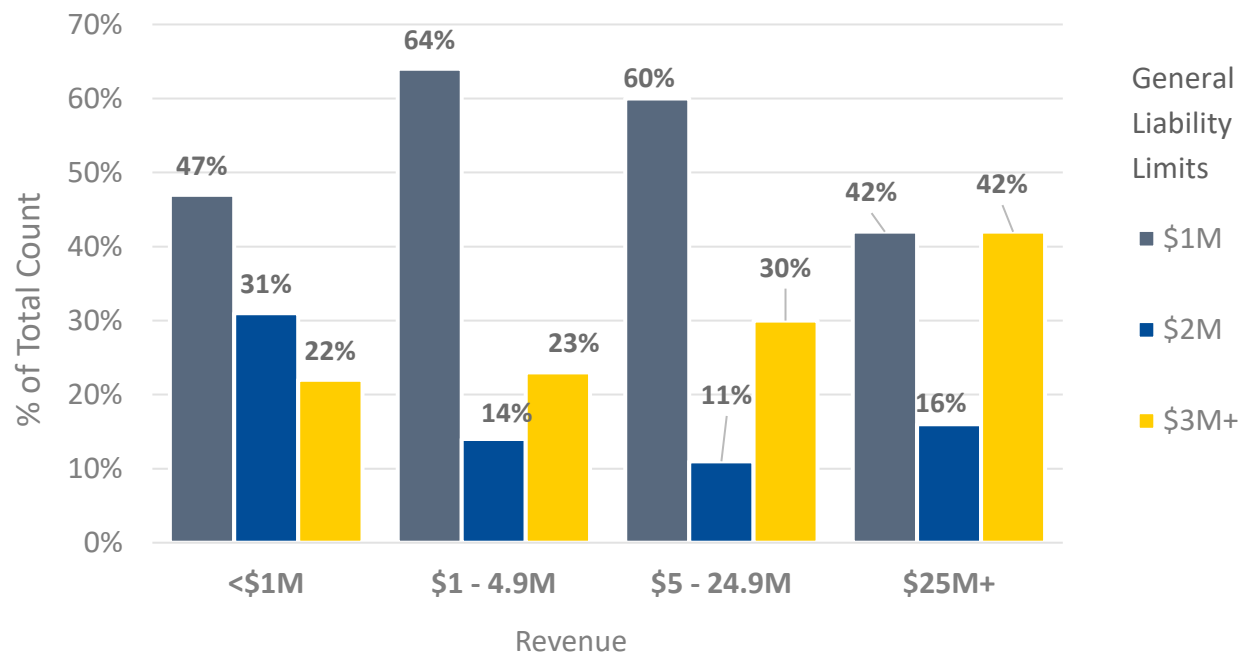
- **56%** of organizations purchase a **\$1M limit**
- **16%** opt for **\$2M**
- **28%** carry **\$3M or more**

These findings show that while **\$1M remains the baseline, 44% of organizations exceed that amount**, likely due to growing service footprints, contract requirements, or heightened exposure. This trend reflects **increased awareness of liability risk** as operations expand.

General Liability by Revenue

Data sets were collected from 202 community services organizations.

General Liability Coverage Limits by Revenue



General liability coverage limits vary by organization size. **Smaller non-profits** are more likely to hold **\$1M limits**, while **larger organizations** begin to diversify coverage as risk increases.

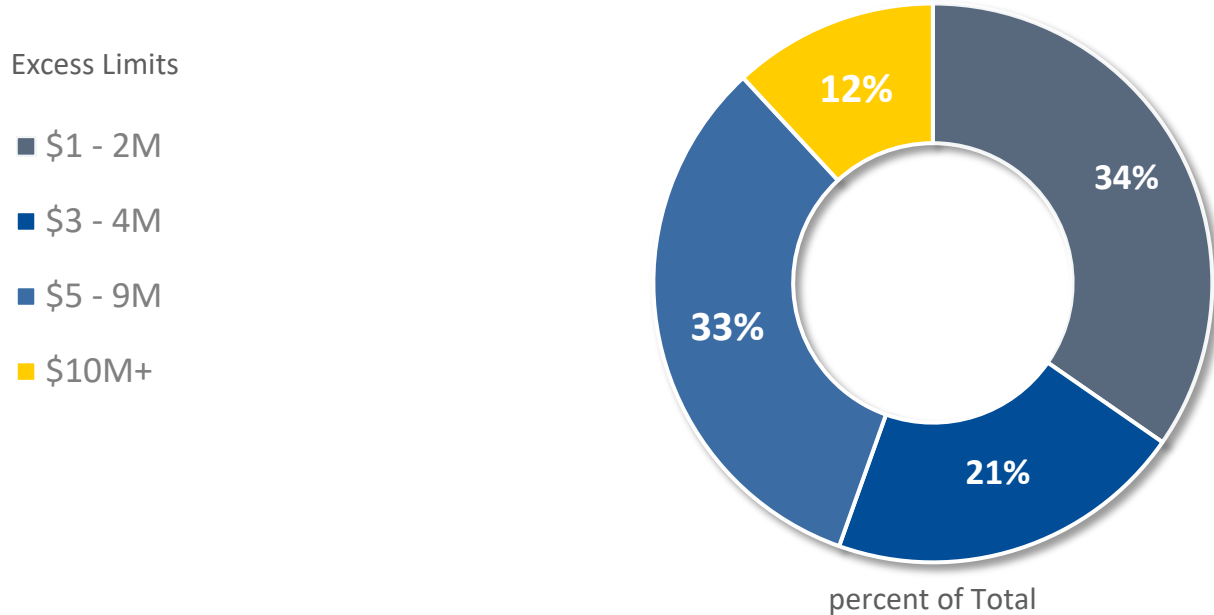
- **<\$1M revenue:** 47% at \$1M, 31% at \$2M, 22% at \$3M+
- **\$1M-\$4.9M:** 64% at \$1M, 30% at \$2M, few at \$3M+
- **\$5M-\$24.9M:** 60% at \$1M, 20% at \$2M, 20% at \$3M+
- **\$25M+:** 42% each at \$1M and \$3M+, 16% at \$2M

Key takeaway: As non-profits grow, they are more likely to increase coverage above \$1M to reflect expanded operations and liability exposure.

Excess Liability

Data sets were collected from 202 community services organizations.

Excess Liability Coverage Limits



Excess liability insurance protects non-profits against catastrophic losses that exceed primary general, auto, or employer's liability coverage. Data shows a wide range of limit selections:

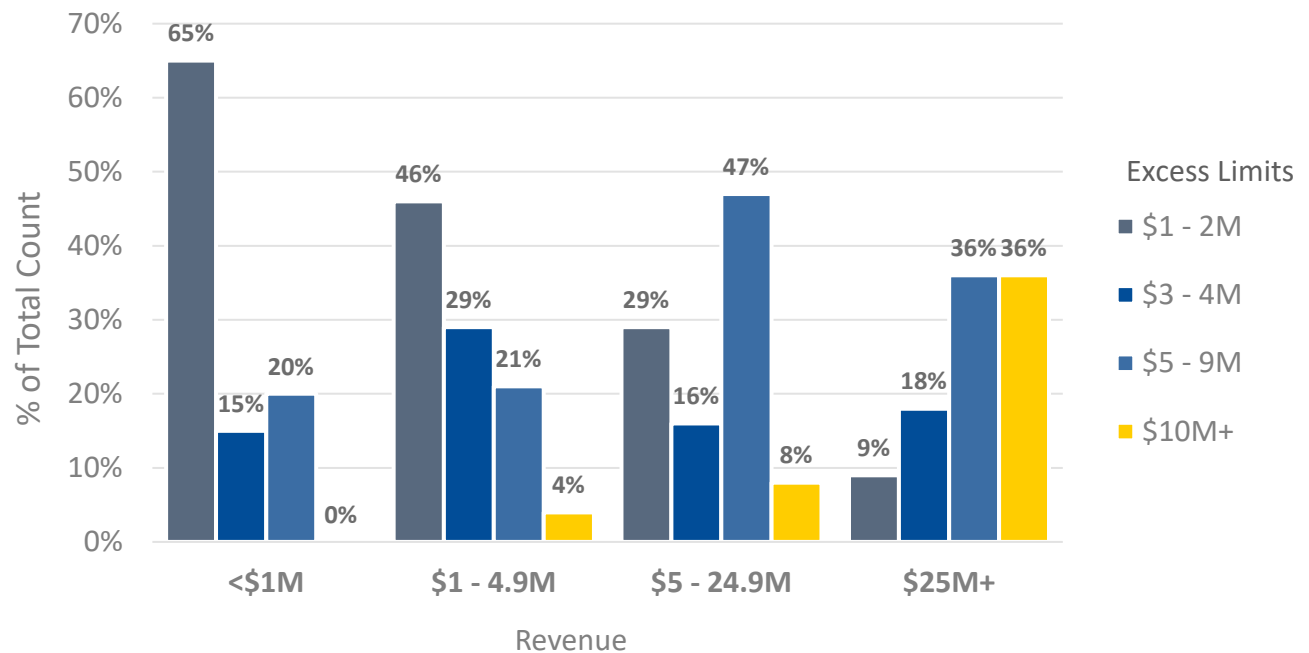
- **34%** carry **\$1M-\$2M**
- **21%** purchase **\$3M-\$4M**
- **33%** secure **\$5M-\$9M**
- **12%** opt for **\$10M+**

These results show that while most organizations select **moderate limits**, nearly half carry **\$5M or more**, reflecting increased awareness of **high-severity claims** and a desire for **financial protection** beyond standard policy thresholds.

Excess Liability by Revenue

Data sets were collected from 202 community services organizations.

Excess Liability Coverage Limits by Revenue



Excess liability coverage increases with organization size, as larger non-profits face more complex risks and greater exposure to high-severity claims.

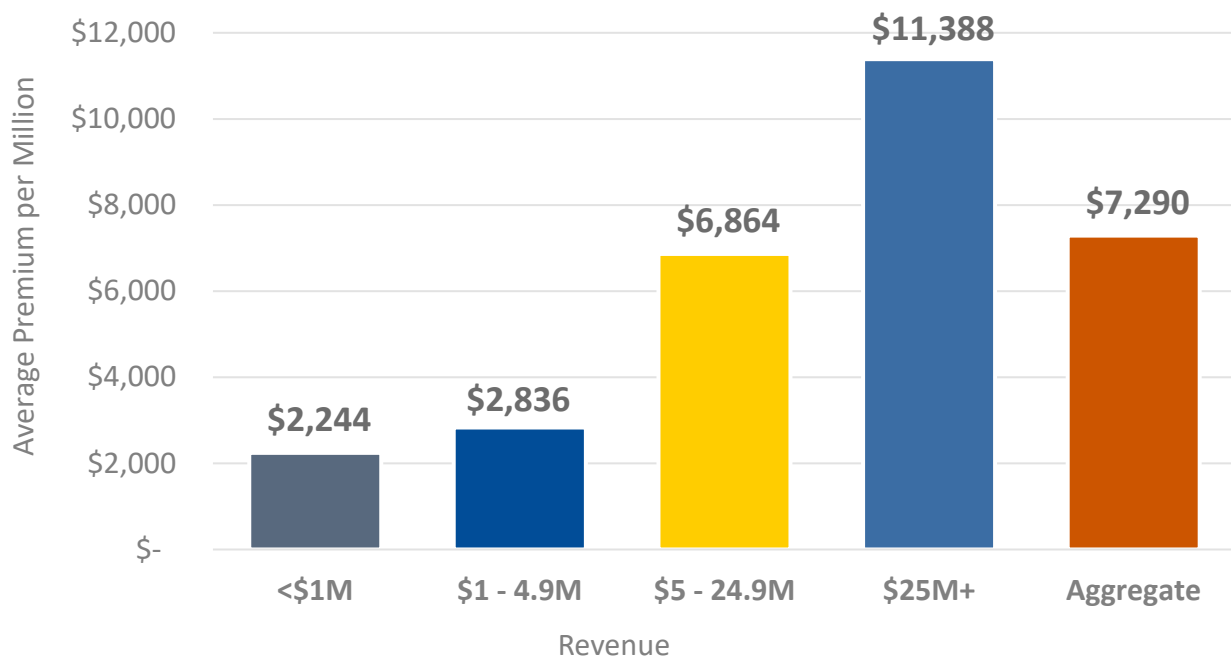
- **Smaller non-profits (<\$1M):** 65% carry **\$1M–\$2M** limits; none purchase over \$10M
- **Mid-sized (\$1M–4.9M):** 46% carry **\$1M–\$2M**, while 29% choose **\$3M–\$4M** and 21% secure **\$5M–\$9M**
- **Larger organizations (\$5M–24.9M):** 47% purchase **\$5M–\$9M** and 8% opt for **\$10M+**
- **Largest organizations (\$25M+):** 36% carry **\$5M–\$9M**, and another 36% secure **\$10M+**

These findings show that while moderate limits remain common, **larger non-profits increasingly invest in \$5M+ coverage** to align with their operational scale and liability profile.

Excess Liability Average Premium by Revenue

Data sets were collected from 202 community services organizations.

Excess Liability Premium per \$1M Limit by Revenue



Excess liability premium costs **increase with non-profit size**, reflecting greater exposure and the scale of underlying risks. However, **per-million pricing often decreases at higher total limits** due to lower loss likelihood in upper layers.

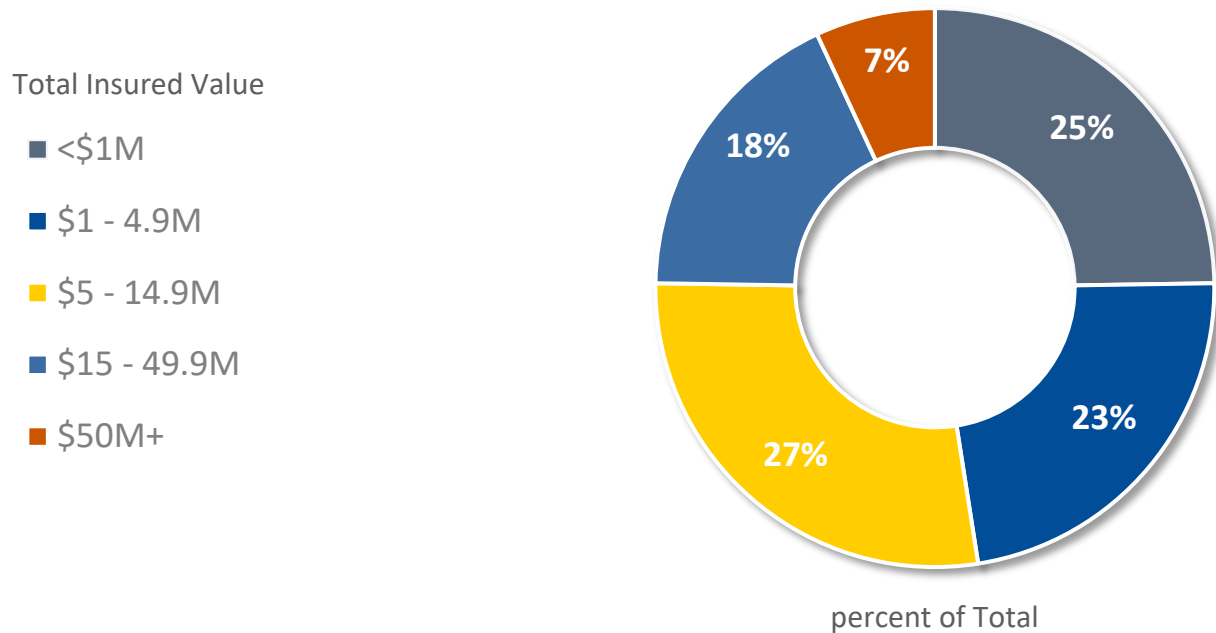
- **<\$1M revenue:** \$2,244 per \$1M
- **\$1M–4.9M:** \$2,836
- **\$5M–24.9M:** \$6,864
- **\$25M+:** \$11,388
- **Aggregate average:** \$7,290 per \$1M

These results highlight a clear trend—**larger organizations pay more per million** but may still benefit from **cost efficiencies when purchasing higher total limits**, particularly as risk is spread across multiple layers of coverage.

Property Total Insured Value (TIV)

Data sets were collected from 202 community services organizations.

Total Insured Value Breakdown by Business Count



Property insurance needs vary widely among community services non-profits, depending on whether they lease space or own larger facilities like museums, theaters, or multi-site campuses.

Results show:

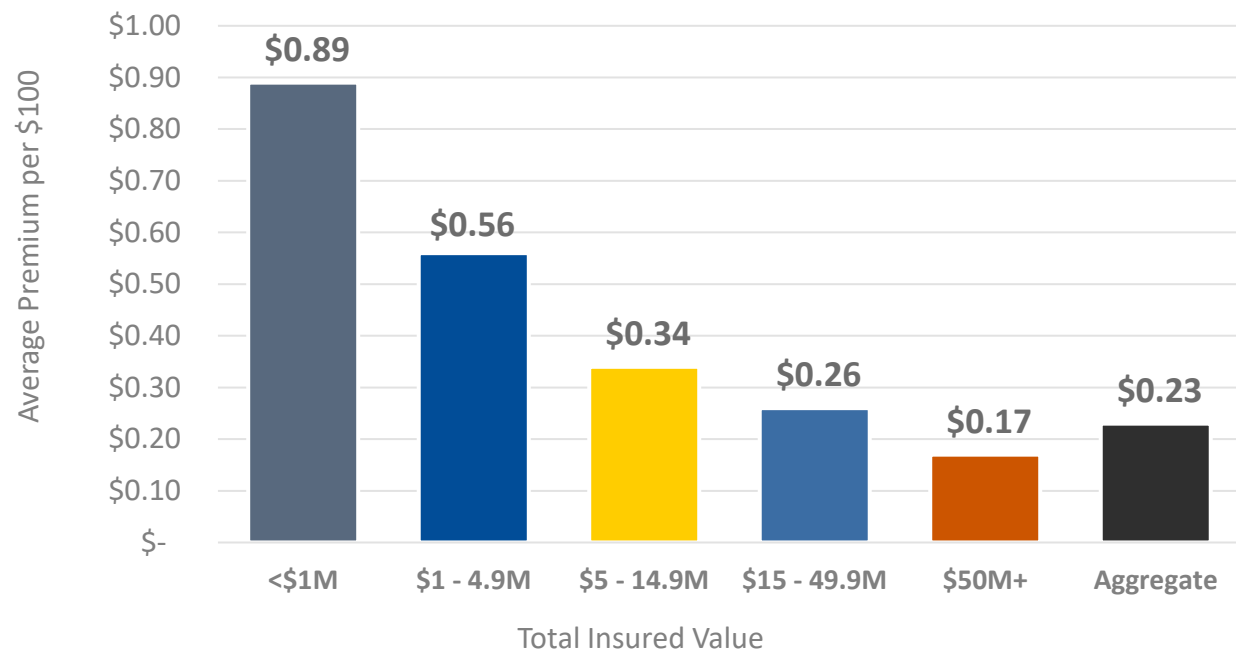
- **25%** have **under \$1M** in insured value
- **23%** fall within **\$1M–\$4.9M**
- **27%** are insured for **\$5M–\$14.9M**
- **18%** carry **\$15M–\$49.9M**
- **7%** insure **\$50M+** in assets

While most organizations maintain modest property values, a significant portion requires **higher coverage** due to larger physical footprints or specialized assets. This distribution reflects the **diverse facility ownership and operational scale** across the sector.

Property Total Insured Value (TIV) Rate per \$100

Data sets were collected from 202 community services organizations.

Average Rate Per \$100 of Total Insured Value



Property insurance rates **decrease as total insured value increases**, reflecting **economies of scale** and improved risk management among larger non-profits.

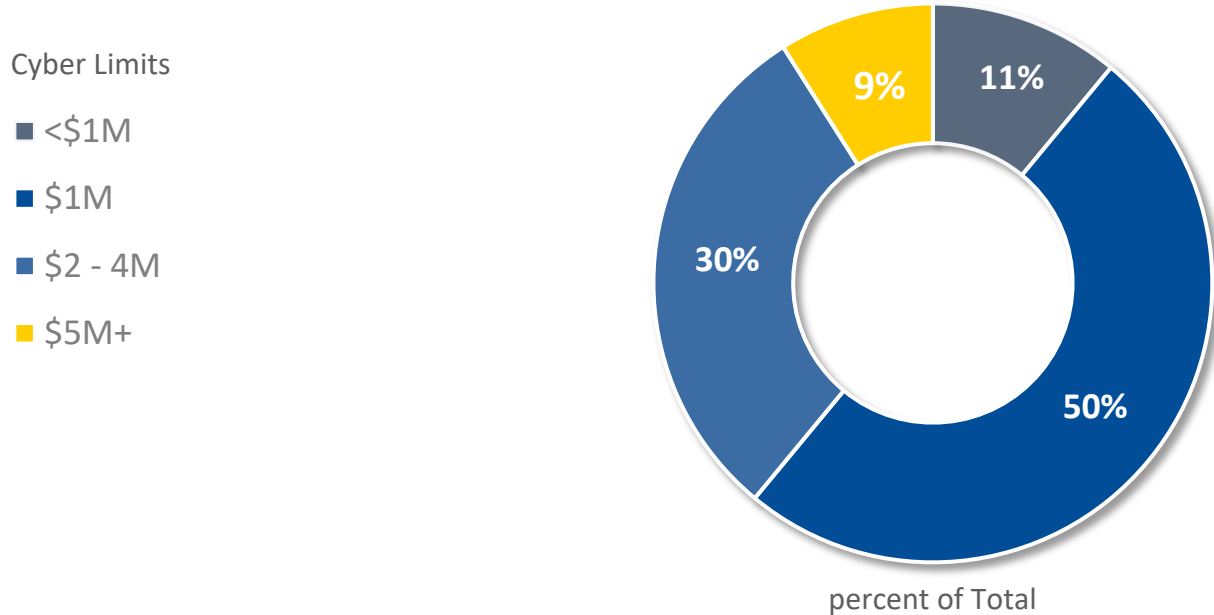
- **<\$1M insured value:** \$0.89 per \$100
- **\$1M–4.9M:** \$0.56
- **\$5M–14.9M:** \$0.34
- **\$15M–49.9M:** \$0.26
- **\$50M+:** \$0.17
- **Aggregate average:** \$0.23 per \$100

This trend confirms that **larger organizations benefit from lower per-unit property insurance costs**, likely due to **broader asset distribution, better controls, and more favorable underwriting terms**.

Cyber Liability

Data sets were collected from 202 community services organizations.

Cyber Liability Coverage Limits



Cyber liability insurance remains essential for community services non-profits as they face increasing digital threats, especially in handling donor data, client records, and online systems.

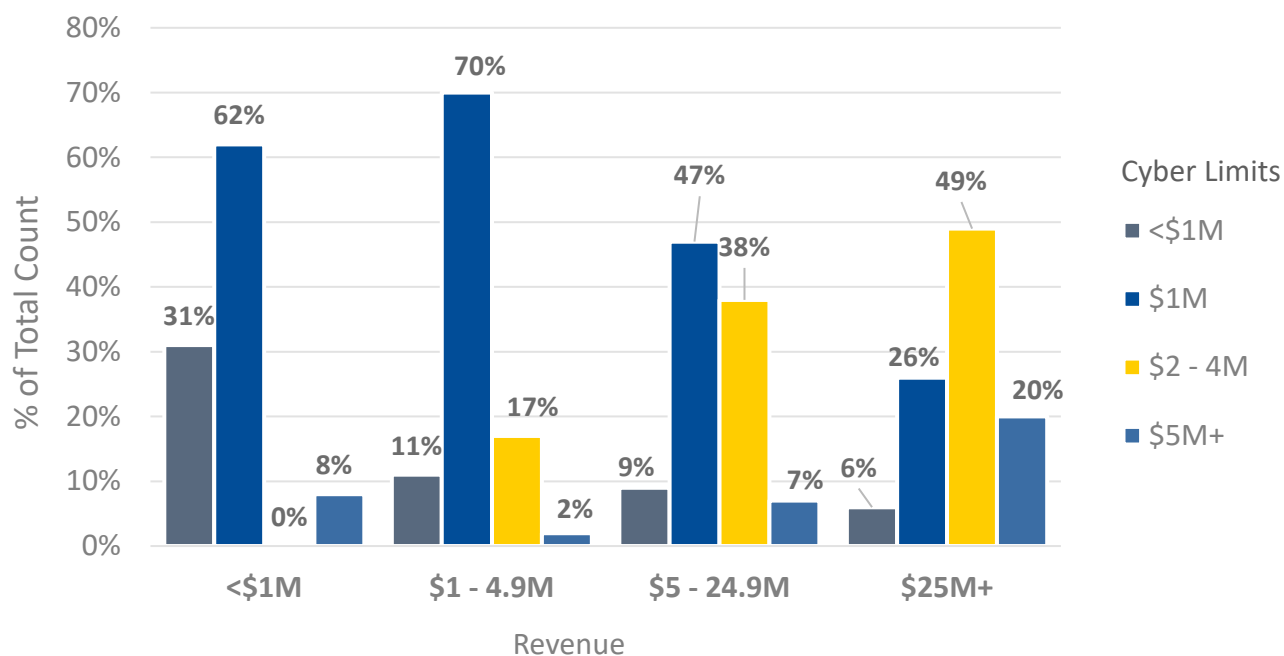
- **50%** of organizations purchase a **\$1M limit**, making it the standard across the sector
- **30%** opt for **\$2M–\$4M**, reflecting growing cyber awareness
- **11%** carry **less than \$1M**
- Only **9%** secure **\$5M+**, indicating limited adoption of high-limit coverage

These results suggest that while most organizations choose **moderate protection**, nearly **40% are securing more than \$1M** as cyber exposures evolve—highlighting a shift toward **stronger digital risk management**.

Cyber Liability by Revenue

Data sets were collected from 202 community services organizations.

Cyber Liability Coverage Limits by Revenue



Cyber coverage varies significantly by non-profit size, with **larger organizations more likely to secure higher limits** as cyber risks increase.

- **<\$1M revenue:** 62% hold **\$1M**; 31% are under \$1M; only 8% exceed \$1M
- **\$1M–4.9M:** 70% carry **\$1M**; 17% select **\$2M–\$4M**; 2% purchase **\$5M+**
- **\$5M–24.9M:** Shift toward higher limits—47% at **\$1M**, 38% at **\$2M–\$4M**, 7% at **\$5M+**
- **\$25M+:** Just 26% carry \$1M; 49% select **\$2M–\$4M**, and 20% carry **\$5M+**

While **\$1M remains the standard**, nearly **70% of the largest non-profits** exceed that amount, signaling a growing recognition of **cyber threats and financial exposure**.

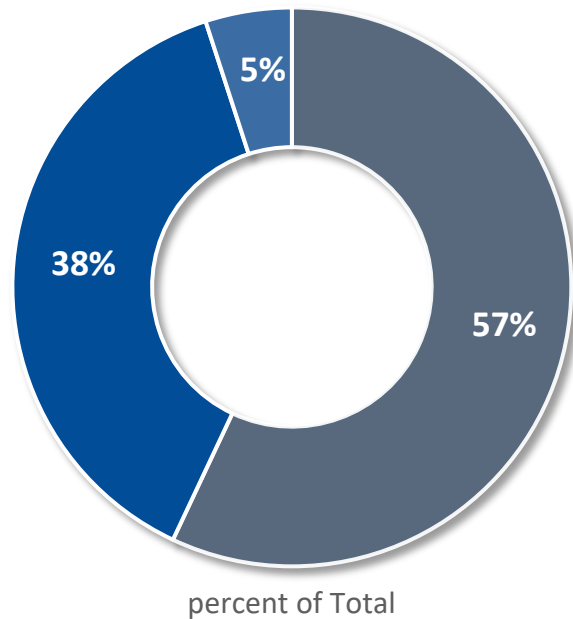
Employee Theft

Data sets were collected from 202 community services organizations.

Employee Theft Coverage Limits

Employee Theft Limits

- ≤\$500k
- \$500k - 1M
- \$2M+



Employee theft insurance helps protect non-profits from losses due to internal fraud, embezzlement, and dishonest acts by staff. Most community services organizations opt for **lower limits**, reflecting a conservative risk posture.

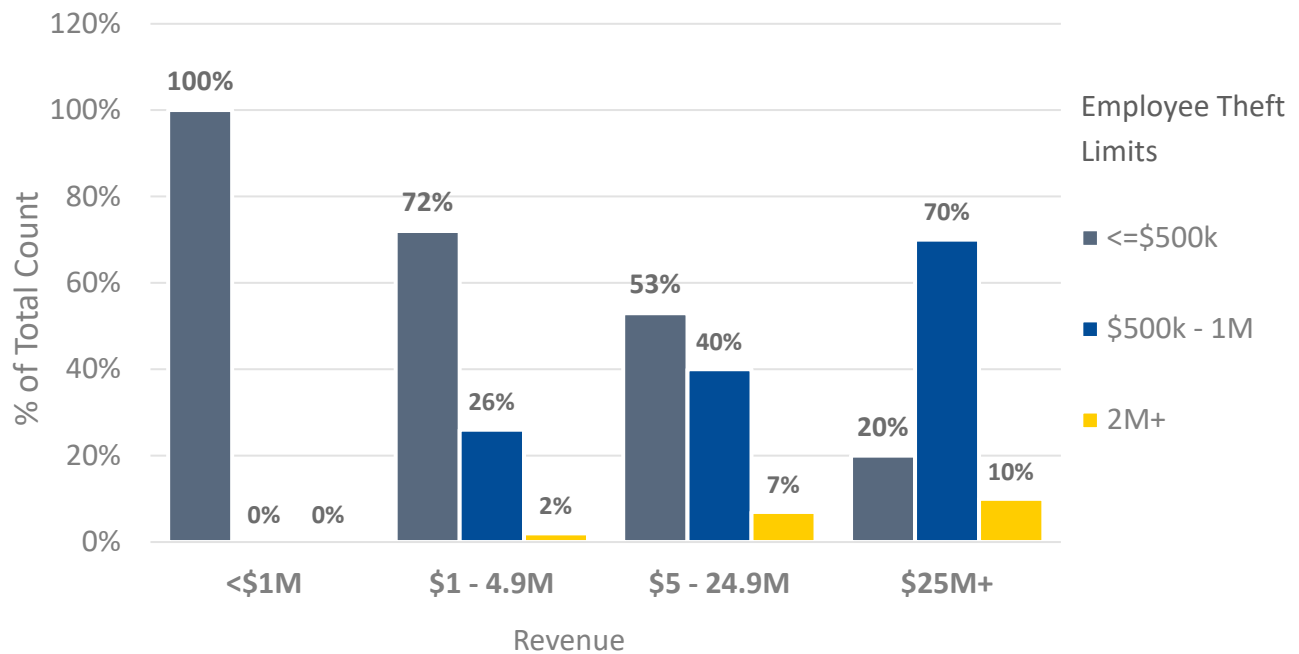
- **57%** carry ≤\$500K in coverage
- **38%** hold \$500K–\$1M
- Only **5%** secure \$2M+, indicating **limited adoption** of high-limit policies

These results suggest that while basic coverage is common, **relatively few organizations invest in higher limits**, even though those handling **significant funds or donor transactions** may face greater internal fraud exposure.

Employee Theft

Data sets were collected from 202 community services organizations.

Employee Theft Coverage Limits by Revenue



Employee theft coverage limits increase with non-profit size, reflecting greater financial exposure.

- **<\$1M revenue:** 100% carry ≤\$500K
- **\$1M-\$4.9M:** 72% stay at ≤\$500K, while 26% opt for \$500K-\$1M
- **\$5M-\$24.9M:** 53% maintain ≤\$500K, but 47% select higher limits
- **\$25M+:** Just 20% carry ≤\$500K; 70% purchase \$500K-\$1M, and 10% carry \$2M+

These results show a clear shift: **larger non-profits invest in higher coverage**, recognizing the need for stronger protection against internal fraud and embezzlement as risk exposure grows.

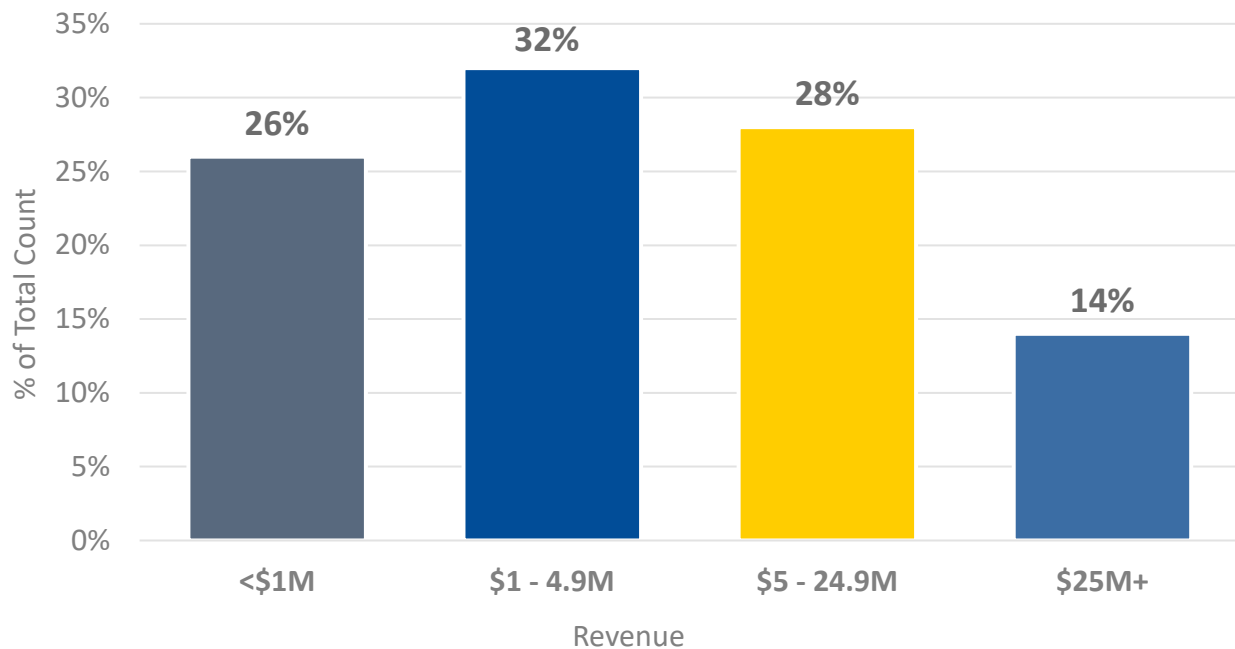
RESULTS

Religious, Social, and
Giving Organizations Data

Business Count by Revenue

Data sets were collected from 152 religious, social, and giving organizations. The organizations represent \$2.4 billion of revenue.

Business Count by Revenue



This non-profit subsegment includes churches, religious orders, scouting programs, and charitable foundations like United Way. The organizations in our report range from small community-based groups to large national or international entities.

Data shows the following **revenue distribution**:

- **\$1M–\$4.9M**: 32% (largest segment)
- **\$5M–\$24.9M**: 28%
- **<\$1M**: 26%
- **\$25M+**: 14%

These findings reveal a strong concentration of **mid-sized non-profits**, while also highlighting the presence of **small grassroots organizations** and a **meaningful portion of larger institutions** with broader operational footprints.

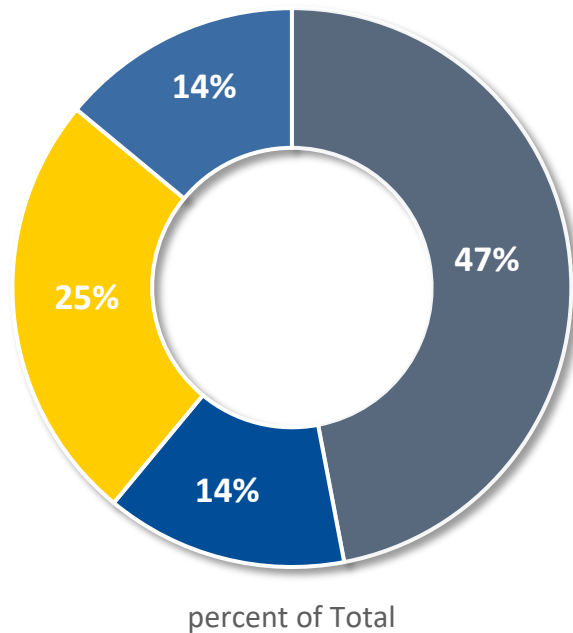
Professional Liability

Data sets were collected from 152 religious, social, and giving organizations.

Professional Liability Coverage Limits

Professional Limits

- \$1M
- \$2M
- \$3M
- \$4M+



Organizations in this group—such as churches, charitable foundations, and social service groups—often employ professionals (e.g., counselors, educators, medical staff) whose work creates **specialized liability exposures** beyond standard general liability.

Data shows:

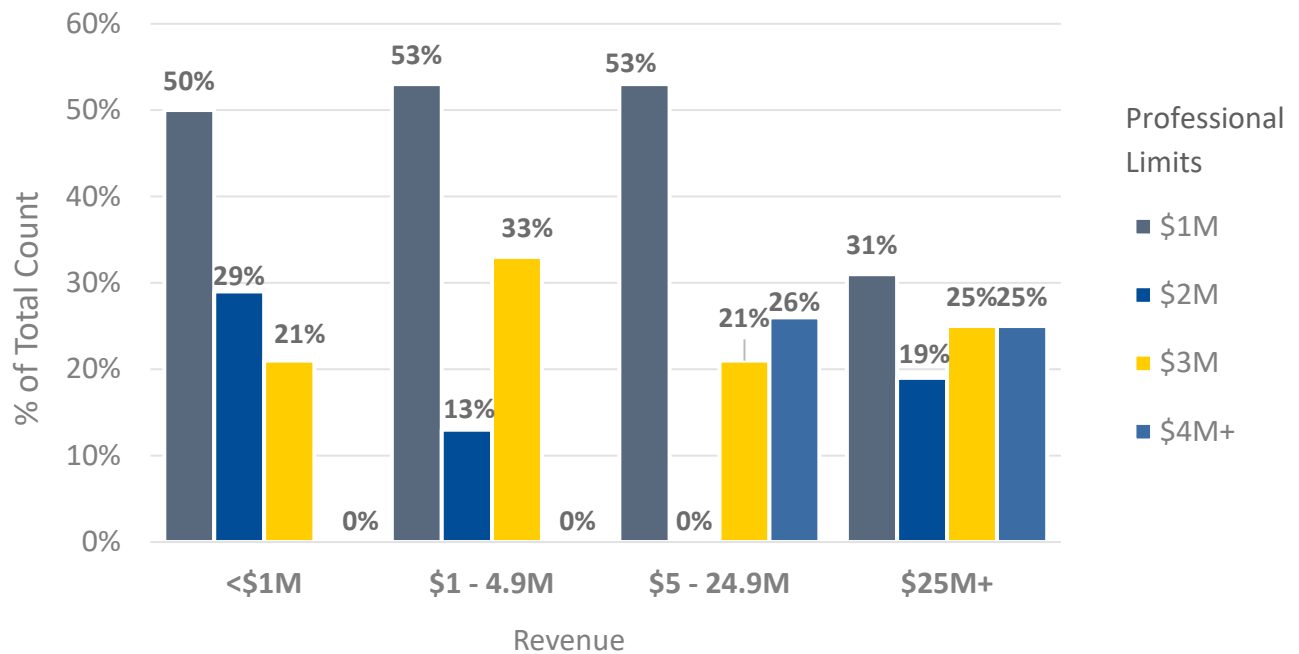
- **47%** carry a **\$1M** professional liability limit
- **14%** opt for **\$2M**
- **25%** select **\$3M**
- **14%** purchase **\$4M+**

While **\$1M** remains the most common, over **50% of organizations** carry **higher limits**, indicating a **growing recognition of professional risk**, particularly among those offering clinical, counseling, or educational services.

Professional Liability Limits by Revenue

Data sets were collected from 152 religious, social, and giving organizations.

Professional Liability Coverage Limits by Revenue



Smaller non-profits mostly maintain **\$1M limits**, while larger ones adopt **higher coverage** as their risk grows.

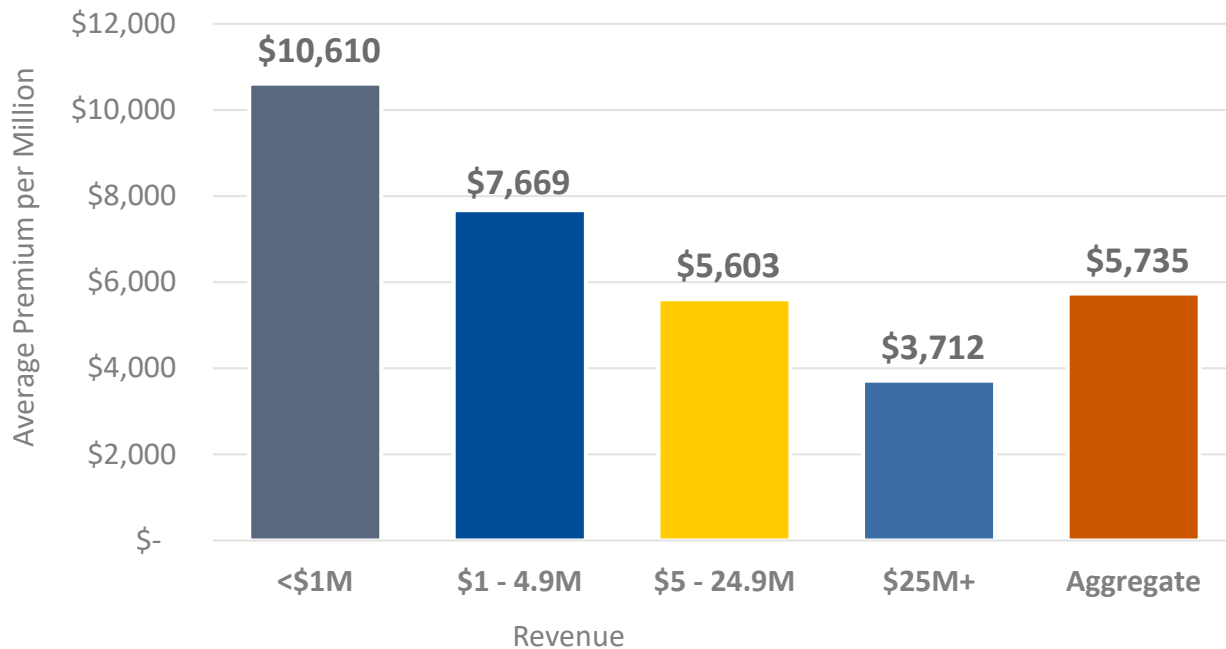
- **<\$1M**: 50% at \$1M, 29% at \$2M, 21% at \$3M
- **\$1M-\$4.9M**: 53% at \$1M, 33% at \$3M
- **\$25M+**: Coverage is relatively evenly split across \$1M-\$4M+

While \$1M remains the most common limit overall, **larger organizations are more likely to diversify**, securing greater protection to reflect expanded services and liability exposure.

Professional Liability Average Premium by Revenue

Data sets were collected from 152 religious, social, and giving organizations.

Professional Liability Premium per \$1M Limit by Revenue



Professional liability costs vary by organization size, reflecting differences in services, risk, and underwriting profiles.

- **<\$1M revenue:** \$10,610 per \$1M
- **\$1M-\$4.9M:** \$7,669
- **\$5M-\$24.9M:** \$5,603
- **\$25M+:** \$3,712
- **Aggregate average:** \$5,735 per \$1M

Premiums generally **decrease with size**, likely due to better risk controls and claims history. While small non-profits pay the most per million, **larger organizations benefit from more favorable pricing**, despite higher exposure levels.

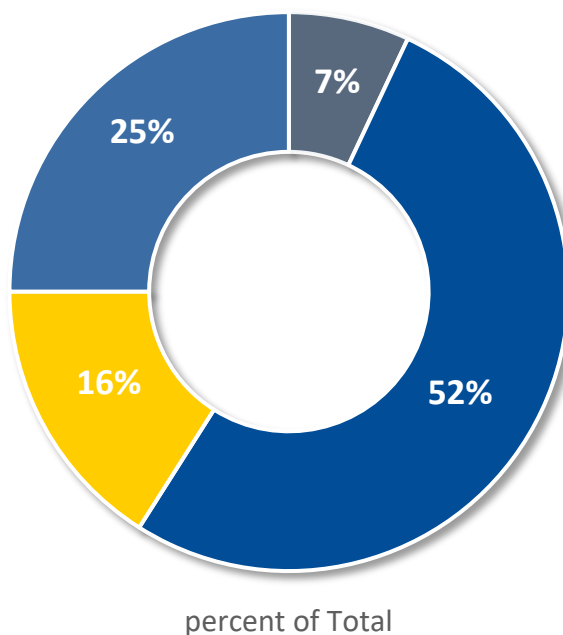
Abuse and Molestation

Data sets were collected from 152 religious, social, and giving organizations.

Abuse and Molestation Aggregate Coverage Limits

Abuse and
Molestation Limits

- <\$1M
- \$1M
- \$2M
- \$3M+



Organizations working with youth, vulnerable populations, or counseling services face elevated exposure to abuse and molestation claims. Coverage is often added as a **professional liability sublimit**, but many non-profits secure **standalone coverage** for broader protection.

Results show:

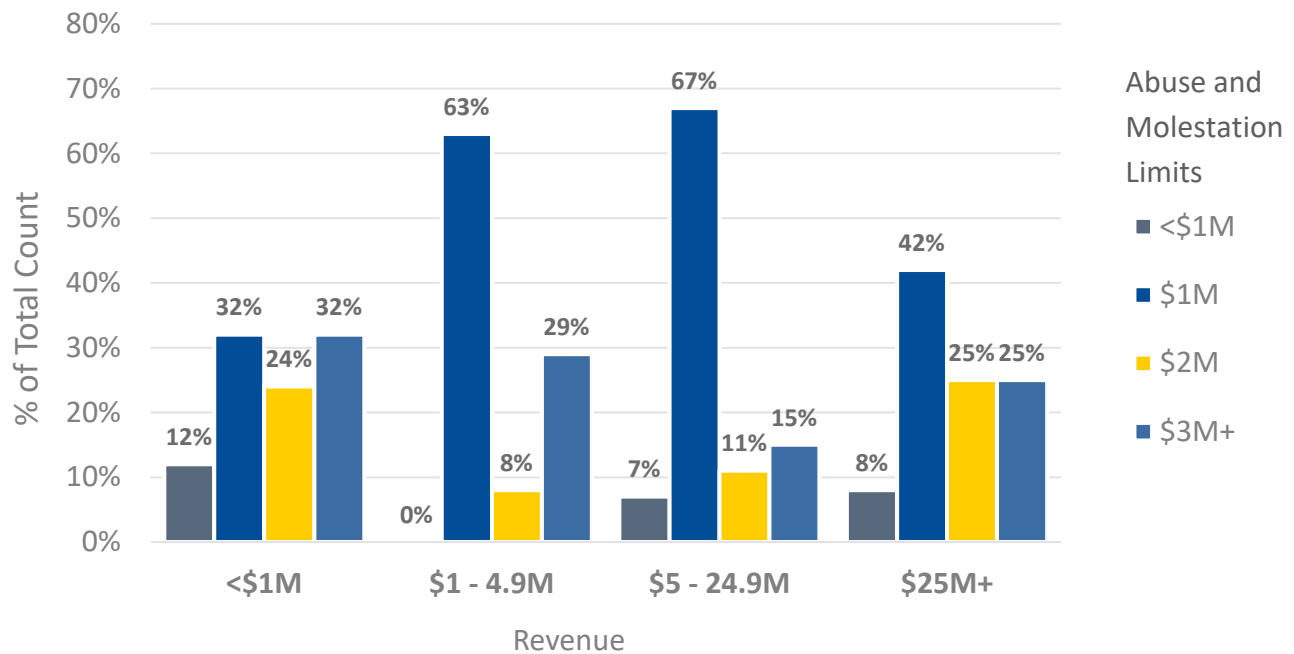
- **52%** carry a **\$1M limit** (most common)
- **25%** secure **\$3M+**, reflecting higher-risk service exposure
- **16%** opt for **\$2M**
- **7%** carry **under \$1M**, likely as a sublimit

These results suggest most non-profits **recognize the need for dedicated protection**, with over 40% opting for **limits above \$1M**, indicating increased awareness of **reputational, legal, and financial risks** tied to abuse-related claims.

Abuse and Molestation

Data sets were collected from 152 religious, social, and giving organizations.

Abuse and Molestation Coverage Limits by Revenue



Religious, social, and giving non-profits show clear patterns in abuse and molestation limits, with **larger organizations more likely to carry higher coverage**.

- **<\$1M**: 32% have **<\$1M**, 39% at **\$1M**, 29% at **\$2M+**
- **\$1M-\$4.9M**: 63% hold **\$1M**, 13% each opt for **\$2M** and **\$3M+**
- **\$25M+**: 42% at **\$1M**, 25% each at **\$2M** and **\$3M+**

Takeaway: While **\$1M** remains standard, larger non-profits diversify limits for better protection.

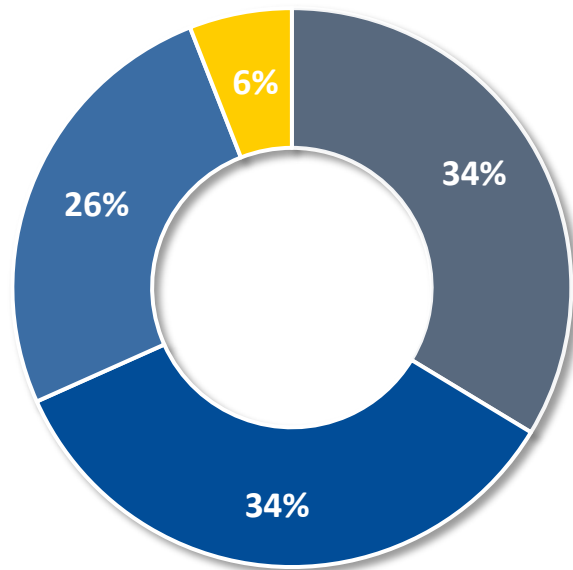
Directors and Officers (D&O)

Data sets were collected from 152 religious, social, and giving organizations.

D&O Coverage Limits

D&O Limits

- \$1M
- \$2 - 4M
- \$5 - 9M
- \$10M+



percent of Total

Most organizations maintain conservative D&O coverage, though some increase limits as risk grows:

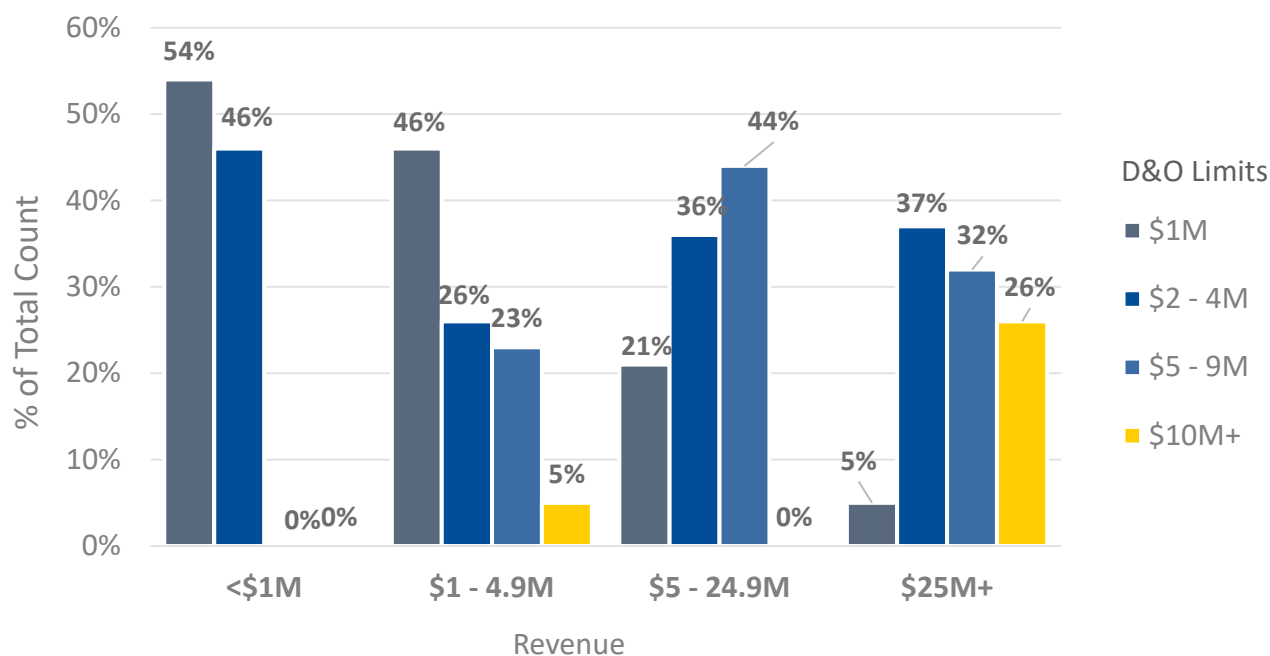
- **\$1M is the most common limit (34%)**
- **34%** opt for \$2M–\$4M
- **26%** carry \$5M–\$9M
- **6%** purchase \$10M+

These patterns show that while \$1M remains the norm, nearly two-thirds of organizations carry \$2M or more, particularly those with greater exposure or fiduciary complexity.

Directors and Officers (D&O) Limits by Revenue

Data sets were collected from 152 religious, social, and giving organizations.

D&O Coverage Limits by Revenue



As organization size grows, so does the need for higher D&O limits to protect against governance risks:

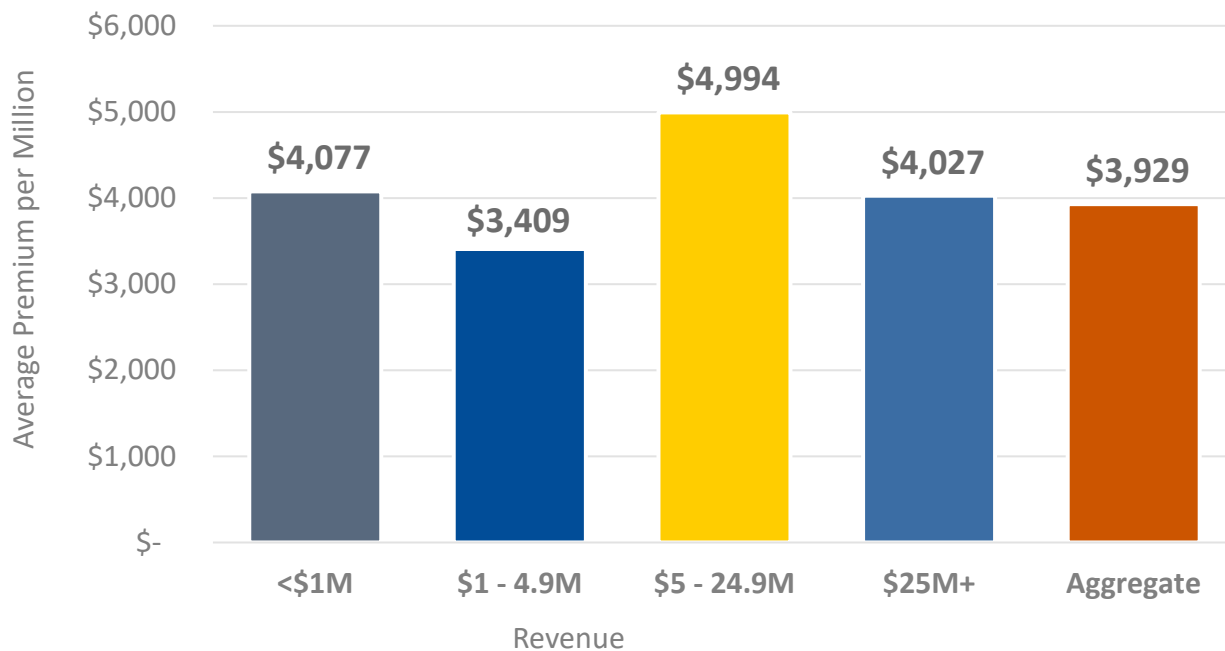
- **Smaller non-profits** select \$1M limits (54%), with the most opting for \$2M–\$4M coverage.
- **Mid-sized organizations** (\$1M–\$4.9M) show diversification, with 54% selecting above \$1M.
- **Larger non-profits** (\$25M+) demonstrate a clear shift, with 58% carrying \$5M+ limits—including 26% with \$10M+.

These patterns reflect the increasing governance complexity and exposure at higher revenue levels.

Directors and Officers (D&O) Premium by Revenue

Data sets were collected from 152 religious, social, and giving organizations.

D&O Premium per \$1M Limit by Revenue



The cost of directors and officers (D&O) liability insurance rises with organizational size, reflecting greater governance complexity and litigation exposure.

- **Smaller non-profits (<\$1M revenue)** average \$4,077 per \$1M in coverage.
- **Mid-sized (\$1M–\$4.9M)** pay \$3,409, while
- **Larger organizations (\$5M–\$24.9M)** pay \$4,994 per \$1M.
- **The largest (\$25M+)** average \$4,027 per \$1M.
- **Overall aggregate:** \$3,929 per \$1M.

These results highlight how risk exposure and policy complexity drive premium variation across non-profit segments.

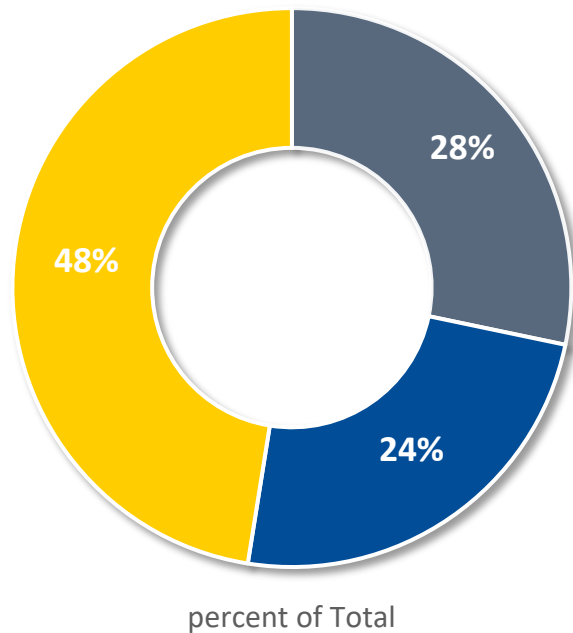
General Liability

Data sets were collected from 152 religious, social, and giving organizations.

General Liability Coverage Limits

General Liability Limits

- \$1M
- \$2M
- \$3M+



General liability insurance is foundational for these organizations, offering protection against bodily injury, property damage, and legal claims.

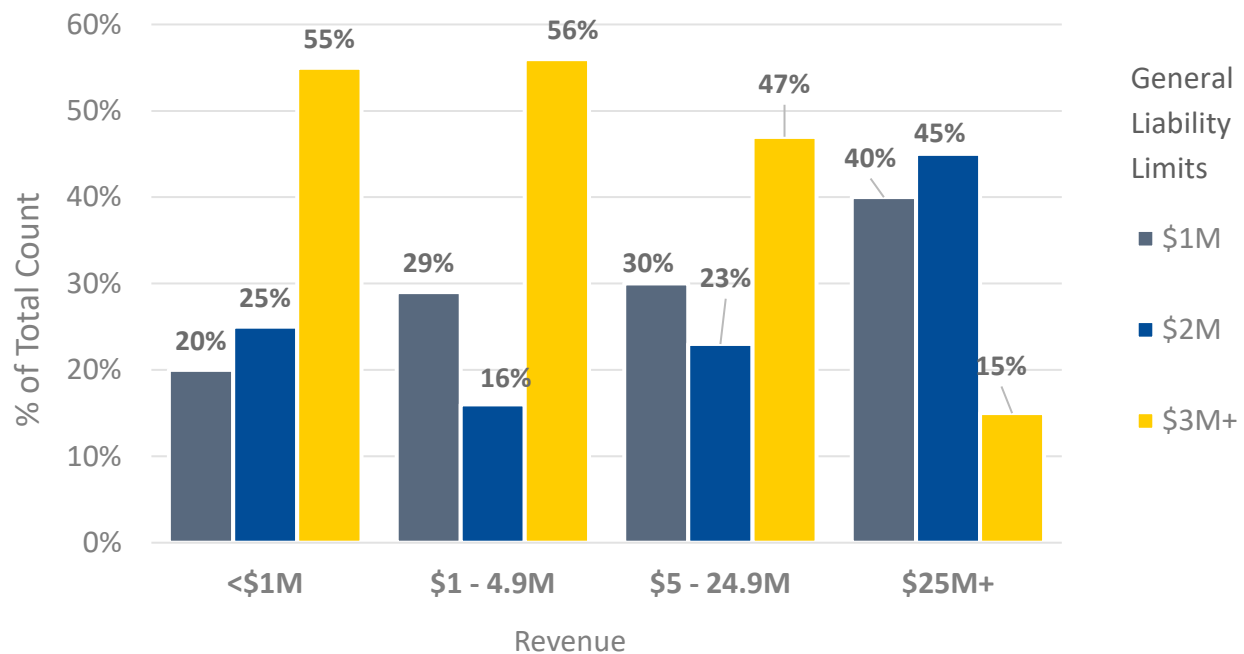
- **Coverage Limits:**
 - 48% of organizations purchase \$3M+ in coverage
 - 28% carry \$1M
 - 24% select \$2M
- **Key Insight:**

While \$1M remains a common benchmark, nearly half of respondents now secure \$3M+ in limits, signaling a growing awareness of liability risks tied to expanded services and outreach. Larger non-profits are more likely to adopt these higher limits to reflect increased operational exposure.

General Liability by Revenue

Data sets were collected from 152 religious, social, and giving organizations.

General Liability Coverage Limits by Revenue



General liability limits vary slightly with size, but \$1M remains the dominant coverage level across all religious, social, and giving organizations.

- **Smaller non-profits (<\$1M):** 20% hold \$1M in coverage, with 25% opting for \$2M and 55% choosing \$3M+.
- **Mid-sized (\$1M–\$4.9M):** 29% carry \$1M, while 16% select \$2M and 56% secure \$3M+.
- **Larger non-profits (\$25M+):** While \$1M remains common, higher limits are more likely, with up to 60% choosing \$2M or \$3M+.

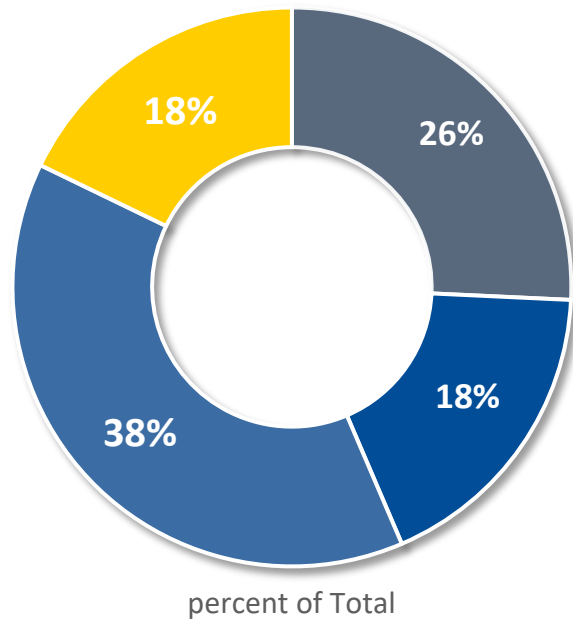
Excess Liability

Data sets were collected from 152 religious, social, and giving organizations.

Excess Liability Coverage Limits

Excess Limits

- \$1 - 2M
- \$3 - 4M
- \$5 - 9M
- \$10M+



Excess liability insurance offers critical financial protection beyond standard liability limits, helping non-profits guard against catastrophic losses.

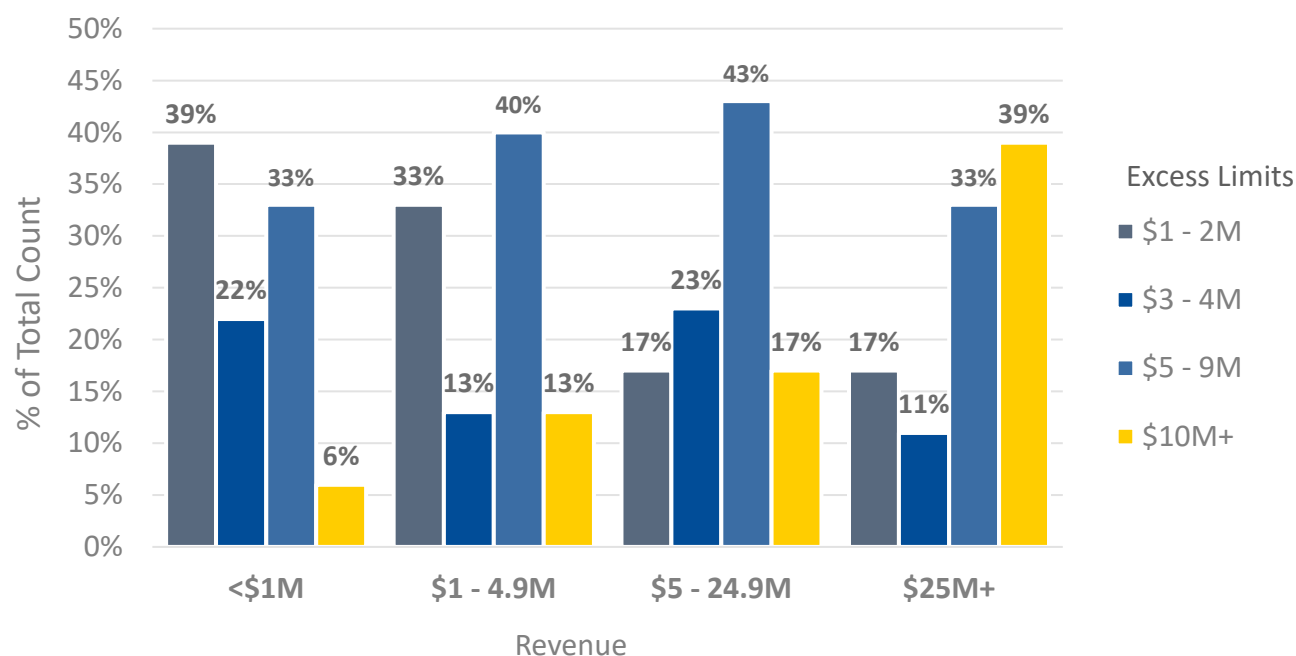
- 26% of organizations carry \$1M–\$2M in excess coverage, the most common selection.
- 56% secure \$5M or more in limits, with 18% carrying \$10M+—highlighting growing risk awareness.
- Mid-range coverage (\$3M–\$4M) is selected by 18%, showing moderate exposure preparation.

These results indicate that while \$1M remains common, nearly 75% of organizations opt for elevated limits, reflecting a strategic approach to high-severity liability risks.

Excess Liability by Revenue

Data sets were collected from 152 religious, social, and giving organizations.

Excess Liability Coverage Limits by Revenue



Excess liability coverage increases with non-profit size, reflecting growing financial exposure.

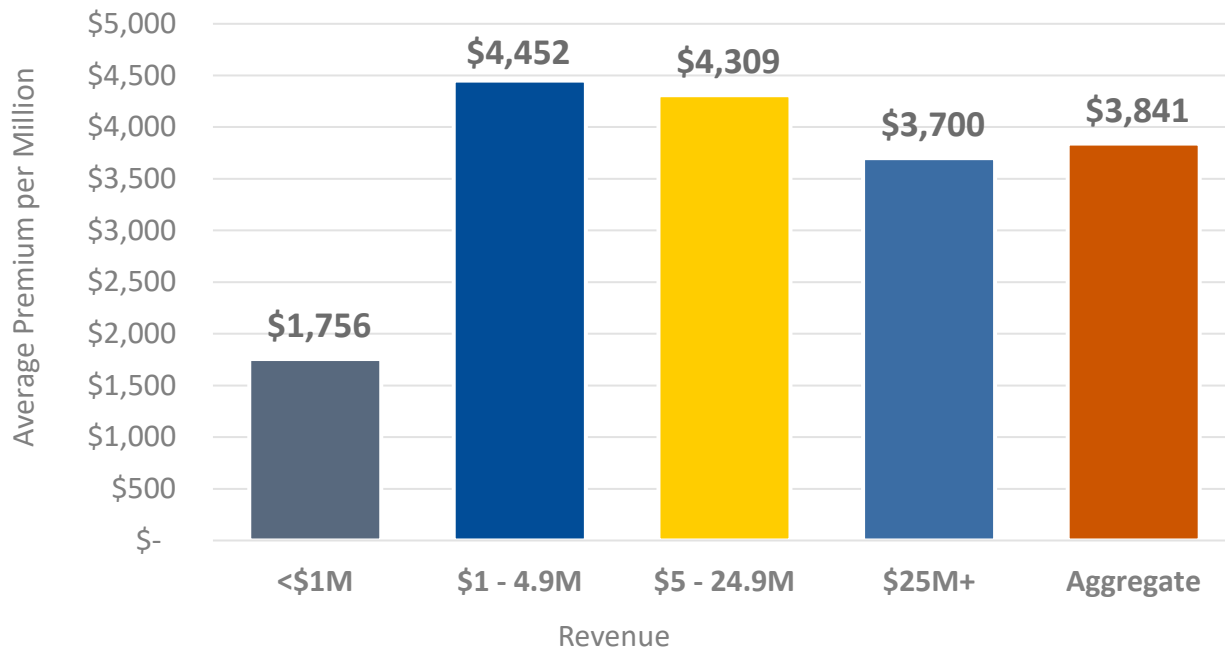
- **Smaller organizations (<\$1M revenue):** Most (88%) carry \$1M–\$2M in coverage; very few exceed \$5M.
- **Mid-sized (\$1M–\$4.9M):** Limits diversify—33% carry \$5M–\$9M and 13% purchase \$10M+.
- **Larger organizations (\$5M–\$24.9M):** Nearly half carry \$5M+ limits, showing increased risk awareness.
- **Largest (\$25M+):** A dramatic shift—50% now carry \$10M+ coverage.

These findings underscore a clear trend: as non-profits grow, they increasingly secure higher excess limits to protect against catastrophic loss scenarios.

Excess Liability Average Premium by Revenue

Data sets were collected from 152 religious, social, and giving organizations.

Excess Liability Premium per \$1M Limit by Revenue



Key Insights:

- Excess liability costs increase with organization size due to higher exposure and underlying premiums.
- Higher limits typically result in *lower per-million costs* on upper coverage layers due to reduced payout likelihood.

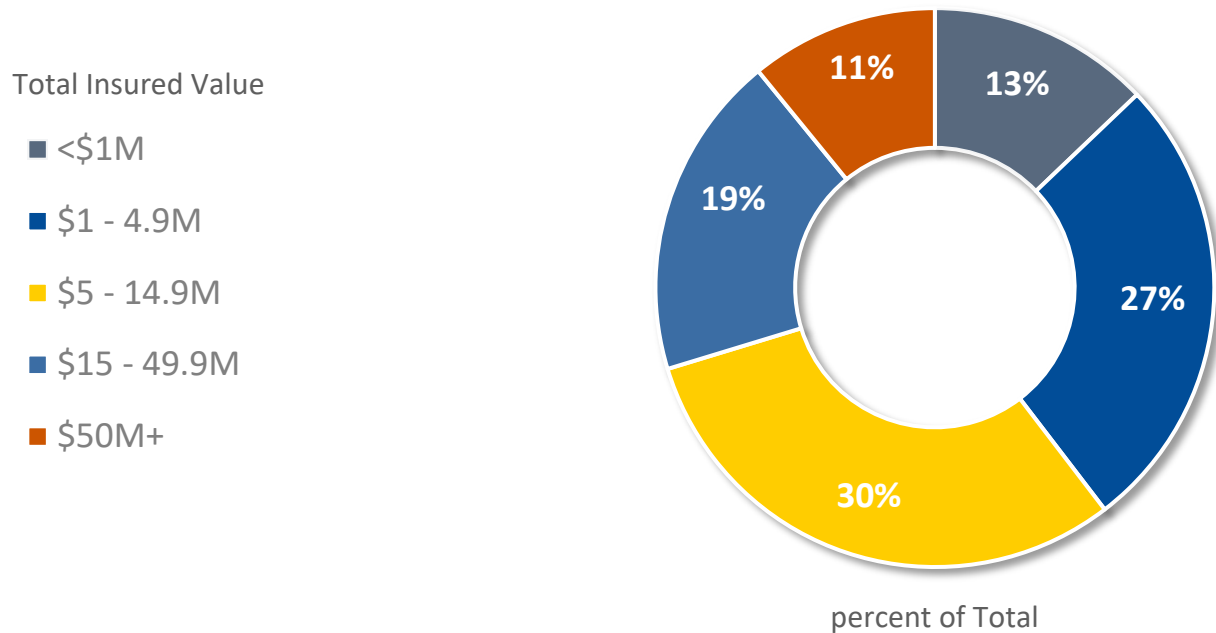
Interpretation:

- Smaller non-profits pay less overall but may carry limited coverage.
- Mid-sized non-profits face higher costs, possibly due to broader risk and fewer discounts.
- Larger organizations benefit from scale and refined risk management, reducing per-million costs despite broader exposure.

Property Total Insured Value (TIV)

Data sets were collected from 152 religious, social, and giving organizations.

Total Insured Value Breakdown by Business Count



The breadth of religious, social, and giving organizations creates unique challenges in assessing property insurance needs. Smaller service-based non-profits often require minimal coverage, while others—such as housing providers or religious institutions—may need high-value, specialized protection for facilities like churches or shelters. These variations are reflected in the total insured values reported.

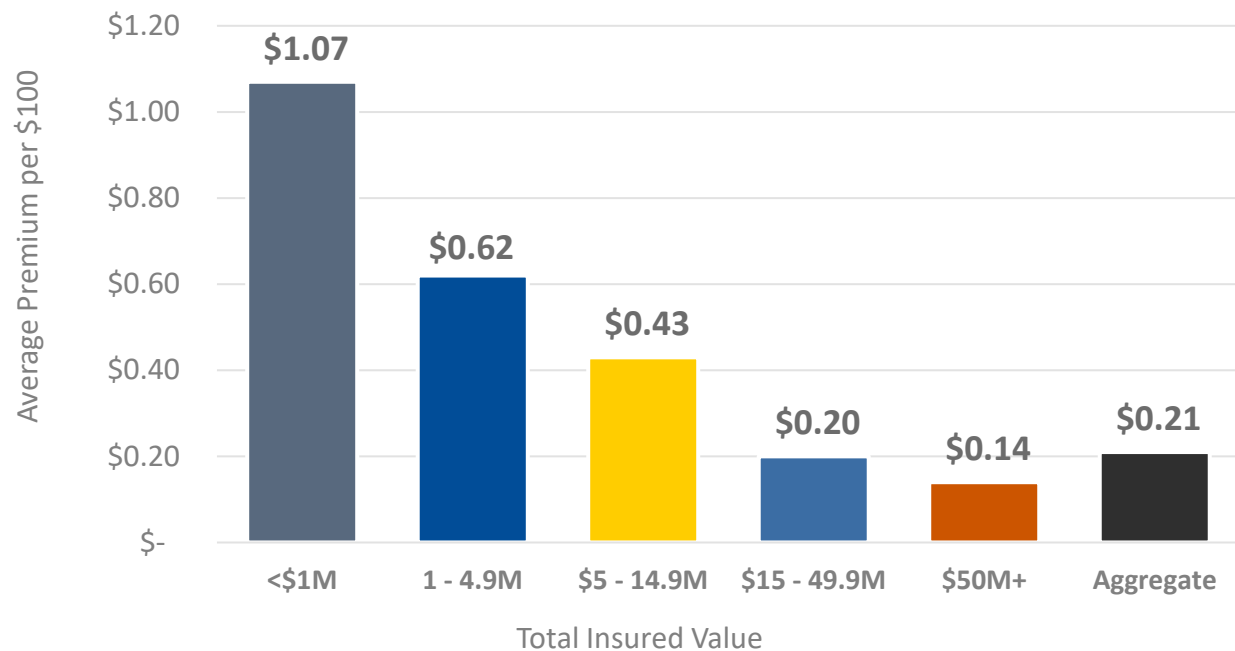
The report data shows 30% of organizations fall within the \$5M-\$14.9M insured value range—the most common level. Another 13% report values under \$1M, while 19% hold \$15M-\$49.9M in coverage.

These findings highlight the sector’s wide-ranging property needs, from modest coverage for consulting-focused groups to large-scale protection for high-value properties.

Property Total Insured Value (TIV) Rate per \$100

Data sets were collected from 152 religious, social, and giving organizations.

Average Rate Per \$100 of Total Insured Value



The cost of property insurance per \$100 of total insured value (TIV) varies by organization size, with larger non-profits benefiting from lower rates due to economies of scale and stronger risk management.

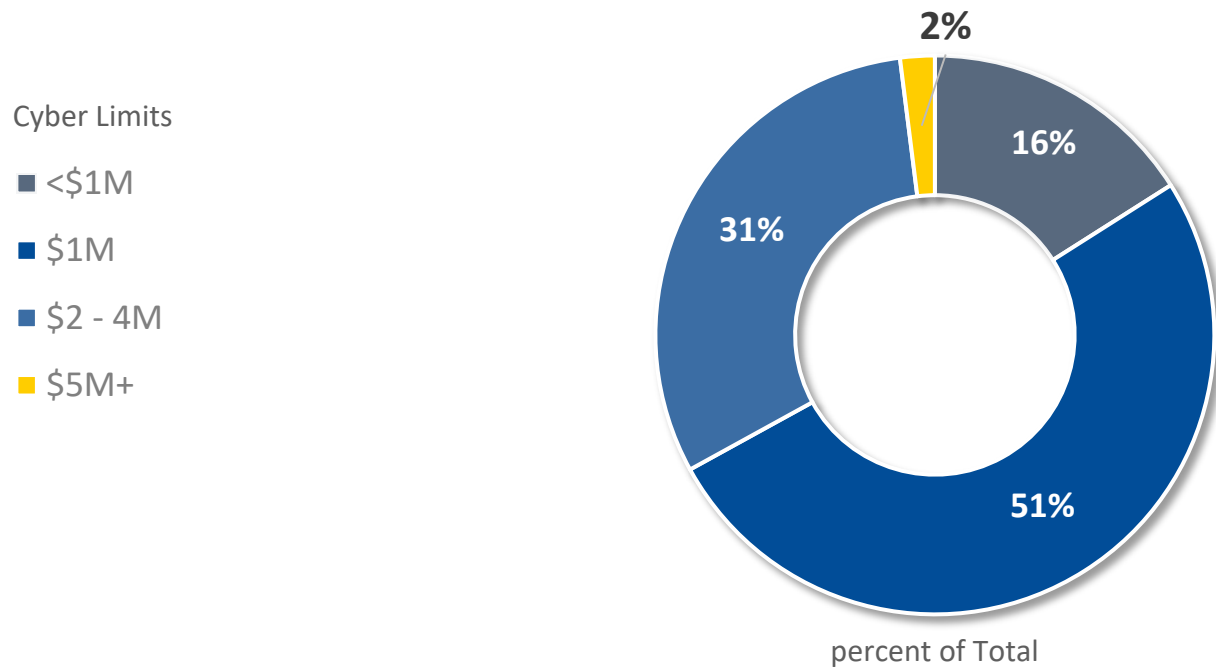
Small non-profits (<\$1M TIV) pay the most, averaging \$1.07 per \$100. Rates decline with size: \$0.62 for \$1M–\$4.9M, \$0.43 for \$5M–\$14.9M, and \$0.20 for \$15M–\$49.9M. The lowest cost, \$0.14 per \$100, is seen in the \$50M+ category, where risks are spread across higher asset values.

On an aggregate basis, the average cost is \$0.21 per \$100, underscoring how larger organizations achieve better pricing, while smaller ones face higher per-dollar premiums.

Cyber Liability

Data sets were collected from 152 religious, social, and giving organizations.

Cyber Liability Coverage Limits



Cyber liability insurance (also called privacy coverage) protects non-profits from digital risks such as data breaches, cyberattacks, and information theft. These organizations handle sensitive donor and client data, making cyber protection a crucial part of their risk management strategy. While some general liability policies offer limited cyber enhancements, standalone cyber policies remain the most reliable solution.

Results show:

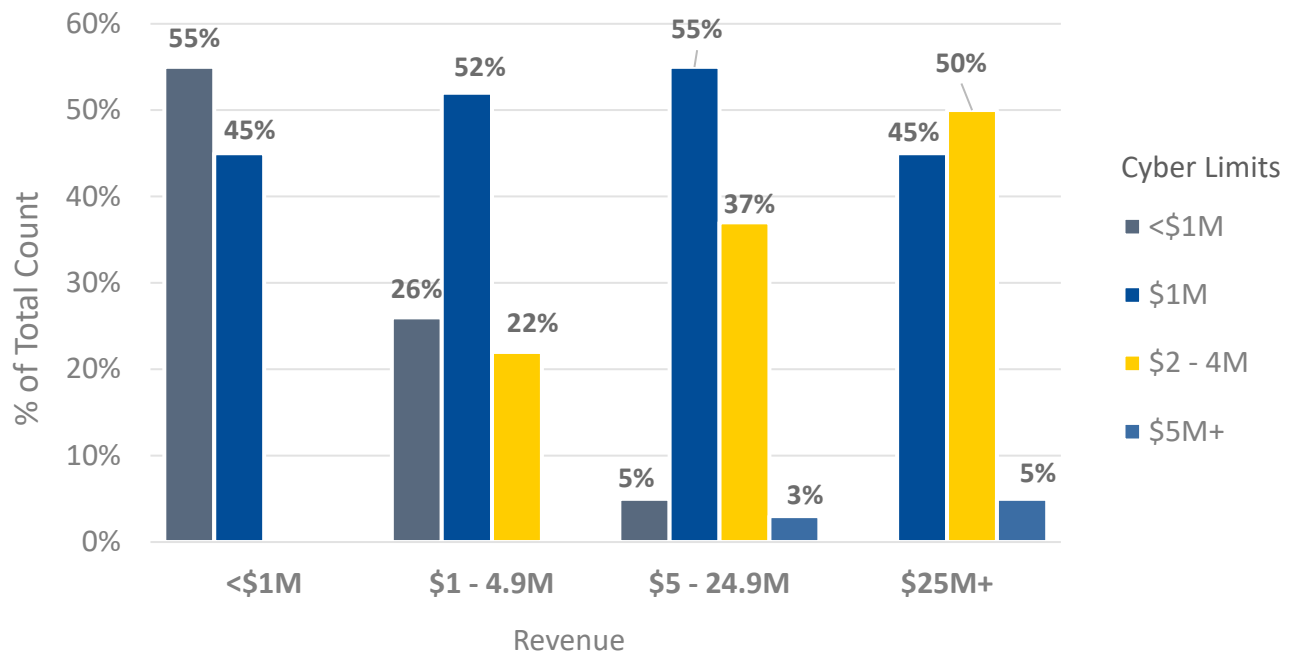
- **51%** of organizations carry a **\$1M** limit — the most common.
- **31%** maintain **\$2M–\$4M** in coverage.
- **16%** have **less than \$1M**, often as a sublimit on another policy.
- Only **2%** purchase **\$5M+**, indicating high-limit cyber policies are still rare.

These findings reflect a sector-wide standardization at the \$1M level but also growing recognition of elevated cyber risks — especially among data-heavy or digitally active non-profits. As threats evolve, more organizations are expected to adopt higher limits to ensure financial resilience.

Cyber Liability by Revenue

Data sets were collected from 152 religious, social, and giving organizations.

Cyber Liability Coverage Limits by Revenue



Cyber insurance protects non-profits from data breaches and digital threats—risks not typically covered by general liability policies. For religious, social, and giving organizations that manage donor and client information, this coverage is essential.

- **Smaller non-profits (<\$1M)** primarily hold limits under \$1M, with 55% falling below the standard benchmark.
- **Mid-sized organizations (\$1M-\$4.9M)** are more likely to increase protection, with 52% carrying \$1M and 22% opting for \$2M-\$4M.
- **Larger non-profits (\$5M-\$24.9M)** show increased awareness, with 55% at \$1M, 37% at \$2M-\$4M, and 3% securing \$5M+.
- **Largest organizations (\$25M+)** shift toward higher limits, with only 45% at \$1M, while 50% carry \$2M-\$4M and 5% exceed \$5M.

These results reflect a clear trend: as organizations grow, so does their investment in cyber liability coverage—driven by rising exposure and regulatory expectations.

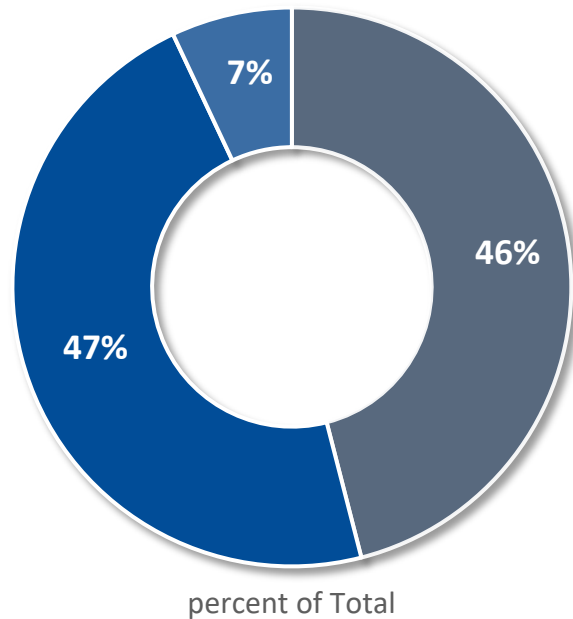
Employee Theft

Data sets were collected from 152 religious, social, and giving organizations.

Employee Theft Coverage Limits

Employee Theft Limits

- ≤\$500k
- \$500k - 1M
- \$2M+



Abuse and molestation insurance remains a critical safeguard for religious, social, and giving organizations—particularly those engaging with youth or vulnerable populations. While this coverage is sometimes embedded as a sublimit within professional liability policies, many organizations secure dedicated limits to ensure broader protection.

Data:

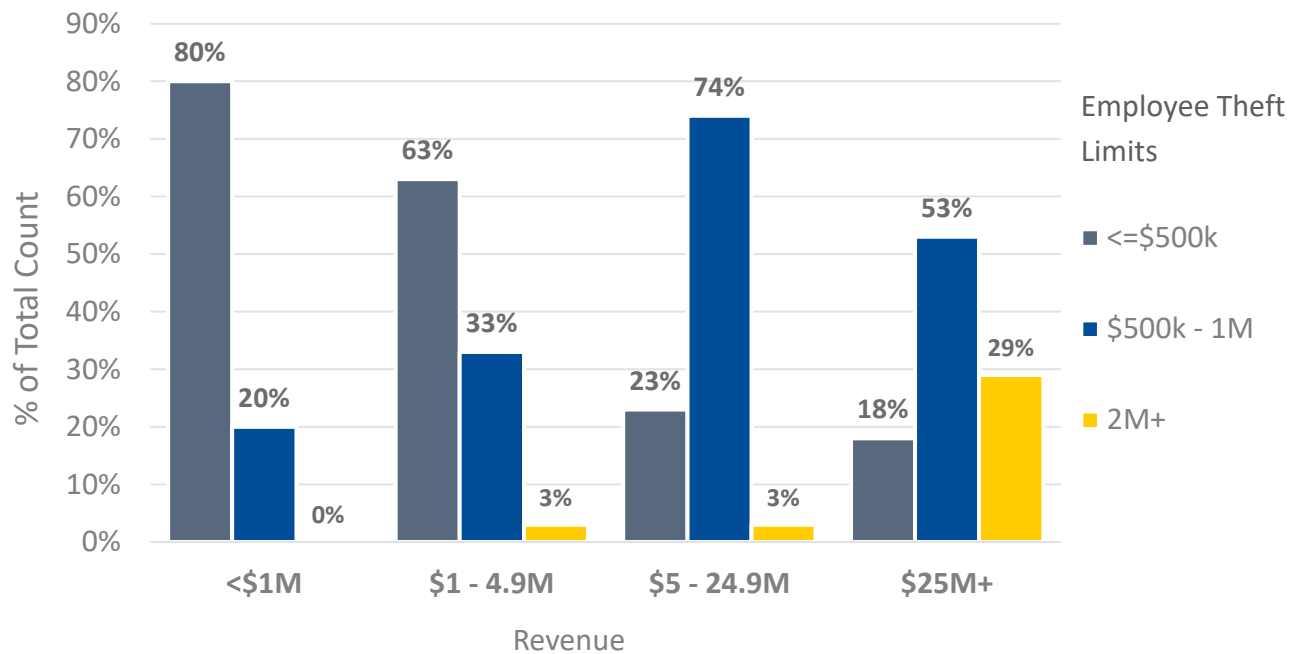
- **46%** of organizations carry **\$500K or less** in coverage
- **47%** opt for **\$500K-\$1M**, now the most common selection
- Only **7%** secure **\$2M+**, indicating higher limits remain rare

These findings suggest that while nearly all organizations maintain some level of protection, the vast majority still favor conservative limits—balancing budget constraints with the need to address reputational and financial risks related to abuse or misconduct claims.

Employee Theft

Data sets were collected from 152 religious, social, and giving organizations.

Employee Theft Coverage Limits by Revenue



Coverage levels increase with organization size as risk exposure grows:

- <\$1M revenue: 80% carry ≤\$500K; 20% opt for \$500K–\$1M
- \$1M–\$4.9M: 63% carry ≤\$500K; 33% have \$500K–\$1M; 3% \$2M+
- \$5M–\$24.9M: 74% choose \$500K–\$1M; 3% carry \$2M+
- \$25M+: 53% carry \$500K–\$1M; 29% opt for \$2M+

Summary:

Smaller non-profits overwhelmingly stay under \$1M. Larger ones—especially those with \$25M+ revenue—are more likely to adopt higher limits.

EMPLOYEE BENEFITS

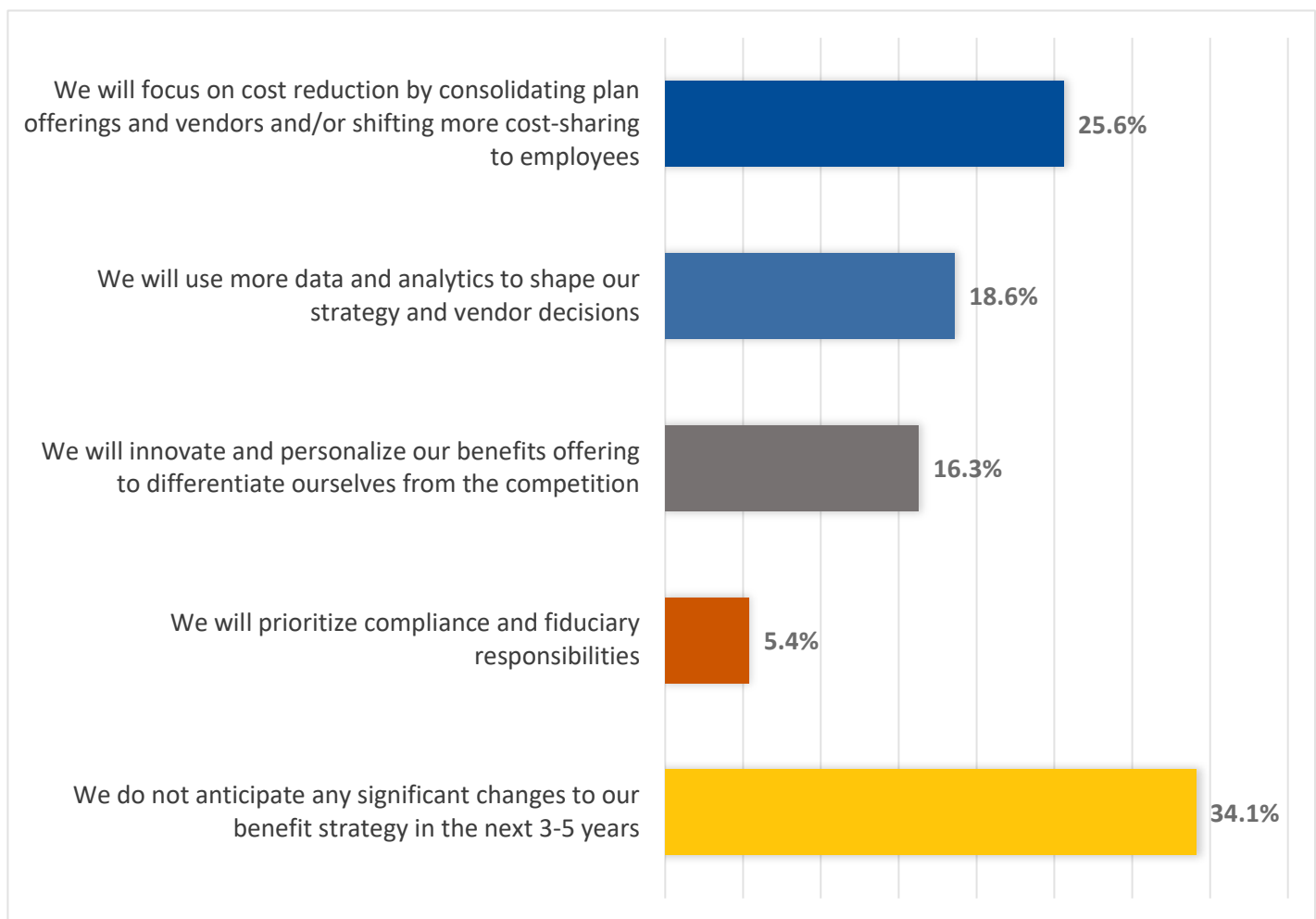
Non-Profit

What Employers Are Watching in EB

As the employee benefits landscape grows more intricate, employers are under constant pressure to manage rising costs, ensure compliance, and meet the evolving expectations of a diverse workforce. With a seemingly endless array of strategies, technologies, vendors, and plan designs to consider, making the right decisions can feel overwhelming. Amid this complexity, many employers are stepping back to take a more strategic, forward-looking approach.

We conducted a survey to capture employer perspectives on the evolving employee benefits space. The results are summarized below

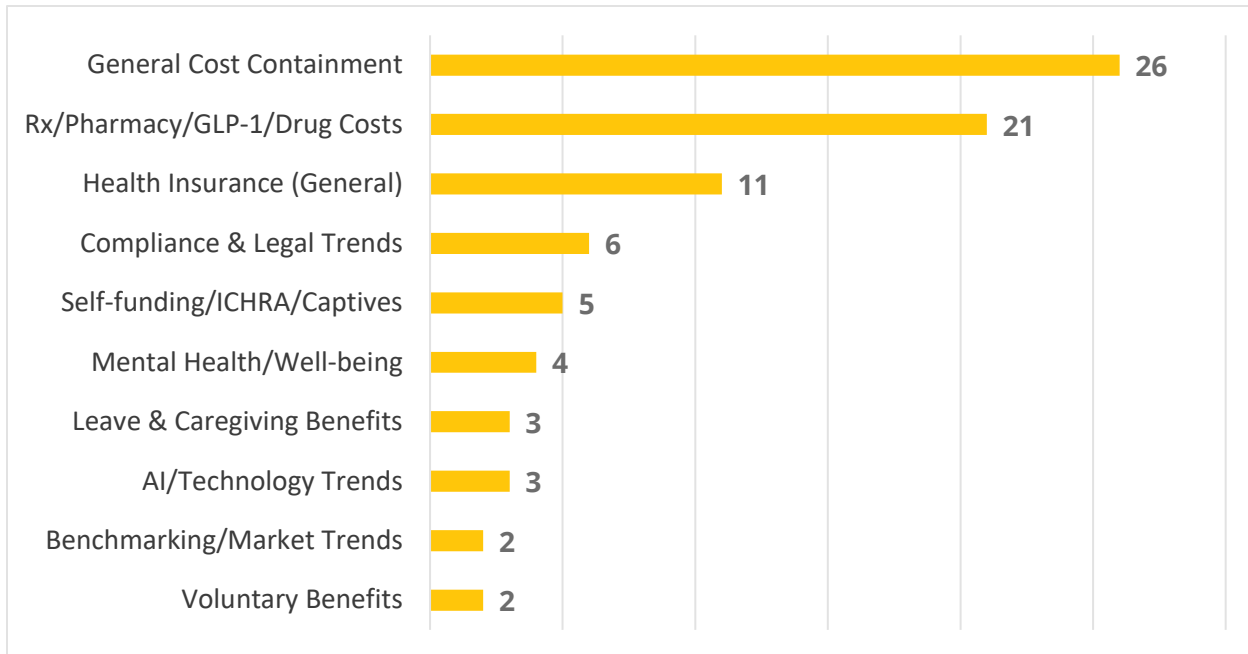
How do you see your employee benefits strategy evolving over the next 3-5 years?



**Results based on 129 employer respondents.*

What Trends in Employee Benefits Are You Monitoring Most Closely? (Open-Ended Question)

Responses were normalized and categorized into common themes to identify the most frequently mentioned trends across open-ended employer feedback.



Response Highlights

"We are looking at the cost as well as encouraging our employees to utilize generic prescription drugs."

"Health insurance premiums. The costs are staggering."

"Pharmacy management—GLP medications—claims that hit the stop loss limit."

"What changes in health, mental health, and caregiving are going on."

"Compliance, with ever changing federal and state regulations."

"I am still new to this role and learning what trends I should be monitoring the most."

"We are looking at the needs of our employees and what direction prices are going in to make a decision that works best for us."

Key Findings

Employers are facing a benefits landscape marked by increasing complexity, rising costs, and evolving employee expectations. Across both questions — what trends they're monitoring and how they see their benefits strategy evolving — **cost containment emerged as the dominant theme for employers**, particularly related to health insurance premiums and pharmacy spend. High-cost therapies such as GLP-1 medications were frequently cited, alongside concerns about out-of-pocket costs, plan design, and stop-loss claims. Some employers are actively exploring strategies such as self-funding, ICHRA models, and reference-based pricing to manage financial risk. Meanwhile, a smaller but notable number are paying close attention to compliance with federal and state regulations, signaling ongoing concern over the administrative and legal complexity of benefits programs.

Beyond cost, several employers are looking ahead and prioritizing **more flexible, personalized benefits**, a theme reflected in both the open-ended comments and the multiple-choice responses. Mental health, caregiving support, and voluntary benefits were highlighted as areas of growing interest. Others mentioned the potential role of **AI and technology** in shaping future strategy, especially in relation to plan management, employee experience, and internal consulting capabilities.

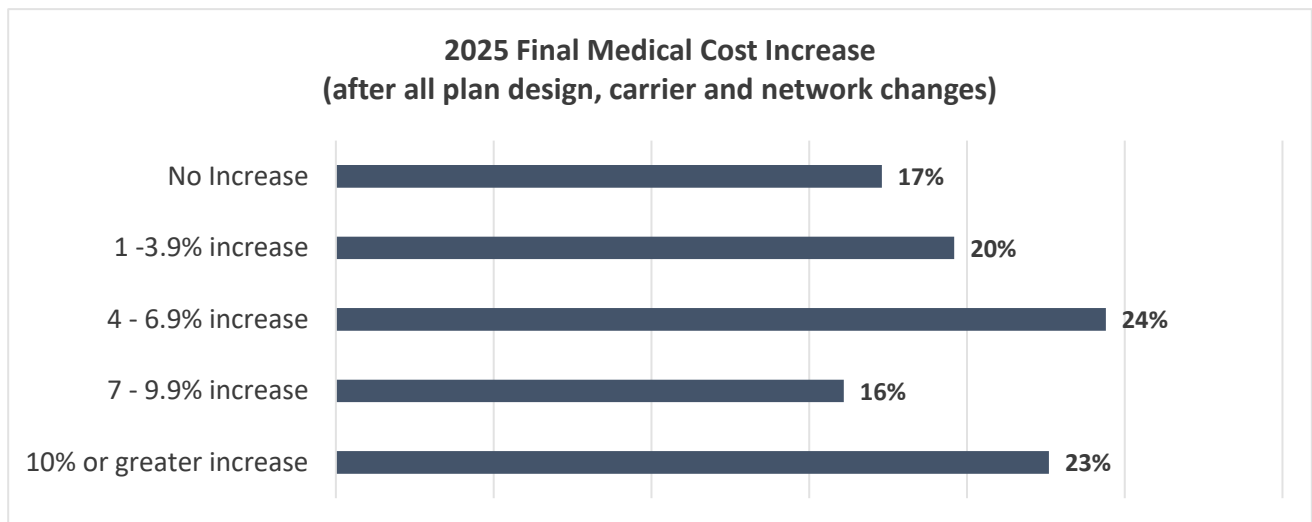
Key Takeaways for Employers:

- **Prioritize cost transparency and control**, especially around Rx spend, high claims, and specialty medications.
- **Explore benefit models** such as ICHRA, captives, alternative provider networks, and self-funding to increase flexibility and financial sustainability.
- **Keep a pulse on employee needs** as mental health, financial planning, family support, and ease of access continue to rise in importance.
- **Stay ahead of regulatory shifts**, particularly in multi-state environments or industries with rapidly changing compliance requirements.
- **Use data and analytics** not only for cost control but also to support better plan design, additional products, engagement, and outcomes.

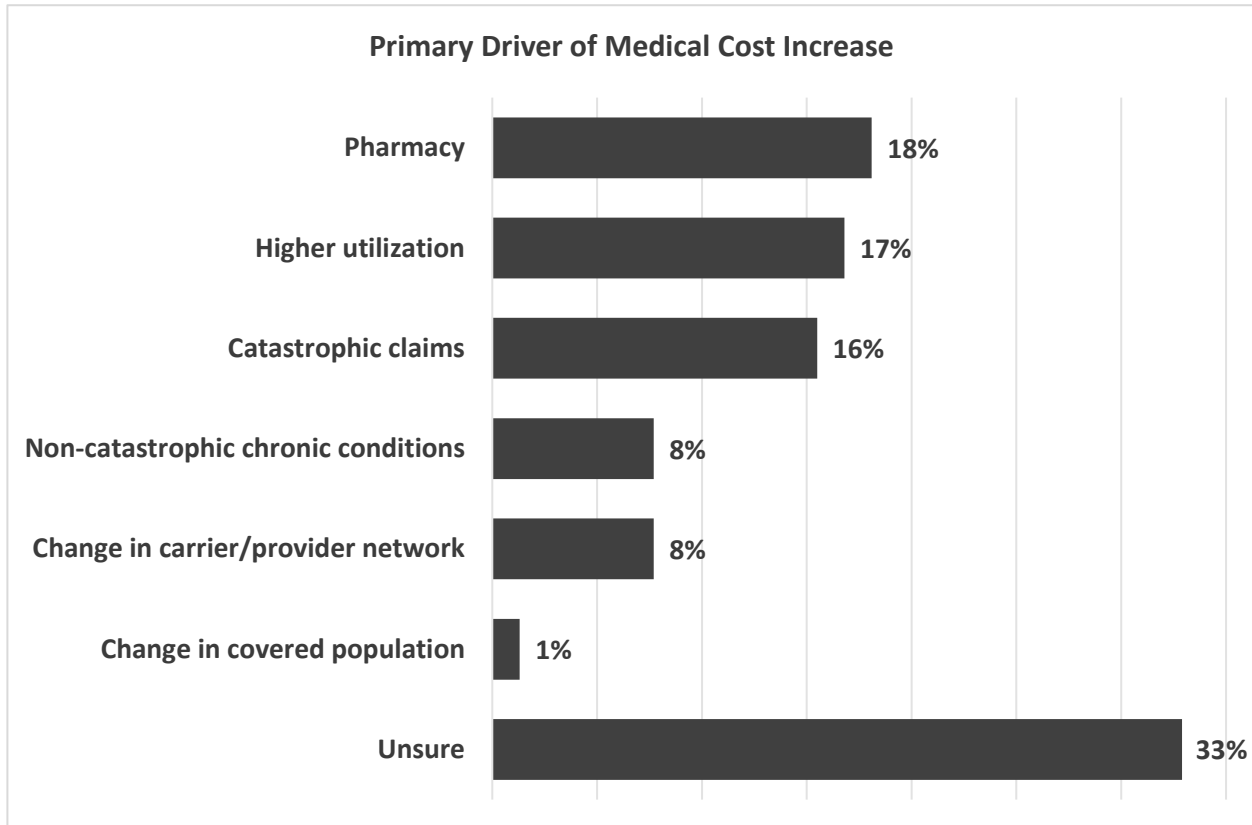
2025 Medical Plan Cost Increase

As 2024 drew to a close, many companies had finalized their medical plans for 2025. Costs continue to increase at a challenging rate. Some market conditions driving rate increases include provider consolidation, an increasing rate of chronic conditions, higher utilization and costs for pharmaceuticals, elevated usage of behavioral health services, and general price inflation.

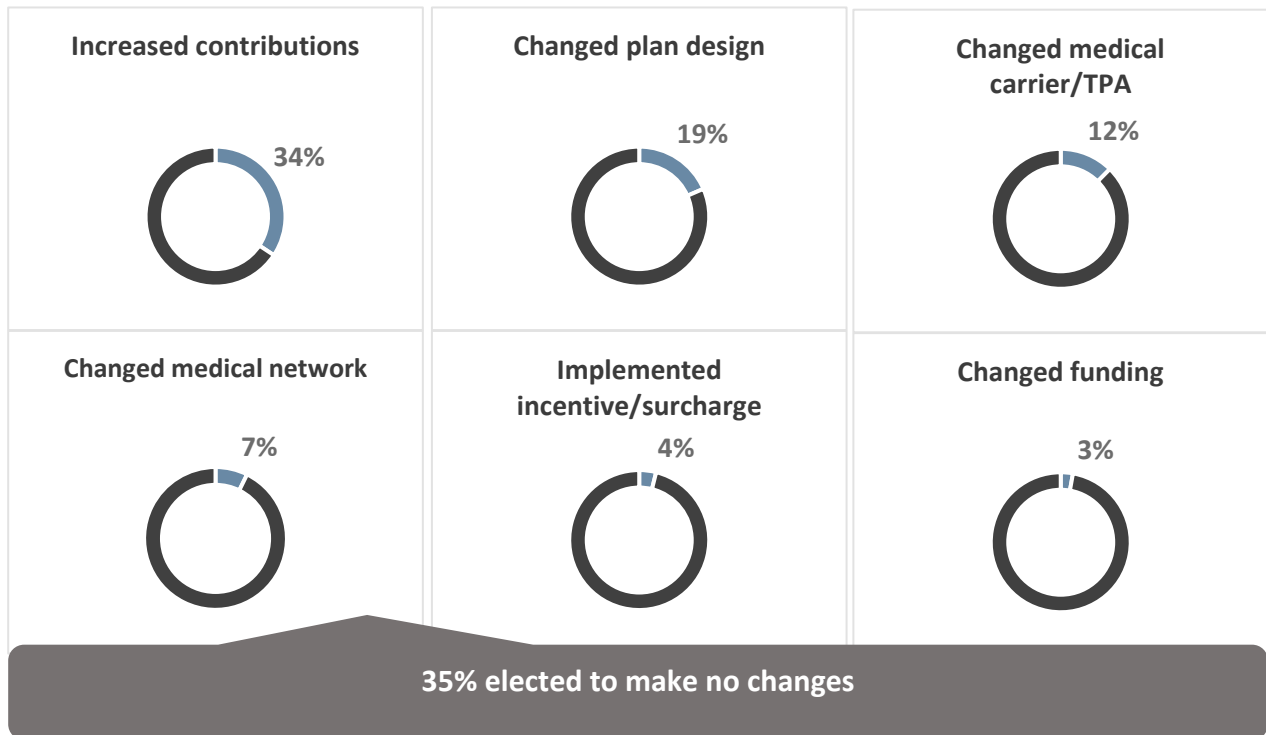
We conducted a survey to confirm the final cost impacts for employers. The results are in the charts below.



**Results based on 178 employer respondents.*



Medical Plan Changes Implemented For 2025



Key Findings

At the beginning of 2024, we asked employers what strategies they would implement to help manage their actual costs in 2024, and 60% said they were not taking specific action. With costs escalating significantly, the time to implement a specific plan is now. 2025 may be one of the more disruptive years the industry has seen in some time.

As the data above illustrates, employers are confronted with sizable premium increases, as 63% will have their medical costs rise by 4% or more in 2025 after making any changes. While it is encouraging that 35% of employers did not have to modify their plans, most were less fortunate. Increasing payroll contributions and plan design elements were the most common adjustments and were felt by all employees.

Based on headlines over the past two years, it should be no surprise that pharmacy was the #1 renewal cost driver for those employers who could pinpoint specific problem areas. For the 33% of companies that did not know what led to their renewal increase, the opportunity to explore alternate funding and claims data tools should be on the roadmap.

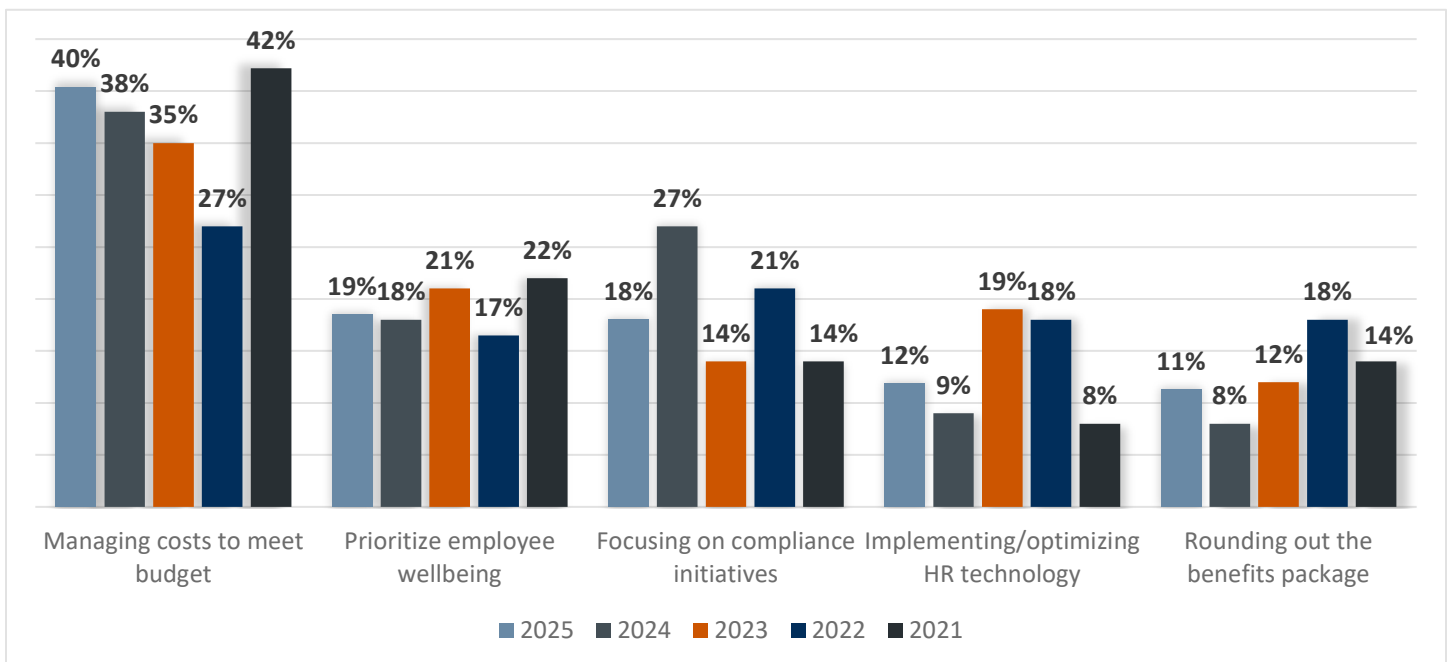
Whatever strategy an employer decides to implement, it likely will not produce quick results. Benefit leaders must be patient and allow their planning and investment time to have an impact.

Benefit Priorities & Strategies in 2025

As another year has kicked off, employers have many areas of focus regarding their benefit programs. It can be challenging to achieve all goals in a single year, so decision-makers must prioritize their efforts based on their unique circumstances.

We conducted a survey to gain insight into employers' top priorities for 2025 and how they compare to prior years. We also sought to understand the strategies employers are deploying to manage their benefits costs. The results are in the charts below.

Top Benefit Priority by Year



Benefit managers always have an eye on the program's finances, and with inflation, rising pharmacy spending, and continued chronic conditions, this year will be a challenging one in the cost area. As such, it is no surprise that four in ten employers say managing costs to meet their expected budget is the #1 priority this year (the highest rate since 2021).

Strategies to Manage Benefit Costs to Meet Budget

29% Add a wellness program

Compared to 14% in 2024



14% Offer direct primary care/concierge services

Compared to 2% in 2024



11% Implement disease/care management program

Compared to 6% in 2024

7% Exclude coverage for certain drugs

Compared to 6% in 2024



6% Transfer stop-loss coverage to group captive

Compared to 3% in 2024

3% Add Center of Excellence (COE)

Compared to 0% in 2024



3% Provide second opinion program

Compared to 0% in 2024

41% Are taking no specific action

Compared to 60% in 2024

Key Findings

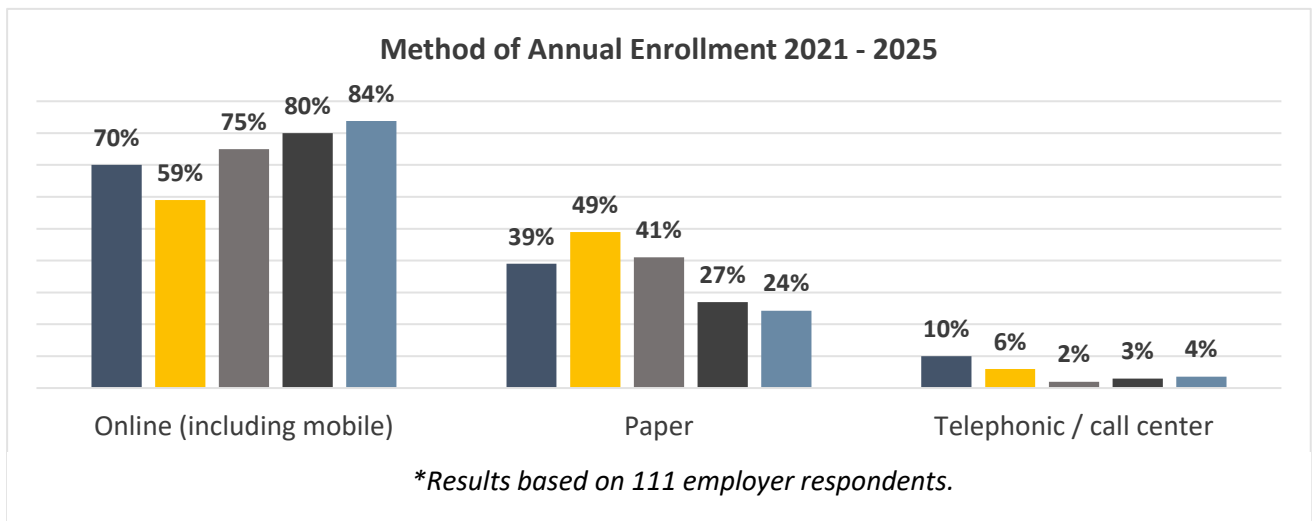
The January 2025 renewal cycle was difficult, with 39% of employers seeing their medical costs increase by [7% or more after all changes](#) were implemented. After absorbing significant premium increases, ensuring that costs do not exceed budget is even more critical. Plan sponsors cannot afford to sit idle. Almost 60% of employers are deploying strategies this year to help manage their costs – a 20% increase from last year. This effort is led by expanding opportunities for employees to improve their health, with twice as many employers investing in wellness programs as last year.

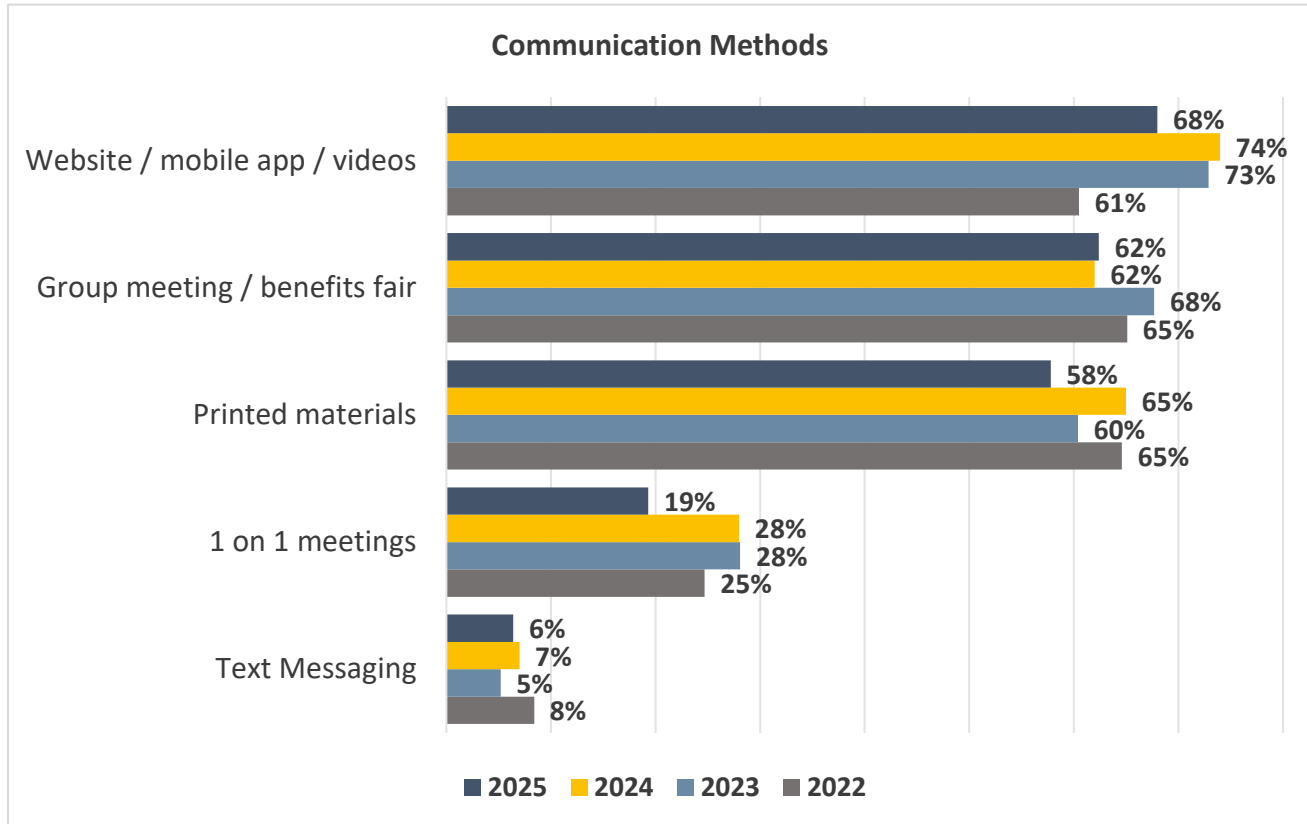
With a proactive approach, employers can work to impact their benefits spend. While nearly 40% have yet to implement specific strategies, those who do so have the opportunity to improve financial stability, enhance employee well-being, and better navigate future renewal cycles. By making thoughtful adjustments, employers can balance affordability with the need to offer competitive benefits.

2025 Annual Enrollment Methods

Annual enrollment season is critical for employees to assess and purchase the health, financial, and wellness coverage they need for themselves and their families. Making informed choices during enrollment can help workers manage costs, plan for the future, and access programs that promote total well-being and work-life balance. How the employer deploys enrollment and communicates it can greatly impact the coverage an employee selects and their overall satisfaction with their benefits.

Employers take various approaches to their enrollment and communication approach. We conducted a survey to better understand current practices. The results are in the charts below.





Key Findings

The data highlights a clear and ongoing shift toward digital and self-service options for benefits enrollment. The increasing adoption of online solutions comes as no surprise, as these platforms are efficient, enhance the employee experience, and reduce administrative errors. Digital tools are now more accessible than ever, making them a viable option for employers of all sizes. Many already have access to digital enrollment solutions through their broker or payroll / human capital management (HCM) software providers.

How companies communicate their benefit offering remains diverse. Digital options are the most widely used, but group/in-person events are still prominent, indicating that employers and employees find value in human interaction when conveying and learning about the benefits package. Employees have diverse preferences and needs, necessitating a mix of digital and traditional formats.

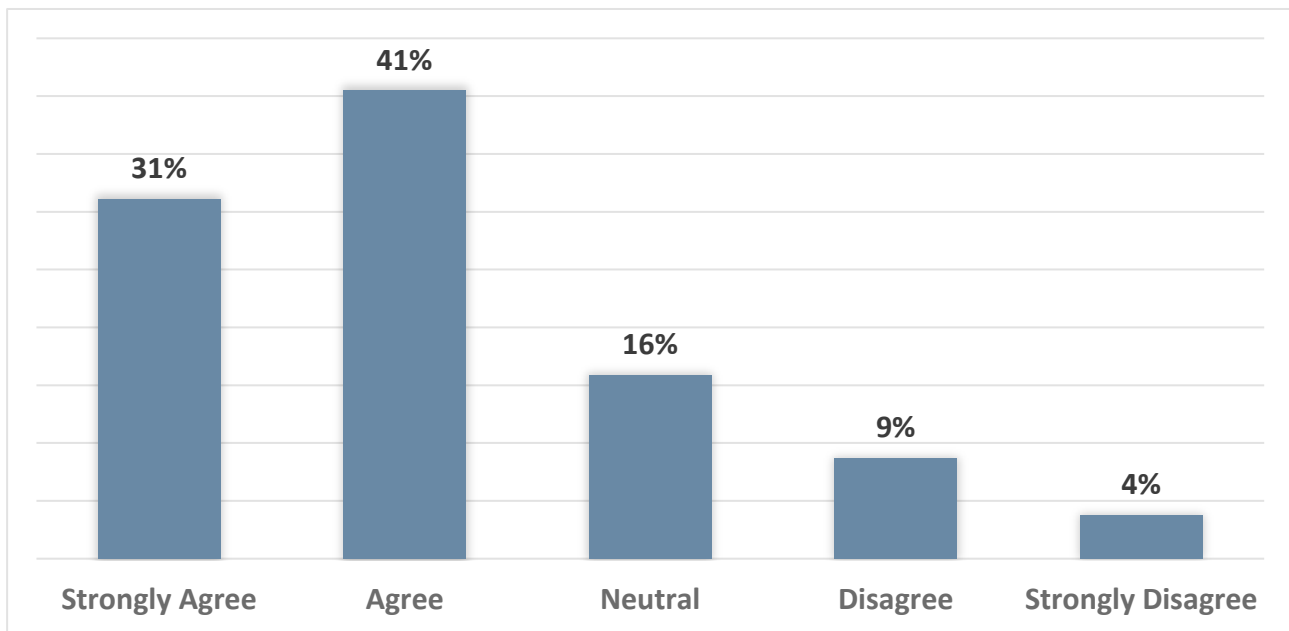
The annual enrollment process often shapes employees' overall perception of the benefits program. By adopting a comprehensive, employee-centric approach, employers can boost engagement and ensure employees fully understand and appreciate their benefits offerings.

Affordability & Alternative Provider Networks

Health care costs continue to rise, placing significant pressure on employers and employees. The 2025 renewal cycle was the most challenging in the last four years, and companies will need to explore more aggressive strategies to make an impact.

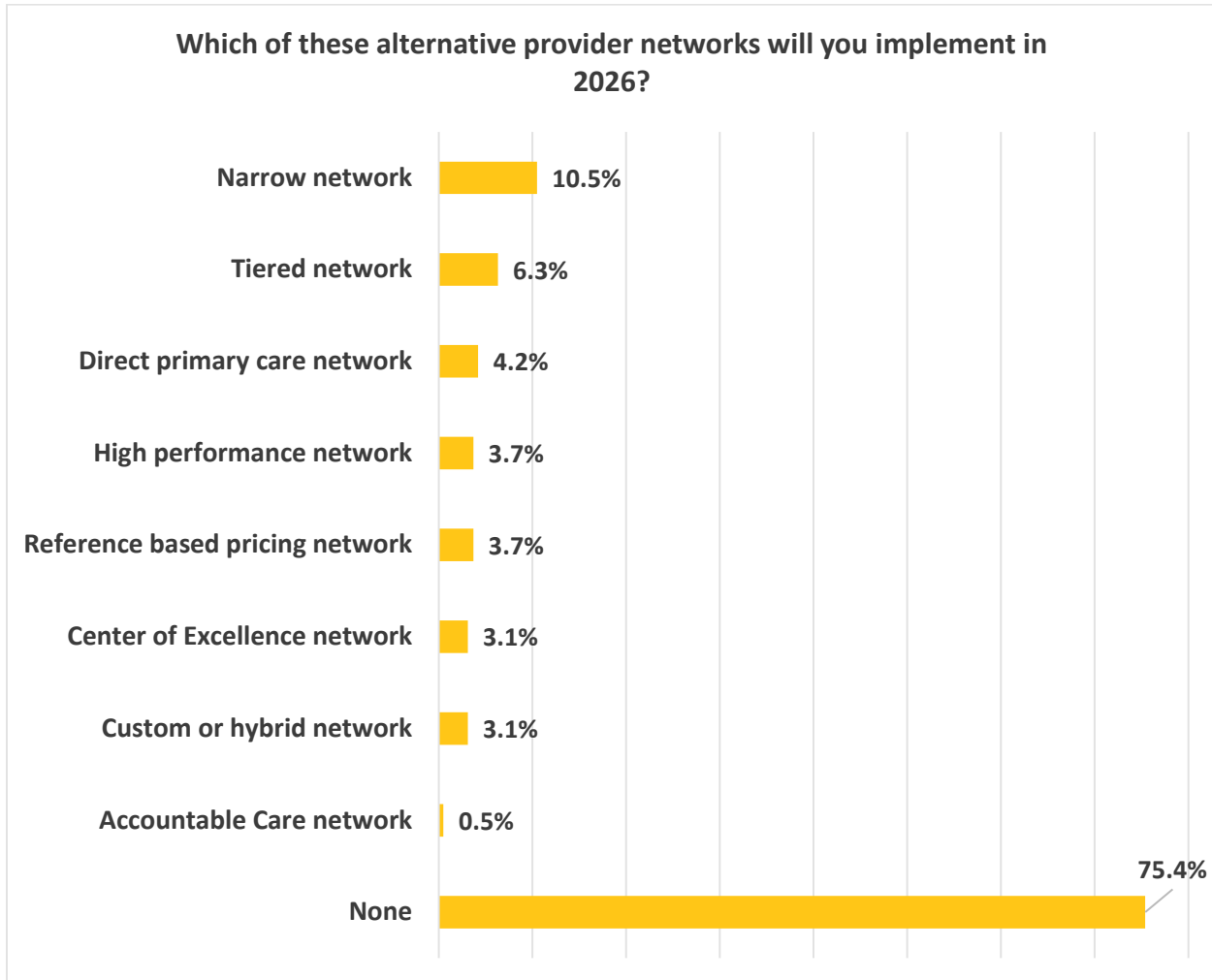
We conducted a survey to gain insight into whether employers believe benefits affordability is a challenge for their workforce. We also sought to understand if employers will explore different provider networks to combat the escalating costs. The results are in the charts below.

Our employees are having a more difficult time affording benefits than 2 years ago



**Results based on 264 employer respondents.*

We asked the same question of employers in 2022, and 47% of respondents agreed/strongly agreed that employees were having a more difficult time affording their benefits. In three years, that has increased to 72%. Employers and employees may find themselves at a crossroads very soon.



Key Findings

The January 2025 renewal cycle was difficult, with 39% of employers seeing their medical costs increase by [7% or more after all changes](#) were implemented. Further, 34% of employers changed payroll contribution amounts, and 19% changed plan design. When these changes occur, they have a direct impact on the plan's affordability for the employee. Business leaders must explore other options that can improve quality and affordability.

One lever employers can pull, which will not impact a worker's paycheck, is adjusting the type of provider network offered to the workforce. The traditional network provides access to almost all providers with discounted fees. While access is rarely an issue, these networks typically do not differentiate between cost, quality, or outcomes. Given the complexity of change and the need to balance disruption with cost control, it's not surprising that most employers aren't implementing an alternative network. However, with rising costs, now may be the time to evaluate whether narrowing networks or directing employees to the providers that can offer care at the very best level can help plan sponsors manage health care trends without asking employees to shoulder more of the financial burden.

Alternative Network Definitions

Narrow Network – limits coverage to smaller group of providers; employees have less choice but receive savings.

Tiered network – categorize providers into tiers based on quality and cost; employees pay less (lower copays/deductibles) when choosing providers in higher tiers

High-performance network – includes providers that meet high standards for cost, efficiency and outcomes

Direct primary care network – employer contracts directly with providers for unlimited access; employees pay a flat fee

Center of Excellence network – specific procedures are done at specialized hospitals or clinics; employees receive high-quality care but may need to travel

Accountable Care Organization network – Groups of providers who coordinate care to improve quality and are incentivized via a shared savings program

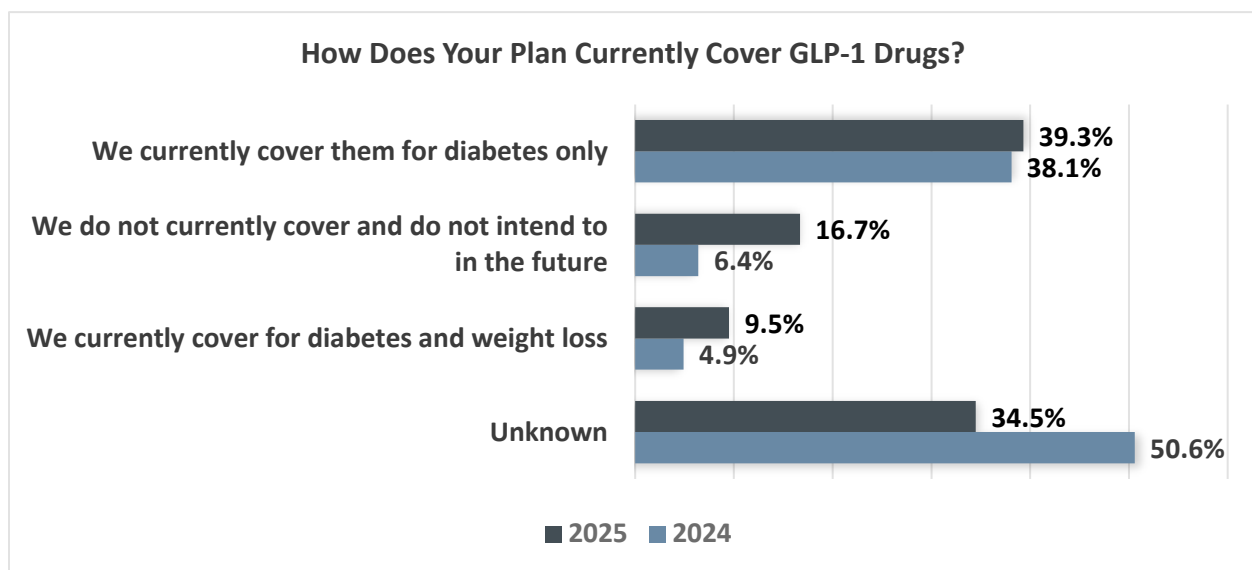
Reference Based Pricing network – sets fixed provider reimbursement rate based on Medicare or similar; employees pay more if cost is above reference rate

Hybrid/Custom network – A combination of elements from other models above.

Employer Strategies for GLP-1 Drugs

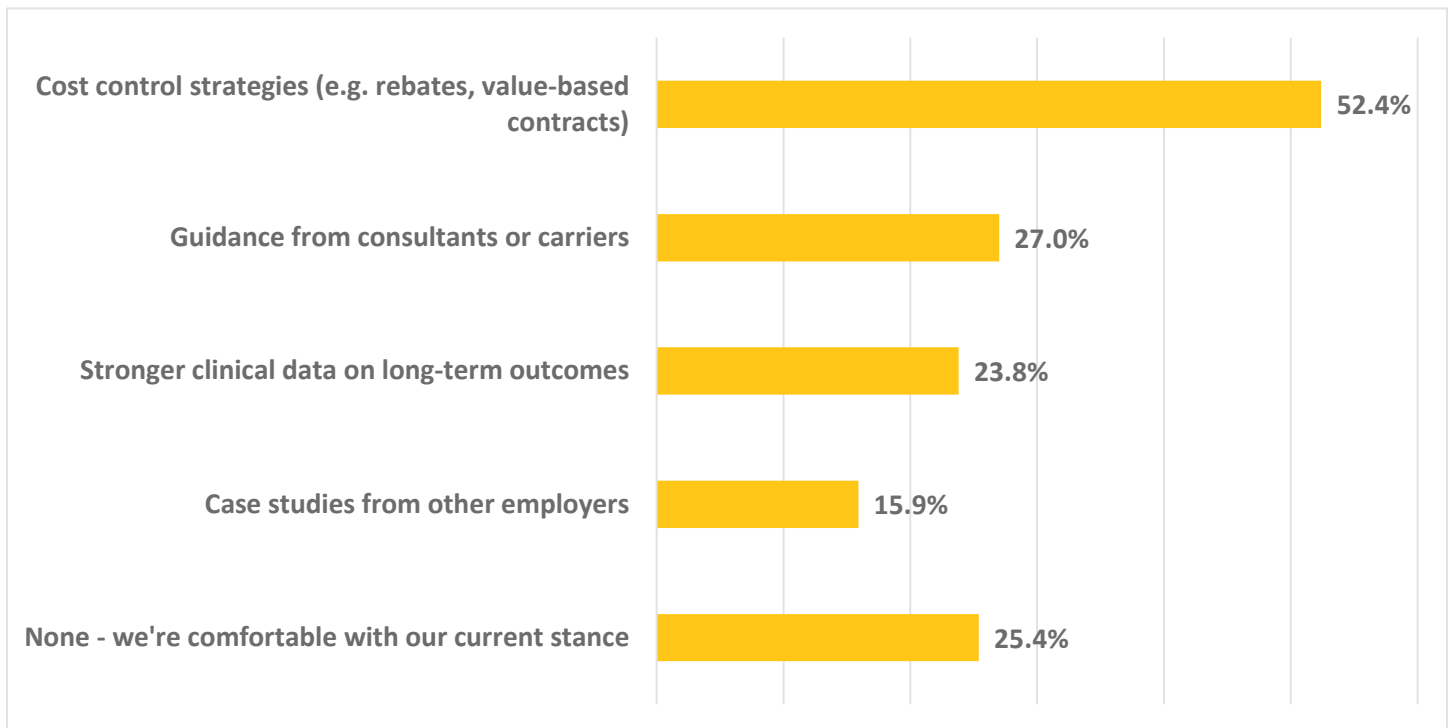
The market for GLP-1 drugs such as Wegovy or Ozempic continues to change quickly. Competition for various forms of these drugs has heated up, and other forms are being developed. Further, these drugs are becoming less invasive, which means interest and demand may be on the rise. While these medications may support improved employee health, the high cost and questions about long-term use present challenges.

To better understand how employers are approaching GLP-1 drug coverage decisions, we conducted a survey to explore how coverage has changed since last year and what additional factors are being considered. The results are summarized below.



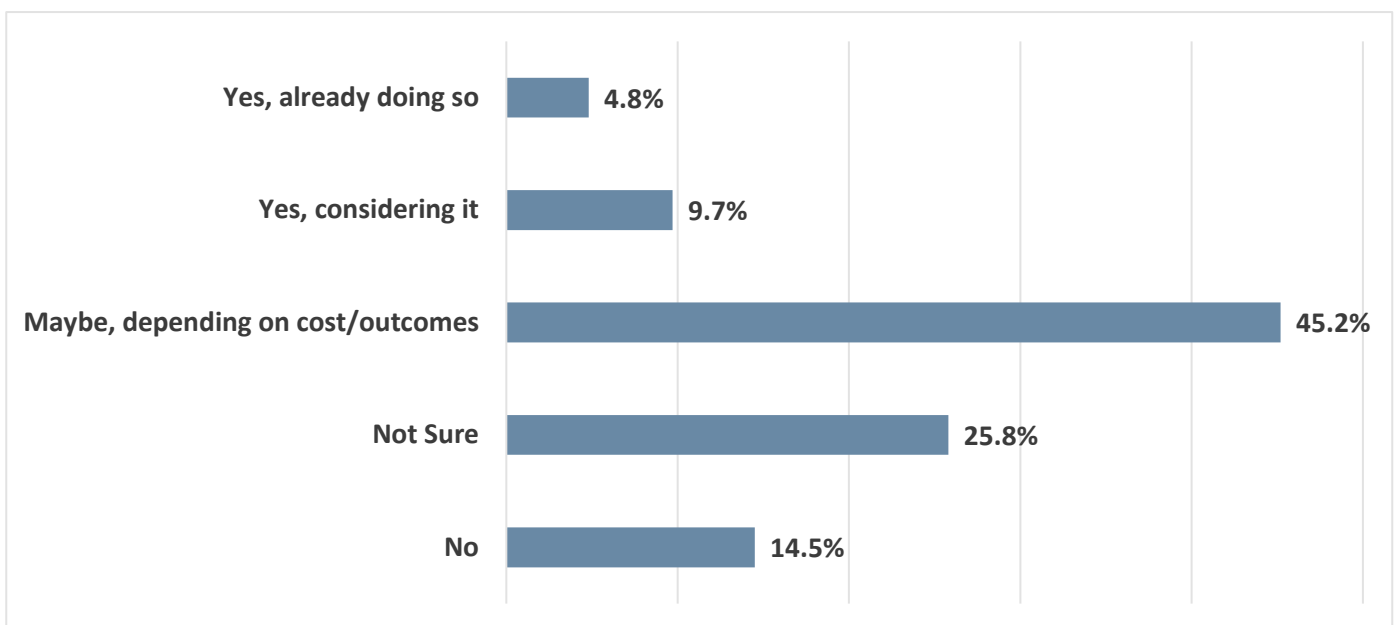
**Results based on 85 employer respondents.*

If you do not currently cover GLP-1 drugs for weight management, what support would you need to feel more comfortable doing so?



Would you consider offering GLP-1 drugs for weight management through an alternative path?

(e.g., weight management programs, virtual clinics, or centers of excellence)?



Key Findings

GLP-1 drugs continue to be a difficult subject for employers. These drugs have demonstrated a real impact on an individual's health; however, the costs continue to rise and can exert enormous pressure on benefit budgets that are already pushed to their limit. Further, the long-term impacts of these drugs have not been studied to any great extent.

While more employers are covering GLP-1 drugs for weight loss than last year, the vast majority are not, citing cost concerns and clinical uncertainty. Growing employee interest, emerging offerings from insurers and PBMs, and evolving data on long-term outcomes may prompt employers to revisit their strategies. As this landscape continues to shift, we encourage employers to consider a balanced approach. Coverage of these pharmaceuticals should be in conjunction with other wellness and disease management programs.

An established plan will be important for employers exploring coverage of these drugs. Working closely with your benefits broker can help you navigate these considerations and design a strategy that aligns with your organization's goals and budget.

CONCLUSION

Conclusion

We developed this report to assist non-profit organization insurance buyers in their purchasing decisions. The report focuses on professional liability, including abuse and molestation, directors and officers liability, and general and excess liability insurance. In addition, it examines property coverages, employee theft, employment practices, and cyber. The report provides the buyer with peer-related data to compare their decisions with those of their contemporaries.

This report is not all-encompassing, and we have tried to focus it on the insurance issues that non-profit organization executives, risk managers, and financial officers find most challenging. We have not tried to differentiate between insurance carriers or explain the varying terms and conditions of the specific insurance policies involved in the report. We have not addressed workers' compensation or auto insurance. These issues are beyond the scope of this report.

Risk management and insurance purchasing are complex decisions. Your local Assurex Global Partner possesses the technical expertise and insurance company connections to help you through that process, and we encourage you to reach out to them with questions.

We want to thank the Assurex Global Partners that participated in this report. Pulling together the data from hundreds of clients into a useable format takes significant effort. Without the assistance of each of those Partners, this report would not exist.

ABOUT / CONTACT INFORMATION

About / Contact Information

The Partners Group

Founded in 1981 in Portland, OR, The Partners Group (TPG) began as a small consulting team focused on the employee benefits and individual insurance needs of Oregonians. Today, we are one of the top 75 insurance brokerage firms in the US. TPG is committed to remaining an independent firm.

Our headquarters are in Portland, with offices in Renton, WA; Bend, OR; Boise, ID; Scottsdale, AZ; and Austin, TX, with remote workers across the US. We work across multiple divisions as a fully integrated team of specialists who understand your bigger picture and can strategize for growth. We call that the ONE PARTNER ADVANTAGE®. Whether you choose to collaborate with TPG for just commercial lines insurance or you take advantage of multiple divisions, you can be sure your TPG team understands how your consulting, insurance, and financial needs fit into your overall plan.

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