

HUMAN SERVICES APPLICATION – Short Form

SUBMISSION REQUIREMENTS

- ACORD applications for all lines requested
- Statement of values if blanket coverage is requested
- Financial statement if for-profit
- Loss runs for current year and three (3) prior years
- Photographs of Applicant's location(s)

SECTION I - GENERAL APPLICATION INFORMATION

Applicant Name:

Non-Profit

For Profit

Number of years under present management:

1. Have there been any mergers or operations under another name within the past five (5) years? Yes No
 Are any mergers planned / anticipated for the coming year? Yes No
 If yes to either, explain:
2. Annual operating budget: \$ Annual Payroll: \$
 Primary funding: Federal State County Other:
3. Does Applicant operate any locations not included in this application? Yes No
 If yes, please explain:
4. List all accreditations, association memberships and /or affiliations:
5. Has the Applicant's license ever been suspended, revoked, or placed under conditional status? Yes No
 If yes, please explain:
6. Attach copies of licenses.
 Does Applicant participate in / or supervise any sports activities for their clients? Yes No
 If yes, explain:
7. Does Applicant have field trips? Yes No If yes, number per year:
 What is the maximum distance traveled? Are any overnight? Yes No
 Are release forms obtained? Yes No Does Applicant provide the transportation? Yes No

SECTION II - MANAGEMENT PRACTICES

1. Does Applicant have sign in / sign out procedures for:
 Staff Clients / Residents Visitors / Public
2. Type of security provided for the protection of Applicant's clients / residents?
 Guards Video Cameras Other:
3. Does Applicant have incident reporting procedures and / or committee reviews? Yes No
4. What methods does Applicant use for de-escalation?

SECTION III - PROFESSIONAL LIABILITY

1. **Hiring Practices:**
 - a. Does Applicant conduct a personal interview for each prospective staff member? Yes No
 - b. Does Applicant verify references? Yes No
 - c. Does Applicant require drug tests on all staff members, including drivers? Yes No
 If yes: Before hiring After hiring Random
2. What is the staff turnover rate for the last 12 months?
3. Is the staff required to report to the administrator all incidences that may result in a claim? Yes No
 If yes, is a written record kept? Yes No Are they reviewed? Yes No
4. Does Applicant's current insurance program provide professional liability coverage? Yes No
 If yes: Occurrence Claims-made Limits: \$ Retroactive Date:
 Effective dates: Carrier:

5. **Staff:**

POSITION	Employees		Volunteers		Contractors		Interns	
	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T
Administrator								
Child care worker								
Clerical / Office Staff								
Counselor								
Dentist / Dental Hygienist								
Nurse – LPN								
Nurse – RN								
Pharmacist								
Physician assistant								
Physician								
Psychiatrist								
Psychologist								
Social Worker								
Teacher / Tutor / Aide								
Therapist								
Other Positions (specify)								
Total:								

SECTION IV - ABUSE AND MOLESTATION

1. Does Applicant's current insurance program include Abuse and Molestation Coverage? Yes No
2. Does the Applicant's employment process include verification of whether the individual has ever been convicted of any crime, including sex related or child-abuse related offenses, before an offer of employment is made? Yes No
3. Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises? Yes No
4. Do volunteers work directly with clients? Yes No
5. Is there formal staff training on child/sexual abuse, including how to recognize the signs? Yes No
6. Are there procedures prohibiting closed door one-on-one meetings / counseling? Yes No
7. Is there more than one person responsible for the welfare of any single patient? Yes No
8. Have any incidents resulted in an allegation of sexual abuse? Yes No
9. Does Applicant run criminal background checks on: Employees? Volunteers? Contractors?

- | | | |
|--|-----|----|
| 3. Does Applicant provide any programs for sexual offenders?
If yes, number of visits and describe typical offenses: | Yes | No |
| 4. Does Applicant provide any programs for juvenile delinquents?
If yes, number of clients and describe typical offenses: | Yes | No |
| 5. Does Applicant provide any services for ex-offenders or incarcerated individuals?
If yes, number of clients and describe typical offenses: | Yes | No |
| 6. Does Applicant operate a meal delivery service?
If yes, number of meals annually:
Does Applicant charge a fee?
If yes, total revenue: \$ | Yes | No |

SECTION - IX - SUBSTANCE ABUSE PROGRAMS

N/A

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|---|-----|----|
| 1. Is treatment: Individual or Group?
Number of individual sessions annually: Number of group sessions annually: | | |
| 2. Does Applicant provide a methadone maintenance program? | Yes | No |
| 3. Does Applicant operate a detoxification unit?
If yes, Medical Other: | Yes | No |
| If medical, does Applicant accept clients with a history of delirium tremens (DTs) or seizures?
If clients are experiencing DTs or seizures, does applicant: Treat them or Refer them to a hospital? | Yes | No |
| 4. Does Applicant operate drug/alcohol rehabilitation?
If yes, are these for adults only?
If no, % of patients under 18. %
Are facilities single sex? | Yes | No |

SECTION X - MEDICAL FACILITIES

N/A

- | | | |
|---|-----|----|
| 1. The facilities are for: Staff Clients/Residents General Public | | |
| 2. Does Applicant provide more than immediate care/first aid? | Yes | No |

SECTION XI - THERAPEUTIC HORSEBACK RIDING

N/A

Attach a copy of medical, rider's registration, and liability release forms.

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|---|-----|----|
| 1. Are liability waivers signed by all parents/guardians? | Yes | No |
| 2. Does Applicant follow North American Riding for the Handicapped Association standards? | Yes | No |
| 3. Total annual lessons: Average size of group: | | |
| 4. What is the ratio of riders to counselors? Minimum age of riders: | | |
| 5. Total Annual Receipts: \$ | | |
| 6. Total number of horses: | | |

SECTION XII - IN-HOME SUPPORT SERVICES

N/A

- | | | |
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| 1. Services: | | |
| Nursing care Speech therapy Social work Nutrition counseling | | |
| Bathing Changing catheters Dressing Meal preparation | | |
| Laundry Running errands Housework Medication management | | |
| Eating Restroom aid Repositioning Other: | | |
| Blood testing Infusion therapy Driving clients to and from appointments | | |
| 2. How many employees provide in-home services? Volunteers: | | |
| 3. Number of non-ambulatory clients: | | |
| 4. Payroll for the last 12 months: \$ | | |
| 5. Does Applicant sell and/or rent medical equipment?
Receipts sales: \$ Receipts rentals: \$ | Yes | No |

SECTION XIII - FOOD PREPARATION FACILITIES**N/A**

- The food preparation equipment is:
Electric Gas Propane Other:
Total number of cooking areas:
- Cooking equipment is equipped with:
Nothing Hoods Ducts Exhaust fans Automatic fuel shutoff controls
Automatic fire suppression systems Other:
- How often is the cooking equipment cleaned?
Cleaned by: Applicant Cleaning contractor

SECTION XIV - POOL**N/A**

- Is there a trained lifeguard on duty? Yes No
If yes, how many? During what hours?
- The pool area includes: Jacuzzi Whirlpool Hot tub Spa
Kiddie pool Water slide Trampoline
- Who uses the area? Visitors/Public Staff Clients/Residents
- Is the pool completely fenced with a self-locking gate? Yes No
- Pool Location: Indoors Outdoors
- Is there a diving board? Yes No
If yes, what is the height?
- Are depths clearly marked? Yes No
- Are pools compliant with the Virginia Graeme Baker Pool and Spa Safety Act? Yes No

SECTION XV - LAKES / PONDS**N/A***Enclose copy of lake/pond rules.*

- Is the lake fenced? Yes No
- Does the public have access to the lake area? Yes No
- Lake use (check all that apply):
Swimming Water skiing Jet skis Ice skating Sail boats Fishing Paddle boats
Row boats Boat Docks Canoes Ice Fishing Power boats

SECTION XVI - PLAYGROUND**N/A**

- How many playgrounds?
- Describe surface under playground equipment:

SECTION XVII - CAMPS**N/A**

- Is written permission/waiver of liability obtained from every child's parent or guardian? Yes No
- Does the camp provide overnight services? Yes No
If yes, what is the average length of stay?
- Total number of days in operation annually: Number of children at each camp:
- Number of staff members at each camp:
- Indicate and describe if any of the following exposures exists in the camp operations:
Obstacle course Rock climbing Motor boats Jet skis Pools Guns
Diving boards Water skiing Horses Lakes Archery Other:

SECTION XVIII - SHELTERED WORKSHOP**N/A**

- What are the annual receipts: \$
- Describe work/product being performed:

FRAUD NOTICE STATEMENTS

NOTICE TO APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

RESIDENTS OF ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF ARIZONA APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

RESIDENTS OF DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

RESIDENTS OF FLORIDA RESIDENTS APPLICANTS: "ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

RESIDENTS OF KANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY "MATERIALLY" FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME."

RESIDENTS OF LOUISIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MINNESOTA APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

RESIDENTS OF NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

RESIDENTS OF OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF OKLAHOMA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

RESIDENTS OF OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

RESIDENTS OF PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VERMONT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

RESIDENTS OF VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WEST VIRGINIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

Name (Please Print/Type)

Title
**(MUST BE SIGNED BY THE PRESIDENT
CHAIRMAN OR EXECUTIVE DIRECTOR)**

Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

Produced By: (Section to be completed by Producer/Broker)

Producer

Agency

Producer License Number

Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)