



SOCIAL SERVICES ORGANIZATION SUPPLEMENTAL (Intended for lighter/smaller Social Service operations that have limited programs, i.e. office exposure; information/referral services to other 3rd party organizations; food banks; advocacy groups, etc.)

Named Insured:

Insured Contact Name for Billing Information:

Phone:

Billing Address:

City:

ST:

ZIP:

SIC#:

FEIN#:

Website Address:

Production Underwriter:

Non-Profit

For-Profit

Number of years this facility has been: In Operation

Under Present Management

SUBMISSION REQUIREMENTS

- ACORD Applications, including Crime & Umbrella
- Statement of Values
- Schedule of Vehicles
- Drivers List with License Numbers and Dates of Birth
- Photographs-Residential Locations
- Brochures and / or Newsletter
- Financial Statement if For Profit
- Loss Runs for Current Year and 3 Prior Years

SECTION I – LIFE SAFETY

Do all of the Applicants facilities (buildings) have the following Life Safety Features? **Yes/No**

If no, please indicate which location numbers.

- | | | |
|--|-----|----|
| 1. Fire Alarms | Yes | No |
| 2. Smoke Detectors | | |
| Hard Wired | Yes | No |
| Battery Operated | Yes | No |
| 3. Emergency Lighting | Yes | No |
| 4. Sprinklers | Yes | No |
| 5. Are evacuation routes posted throughout the building? | Yes | No |
| 6. In the event of an evacuation, have you established a central meeting point outside the building? | Yes | No |
| 7. Are exit signs illuminated? | Yes | No |
| 8. How often are fire drills held? | | |
| 9. Are there at least two exit doors per building? | Yes | No |
| 10. Are exit doors equipped with panic hardware? | Yes | No |
| 11. Is smoking permitted inside the premises? | Yes | No |

SECTION II - GENERAL LIABILITY

1. Annual Operating Budget:
2. Annual Payroll:
3. Number of clients/customers per year:
4. Number of Students:
5. If providing residential services, provide number of beds at each location:
6. Does the Applicant have sheltered workshops? Yes No
 Indicate location number:
 Describe the work being performed:

- | | | | |
|-----|--|--------------------------|----------------------|
| 7. | Does the Applicant have mobile work forces, i.e. janitorial services?
Landscaping services?
Other:
If yes, please provide payroll: Janitorial Landscaping Other: | Yes
Yes | No
No |
| 8. | Does the Applicant have a day care program?
Indicate location number(s):
Maximum number of children supervised:
Ratio of children to Staff: Age Range: | Yes
Yes | No
No |
| 9. | Does the Applicant provide any foster care or adoption services?
If yes, please explain: | Yes | No |
| 10. | Are any locations leased to others?
Indicate location number: Square Feet: | Yes | No |
| 11. | Does the Applicant have any swimming pools?
Indicate location number:
Diving Board/Slide?
Are all Swimming Pools and Spas compliant with the Virginia Graeme Baker Pool and Spa Safety Act?
If no, provide time table and action plan: | Yes
Yes
Yes
Yes | No
No
No
No |
| 12. | Does the Applicant sponsor any special fund-raising events?
Are Alcoholic beverages served?
Provide full details (location, dates, attendance, description of events, etc.) | Yes
Yes | No
No |
| 13. | Have all buildings built prior to 1971 been inspected for lead paint?
If no, what is the plan for abatement: | Yes | No |
| 14. | Are counseling services/therapy offered for the following target classes:
Sexual Offenders?
Sexual Predators? | Yes
Yes | No
No |

SECTION III – ABUSE & MOLESTATION

- | | | | |
|----|---|------------|----------|
| 1. | Does Applicants employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child abuse related offenses? | Yes | No |
| 2. | During new staff orientation, does the Applicant discuss sexual abuse, how to recognize the signs, and what to do if a client reports that someone molested him or her? | Yes | No |
| 3. | Does the Applicant's state permit Applicant to do criminal background investigations for all Applicants?
If no, please explain: | Yes | No |
| 4. | Does the Applicant perform criminal background investigations on all current employees and volunteers?
If no, please explain: | Yes | No |
| 5. | How long has Applicant been performing these checks? Years
For how many years does the Applicant keep these records on file after employee's leaves? | | |
| 6. | Does the Applicant verify employment-related references? | Yes | No |
| 7. | Does the Applicant conduct a personal interview? | Yes | No |
| 8. | Does the Applicant have a plan of supervision that monitors staff in day-to-day relationships with clients both on and off the premises?
Does the Applicant have written procedures for dealing with sexual abuse? | Yes
Yes | No
No |
- MANDATORY: Provide a copy**

9. Has the Applicants organization ever had an incident which resulted in an allegation of sexual abuse? Yes No
 If yes, please describe:
 a. Was a claim made against the organization? Yes No
 b. Was a claim made against any employee(s)? Yes No
 If yes, is that individual still employed with the Applicants organization? Yes No
 c. What changes were made to prevent recurrence?
 d. Was the case settled? Yes No
 If yes, please explain:
 e. What were the monetary damages awarded to the victim? \$
Provide complete details on a separate document.
10. Regarding coverage for abuse & molestation; does Applicant's current insurance program:
 Exclude coverage
 Limit coverage (please indicate limit of liability) \$
 Neither exclude or limit coverage
11. Please indicate age range of clients:
 Remarks:

SECTION IV – PROFESSIONAL LIABILITY

1. Total No. of Full Time Employees: _____ Total No. of Part Time employees: _____
 Total No. of Volunteers: _____
2. Does the Applicants current insurance program provide Professional Liability coverage? Yes No
- If yes, indicate the limit of liability: \$
 Is Professional Liability : Occurrence Claims Made Retroactive Date:

Position	# of Full Time	# of Part Time	Position	# of Full Time	# of Part Time
Administrators			Clerical		
Counselors (Including Group Home Manager)			Teachers		
Psychologists			Physicians		
Nurses R.N.			Psychiatrists		
Nurses L.P.N.			Therapists		
Home Health Aides			Other:		
Social Workers			Other:		

3. Do the physicians carry their own malpractice insurance? N/A Yes No
 Indicate Company: _____ Limits of Liability: \$
 Effective dates: _____ to _____

SECTION V – CONSULTANTS/INDEPENDENT CONTRACTORS

- Please indicate which of the following contracted service providers are utilized:
 Physicians _____ Nurse Practitioner _____
 Dentist _____ Optometrist _____
 Psychiatrist _____ Other: _____
1. Are there written agreements with independent contractors? Yes No
 2. Are certificates of malpractice/liability insurance obtained and maintained for all contracted service providers (independent contractors)? Yes No
 3. Please indicate the limits of liability: \$

SECTION VI – AUTOMOBILE

1. What percentages of employees/volunteers use their own vehicles regularly (daily/weekly) for agency business? Employees % Volunteers %
Describe use:

2. Does the Applicant require employees and volunteers to carry and show evidence of personal insurance? Yes No
3. What limits are required?
4. Does the Applicant run MVRs on employees? Yes No
If yes, how often?
5. Does the Applicant have a driver safety training program? Yes No
Does the Applicants Agency transport clients? Yes No
6. Is training provided for new employees prior to their transporting clients? Yes No
7. Does the Applicants agency transport clients/consumers for other private or governmental agencies? Yes No
If yes, please explain:

SECTION VII - FLOOD

1. Does the Applicant have a current Flood Policy in force? Yes No
If yes, attach a copy of the Declarations sheet.
If no, would the Applicant like a Flood quote with our Proposal? Yes No
(Flood quote will be secured through the Write Your Own Flood Program)

Producer _____
(Signature)

(Printed)

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."

NOTICE TO ALASKA RESIDENTS 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."

NOTICE TO ARKANSAS RESIDENT 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."

NOTICE TO ARIZONA RESIDENTS 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."

NOTICE TO COLORADO RESIDENTS 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."

NOTICE TO 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."

NOTICE TO 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."

NOTICE TO 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."

NOTICE TO LOUISIANA RESIDENTS 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."

NOTICE TO MAINE RESIDENTS 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 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."

Insured's Signature

Date

Producer's Signature

Date