

SOCIAL SERVICES ORGANIZATION SUPPLEMENTAL APPLICATION

PLEASE ATTACH THE FOLLOWING (✓)

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

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 _____

A. LIFE SAFETY SECTION:

Do all of your facilities (buildings) have the following Life Safety Features? **Yes/No** If not, please indicate which location numbers.

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

B. GENERAL LIABILITY SECTION:

- | | |
|---|-----------------------------|
| 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) Do you have sheltered workshops? <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate location number _____ | |
| Describe the work being performed _____ | |

Do you have mobile work forces, i.e. janitorial services? Yes No or landscaping services? Yes No

Other _____

If yes, please provide payroll: Janitorial _____ Landscaping _____ Other _____

Is Workers Compensation carried for clients? Yes No

7) Do you have a day care program Yes No Indicate location number(s) _____

Maximum number of children supervised _____ Ratio of children to Staff _____ Age Range _____

8) Do you provide any foster care or adoption services? Yes No If Yes, please explain _____

9) Are any locations leased to others? Yes No Indicate location number _____ Square Feet _____

- 10) Do you have any swimming pools? Yes No Indicate location number _____ Diving Board/Slide? Yes No
- 11) Do you sponsor any special fund-raising events? Yes No Are alcoholic beverages served? Yes No
Provide full details (location, dates, attendance, description of events, etc.) _____

- 12) Have all buildings built prior to 1971 been inspected for lead paint? Yes No If "No", what is plan for abatement _____

- 13) Are counseling services/ therapy offered for the following target classes : Sexual Offenders? Yes No Sexual Predators? Yes No

C. ABUSE & MOLESTATION

- 1) Does your 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) Do you request criminal background investigations for all applicants? Yes No If not, please explain: _____

- 3) Do you verify employment related references? Yes No
- 4) Do you have a plan of supervision that monitors staff in day-to-day relationships with clients both on and off premises? Yes No
- 5) a. Has your organization ever had an incident which resulted in an allegation of sexual abuse? Yes No If yes, please describe _____

- b. Was a claim made against the organization? Yes No Was a claim made against any employee(s)? Yes No If yes, is that individual still employed with your organization? Yes No
- c. Was the case settled? Yes No If Yes, please explain _____
- 6) Does your current insurance program exclude Abuse & Molestation coverage? Yes No If not, please indicate the limit of liability provided _____

D. PROFESSIONAL LIABILITY

Total No. of Full Time Employees _____ Total No. of Part Time Employees _____ Total No. of Volunteers _____

Does your current insurance program provide Professional Liability coverage? Yes No If Yes, indicate the limit of liability _____

Is Professional Liability occurrence claims made

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:		

Do the physicians carry their own malpractice insurance? Yes No N/A

Indicate Company: _____ Limits of Liability: _____

Effective dates: ____/____/____ to ____/____/____

E. 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: _____

F. AUTOMOBILE SECTION:

- 1) What percentage of employees/volunteers use their own vehicles regularly (daily/weekly) for agency business?
% Employees _____ % Volunteers _____

