



Human & Social Services Application

Customer Details

Organization's Name

Location Address

City

State

Zip

Phone Number

Email Address

Mailing Address

Same as Location Address

City

State

Zip

Web Address

Is the applicant a Non Profit Organization with a tax exempt status as defined by the Internal Revenue Service?

Yes No

Is the applicant, its programs, services, or facilities required to be licensed in the state(s) it operates?

Yes No

Are the applicant's facilities secured by door access control, video surveillance, and visitor sign in/out logs?

Yes No

Does the applicant contract or employ security guard personnel on its premises?

Yes No

If YES, what are the total annual costs/payrolls for the guard personnel?

Is the Applicant's organization more than 25% owned by a private equity fund structure?

Yes No

If licensed, has the applicant had its license suspended or revoked in the past five years or is it currently under investigation for wrongdoing by any licensing agency or other authority?

Yes No N/A

If YES, are the security guard personnel armed with firearms?

Yes No

Does the applicant have formal, written incident reporting procedures including management review of all incidents?

Yes No



General Liability Classification (Select all that apply)

Boys & Girls Clubs

Facility Square Footage

Number of Club Members

Number of Swimming Pools

Botanical Gardens/Arboretums

Number of Acres

Office Square Footage

Annual Number of Admissions

Community Center/Senior Centers

Facility Square Footage

Number of Members

Conservation Groups

Number of Acres

Office Square Footage

Number of Members

Counseling Offices

Office Square Footage

Education & Tutoring

Number of Students

Square Footage

Total Number of Staff

Family & Children's Services

Square Footage

Number of Clients

Total Annual Payrolls

Food Banks/Meals on Wheels

Annual Meals Provided

Office Square Footage

Warehouse Square Footage

Group Homes for I/DD

Square Footage

Number of Beds

Head Start

Average Daily Attendance

Facility Square Footage



Historical Societies

Office Square Footage

Number of Members

Home Healthcare

Total Annual Payrolls

Hospice

Total Annual Payroll

Office Square Footage

Homeless Shelters & Battered Person's Shelters

Number of Licensed Beds

Shelter Square Footage

I/DD Programs – Non Residential

Square Footage

Number of Clients

Total Annual Payrolls

Job Training/Sheltered Workshop

Square Footage

Number of Participants

Total Annual Payrolls

Mental Health Residential

Facility Square Footage

Number of Beds

Office Square Footage

Museums

Square Footage

Total Gift Shop Revenues

Total Food/Beverage Revenues

Substance Abuse – Outpatient Only

Facility Square Footage

Other

Description

Square Footage

Total Revenues

Total Payrolls



Professional Liability Section (Must be completed to rate the policy)

Staffing Title	Employee Count		Contracted Staff Count		Total Annual Volunteer Hours
	FT	PT	FT	PT	
Physician/Medical Doctor					
Medical Director (Administrative)					
Physician Assistant					
Nurse Practitioner					
Psychologist					
Pharmacist					
Registered Nurse (RN)					
Licensed Practical Nurse (LPN)					
Licensed Vocational Nurse (LVN)					
Certified Nursing Assistant (CNA)					
Clergy / Rabbi					
Physical Therapist					
Licensed Social Worker					
Social Worker					
Marriage & Family Therapist (MFT)					
Speech Therapist					
Occupational Therapist					
ABA/Behavioral Therapist					
Counselor					
Services Case Worker					
Home Health Aide					
Teacher					
Day Care Staff					
Residential Manager					
Independent Living Aide					
In-Home Companion Aide					
Nutritionist/Dietician					
Other staff:					

Employee/Volunteer Hiring and Selection Procedures

Does the applicant perform documented state and federal criminal background checks including sexual offender registry checks on all staffing and volunteers PRIOR to hiring and annually thereafter?

Yes No

Does the applicant utilize written applications and formal interviews and mandatory steps in its hiring process?

Yes No

Are certificates of professional liability insurance provided to and maintained by the applicant on all independent contractors?

Yes No N/A

Does the applicant verify licensing, credentials and educational background on all employees and contracted staff?

Yes No

Are the applicant's operations/facilities accredited or certified by CARF, COA, TJC, AEE, COGNIA or similar organizations serving human/behavioral and social services?

Yes No N/A

Sexual Abuse & Molestation

Not Applicable

Does the applicant's hiring process include verification concerning any prospective staff's prior sexual/physical abuse or molestation allegations, incidents, convictions, or pleadings of guilty or "no contest"?

Yes No

Does the applicant have written policies and procedures for the prevention of abuse and molestation with assigned responsibilities for the handling of actual or suspected abuse?

Yes No

Does the applicant have publicly displayed written procedures in its facilities and on its website for the reporting of actual or suspected abuse?

Yes No

Does the applicant have written policies prohibiting corporal punishment for any reason?

Yes No

If the "Three Person Rule" is not possible, does the applicant require other staff or adults have full visibility of the client via a window, open door, video camera, or CCTV at all times?

Yes No N/A

Does the applicant require mandatory annual training for the prevention of abuse, recognizing the signs of abuse and how to report suspected abuse?

Yes No

Does the applicant have written procedures for reporting and formal investigation procedures by senior management of actual or suspected abuse?

Yes No

Does the applicant have a formal written crisis plan for dealing with victims, authorities and the media due to actual or suspected abuse?

Yes No

Does the applicant require a "Three Person Rule" to prevent one on one situations between staffing and clients?

Yes No N/A

Does the applicant require more than one adult be present for any transportation of clients?

Yes No N/A

Special Events

Not Applicable

How many events annually does the applicant host, organize, sponsor or promote?

How many events annually have 500 or more attendees/participants?



Special Events (next)

Does the applicant host, organize, sponsor or promote any athletic or sporting events?

Yes No

If alcohol is served at events

Is the applicant responsible for selling and/or serving the alcohol?

Yes No

If a third party sells and/or serves the alcohol, does the applicant obtain a certificate of insurance naming the applicant as additional insured?

Yes No

Does the applicant have any events with pyrotechnics or fireworks?

Yes No

Does the applicant confirm all servers are TIPS trained?

Yes No

Head Start/Child Care Not Applicable

Does the applicant have any substantiated complaints and/or violations resulting in a fine in the past 5 years?

Yes No

Does the applicant maintain a file on every child including health conditions, allergies, medications, and any special needs that is updated at least annually?

Yes No

Does the facility exit directly outside sidewalks, streets, alleys, etc.?

Yes No

Does the applicant currently use or plan to use swimming/aquatic facilities?

Yes No

Does the applicant have formal check-in and release procedures ensuring all children are accounted for and released to the appropriate adult?

Yes No

Are all applicable facility doors and gates equipped with finger pinch guards?

Yes No

Does the applicant have formal, written emergency evacuation plans in place with all staff trained at least annually?

Yes No

Residential Facilities Not Applicable

Type of Home	# Beds	Type of Home	# Beds	Type of Home	# Beds
Developmentally Disabled		Shelter - Battered		Sober Living	
Hospice		Shelter - Homeless		Transitional Living	
Independent Living		Shelter - Crisis		Substance Abuse or Detox	
Mental Health		Shelter - Other		Other	

Residential Facilities (next)

Does the applicant have any substantiated complaints and/or violations resulting in a fine in the past 5 years?

Yes No

Does the applicant provide drug/alcohol detox treatment and care?

Yes No

Does the applicant complete formal, written intake assessment forms on all residents documenting condition and specific needs?

Yes No

Does the applicant have more than 30% Non-Ambulatory residents at any of its facilities?

Yes No

Does the applicant have formal shift change procedures including reporting, documentation, room/bed check interval compliance, etc.?

Yes No

Are any of the applicant's facilities classified as "intermediate care", "direct assistance" or require a client to staffing ratio of 3:1 or higher?

Yes No

Are all residential facilities equipped with smoke detectors, carbon monoxide detectors, emergency lighting and posted emergency evacuation routes?

Yes No

Does the applicant operate residential facilities for troubled or delinquent children and/or teens or those under age 18 with behavioral problems?

Yes No

Does the applicant ensure appropriate controls and separation of male and female residents?

Yes No N/A

Home Healthcare & Hospice

Not Applicable

Services Type (Check all that apply)

Companion care

Personal care

Other

Hospice

Skilling nursing

Infusion therapy

Visiting nurse

Does the applicant provide any services to clients/patients under the age of 18?

Yes No

Is the applicant accredited by CHAP, JCAHO, ACHC or other industry recognized accrediting body?

Yes No

Does the applicant maintain complete medical records on all clients?

Yes No

Does the applicant have formal procedures requiring thorough documentation of every care visit including existing and changes in client condition?

Yes No

Does the applicant provide live-in care or continuous care exceeding 48 hours?

Yes No

Does the applicant obtain a complete treatment plan prescribed by a physician for every client?

Yes No N/A

Does the applicant require a signed client contract including informed consent?

Yes No

Are all medications administered by the applicant properly secured, tracked and inventoried?

Yes No N/A



Athletics

Not Applicable

Does the applicant ensure athletic staffing are properly trained and certified in CPR and first aid?

Yes No

Does the applicant require all athletic staff to undergo athlete safety training including concussions, sudden cardiac arrest, hazing and abuse, etc.?

Yes No

Does the applicant require athletes suffering a concussion to provide an independent medical clearance prior to returning to athletic participation?

Yes No

Does the applicant have formal written inspection and maintenance procedures and logs in place for all athletic equipment?

Yes No

Does the applicant have an AED on premises with staff properly trained on its use?

Yes No

Does the applicant have a formal, written concussion protocol in place for all athletics?

Yes No

Does the applicant require consent and acknowledgement of risk of injury, and waivers of liability signed by parents and athletes?

Yes No

Hired and Non-Owned Auto

Not Applicable

How many employees and volunteers use their personal vehicles for business purposes on behalf of the applicant?

What is the average annual mileage an employee or volunteer would drive their personal vehicle for business purposes?

Do employees of the applicant transport clients in their own personal vehicles?

Yes No

Does the applicant run MVRs on all employees using a personal auto for business purposes annually?

Yes No

Does the applicant collect copies of valid proof of insurance from all employees using a personal auto for business purposes annually?

Yes No

State Mandatory Fraud Warning Statements

State	Mandatory Fraud Warning Statements
AL	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.
AR	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.
CO	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.
DC	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.
FL	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.
KS	Any person who, knowingly and with intent to defraud, presents, 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, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of an application for the insurance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; conceals, for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act.
KY	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.
LA	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.
MD	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
ME	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.
NJ	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
NM	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.
NY	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 not to exceed five thousand dollars and the stated value of the claim for each such violation.
OH	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.
OK	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.
OR	Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing false states as to any material fact may be violating state law.
PA	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.
RI	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.
TN	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.
VA	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.
WA	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.
WV	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.



IMPORTANT NOTICE · DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Signature of Applicant

Title

Date

Signature of Producing Agent

Date

Agent Name

Agent Address