Care Providers Insurance Services, LLC

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Human Social Services - Supplemental Application

GENERAL INFORMATION

Applicant Name: ____

Address: ____

City/St: __________________ **Zip** __________

Website: ___________________ **Policy Eff Date:** __________ **to** __________

Agency Name: ____ **City/State:** _________________________

Contact Person: _______________________ **Tel #:** ________________ **email:** _____________________

For Profit ☐ || **Non-Profit** ☐

Year Business Established ________ **Years Under Present Management** _______

Indicate all Programs administered by the Insured (**check all that apply**):

Children's Programs:		**Community Services:**	
Adoption	☐	Battered Women's Shelter	☐
After School Care	☐	Community Action Programs	☐
Big Brothers/Big Sisters	☐	Community Centers	☐
Boys & Girls Clubs	☐	Counseling	☐
Charter Schools	☐	Family Planning	☐
Children & Teen Shelters	☐	Food bank/Commodity Distribution	☐
Children's Home	☐	Foundations/ Funding Sources	☐
Day Care (Special Needs)	☐	GED Programs	☐
Early Childhood Intervention	☐	Goodwills/ Thrift Stores	☐
Foster Care/ Therapeutic Foster Care	☐	Homeless Shelters	☐
Head Start/Early Head Start	☐	Information/Education/Referral Svs	☐
Jewish Community Centers	☐	Rape Crisis Centers	☐
Medically Fragile	☐	Transportation Services	☐
Residential Treatment Centers	☐	Vocational/Job Training	☐
Schools - Special Needs	☐	YWCA's	☐
Other ________________________________	☐	Other ________________________________	☐

Senior Programs		**Specialty Service Programs**	
Adult Day Care	☐	Autistic	☐
Companion Services/Home Maker	☐	Cerebral Palsey	☐
Home Health	☐	Developmentally Disabled	☐
Meals On Wheels	☐	Group Homes	☐
Sr. Citizens Centers	☐	Handicapped	☐
Weatherization Program	☐	Mentally Retarded	☐
Other ________________________________	☐	Other ______________________________	☐

1) Total Assets (Per Balance Sheet): ____________________

2) Annual Operating Budget: _______________

3) Total Number of Employees _______

4) List Accreditations and Certifications: ____

5) Do you have all required licenses? Yes ☐ No ☐ Are they current? Yes ☐ No ☐

6) Has any license ever been lost, revoked or suspended? Yes ☐ No ☐ If yes, explain:

____

7) Do you lease, sublease or rent to others? Yes ☐ No ☐
If yes, do you obtain certificates of insurance? Yes ☐ No ☐

8) Do you sell any goods or services to others? Yes ☐ No ☐

Products ________________ Annual Receipts ______________

Services _________________ Annual Receipts ______________

9) Have you discontinued any operations, made acquisitions or sold operations in the last 5 years? Yes ☐ No ☐
If yes, describe: ____

10) Do you participate in or sponsor any sports activities for your clients? Yes ☐ No ☐ If yes, explain

____

11) Do you have any field trips? Yes ☐ No ☐ If Yes, number per year _____. Are any overnight? Yes ☐ No ☐
What is the maximum distance traveled? ______. Are release forms obtained? Yes ☐ No ☐
a) What controls are exercised? ____
b) Describe the types of trips: ____
c) What measures are taken to assure no one is left behind? ____
____

B. Management Practices

1) Do you have sign in/sign out procedures for: Staff ☐ Clients/Residents ☐ Visitors/Public ☐

2) Type of security for clients/residents: Guards ☐ Security Cameras ☐ Other _________________________

3) What measures are taken to monitor client activities? ____

4) What precautions are taken to prevent non-staff members from accessing unauthorized areas of the property?

____

5) Do you have incident reporting procedures and/or committee reviews? Yes ☐ No ☐

6) Do you have a plan for medical emergencies? Yes ☐ No ☐

7) Is there always someone trained in CPR and first aid on the premises? Yes ☐ No ☐

8) Do you have AED's? Yes ☐ No ☐ Are staff members properly trained in their use? Yes ☐ No ☐

9) Do you have a written and enforced "NO SMOKING" policy? Yes ☐ No ☐

10) What method do you use for de-escalation? ____
Is it approved? Yes ☐ No ☐ How often is the staff recertified? ____________________

11) Do you use padded rooms? Yes ☐ No ☐

12 Do you use electric shock treatment? Yes ☐ No ☐

C. Professional Liability

	Employees		Volunteers	Contractors	Interns
	F/T	P/T			
Counselor - Unlicensed					
Dietician/Nutritionist					
Home Health Aide					
Medical Director					
Nurse LPN					
Nurse Practitioner					
Nurse RN					
Pharmacists					
Psychiatrist/Optometrist/Dentist					
Psychologist/Clergy					
Physn Asst/Paramedic/EMT					
Physician					
Residential Manager or Care Provider					
Social Worker/Counselor - Licensed					
Social Worker – Unlicensed					
Teacher/Tutor/Aide/Child Care Worker					
Therapist – Occupational					
Therapist - Physical/Speech/Hearing					
Total					

1. Has the agency entered into any agreements relating to professional liability (such as a Professional service contract with any of the above) which contains either a hold harmless agreement, indemnification agreement, or any other professional agreement? Yes ☐ No ☐

   If yes, submit a copy of each agreement.

2. Does the Agency currently carry a Professional Liability Policy? Yes ☐ No ☐

   If yes, please indicate the following:

   Name of Carrier: ______________________________

   Expiration Date: ____/____/____/ **Premium:** __________ **Limits:** __________

   Type of Coverage: ☐**Occurrence** ☐**Claims Made**

3. Has the agency reported any professional liability claims or incidents in the past 3 Years, or is applicant aware of any circumstances, which may result in a claim or suit? Yes ☐ No ☐ If yes, provide Insurance Company loss reports or attach summary of details.

4. Do you obtain Certificates of Insurance and Hold Harmless Agreements from any of your community/contracted professional services providers? Yes ☐ No ☐

6. Do you require your staff (paid and volunteer) to complete an employment application? Yes ☐ No ☐

   Do you conduct a personal interview for each prospective staff member? Yes ☐ No ☐

   Do you verify education references? Yes ☐ No ☐

   Do you verify employment related references? Yes ☐ No ☐

   Do you verify licenses and credentials? Yes ☐ No ☐

   Do you obtain criminal background checks on all individuals before hiring? Yes ☐ No ☐

   Do you obtain MVR’s on all individuals before hiring? Yes ☐ No ☐

   Do you require drug tests on all staff members, including drivers? Yes ☐ No ☐

What are your procedures for evaluating these reports: ______________________________

What actions are taken if a report is considered unfavorable? ______________________________

7. Do all staff members have written job descriptions? Yes ☐ No ☐

8. Are any staff members under the age of 18? Yes ☐ No ☐

   If yes, list position: ____

9. Do you provide workers' compensation for all staff members? Yes ☐ No ☐

10. Do psychiatrists prescribe any experimental drugs? Yes ☐ No ☐

11. Has any client/resident/patient ever committed suicide? Yes ☐ No ☐

   If yes, explain: ____

12. Physicians & Psychiatrists

Name	Dr.	Dr.	Dr.
Specialty			
Board Certified or eligible			
Years in practice			
License #			
Hours/wk for Insured			
Employed or Contracted?			
Malpractice carried?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
o If yes, does coverage include acts while working at center?			
o If yes, does coverage include contingent coverage for center?			
Any claims past 5 years?			

D. Abuse & Molestation

1. What is the age group of clients? Under 7 ____%; 7 thru 13 ____%; 14 thru 17 ____%; 18 to 25 ____%; 26 to 65 ____%; over 65 ____%
2. What is the ratio of staff to clients? ____________________
3. Is there more than one person responsible for the welfare of any single client?
   If yes, please describe: ____________________
4. Are there rules or guidelines prohibiting closed door one-on-one meetings? Yes ☐ No ☐
5. Are there written complaint procedures and are they displayed prominently? Yes ☐ No ☐
   If no, please describe why unnecessary: ____________________
6. Do you require your staff (paid and volunteer) to complete an employment application? Yes ☐ No ☐
   Do you conduct a personal interview for each prospective staff member? Yes ☐ No ☐
   Do you verify education references? Yes ☐ No ☐
   Do you verify employment related references? Yes ☐ No ☐
   Do you verify licenses and credentials? Yes ☐ No ☐
   Do you obtain criminal background checks on all individuals before hiring? Yes ☐ No ☐
   Do you require drug tests on all staff members, including drivers? Yes ☐ No ☐
   What are your procedures for evaluating these reports: ____________________
   What actions are taken if a report is considered unfavorable? ____________________
   ____
7. Do all employees meet the minimum mandated educational or professional experience level for the position assigned? Yes ☐ No ☐
8. Do volunteers work directly with clients? Yes ☐ No ☐
   If yes, please describe the degree of their job function and responsibilities: ____________________
   ____
9. Have any employees been the subject of a child abuse/neglect investigation? Yes ☐ No ☐
   If so, what were the results of the investigation? ____________________
10. Have there ever been any alleged or actual incidents regarding any abuse or molestation? Yes ☐ No ☐
    If yes, please describe: ____________________
    ____
    What procedures have been instituted to prevent reoccurrences of previous events? ____________________
    ____
11. For residential risks, what steps are taken to ensure client-to-client contact is avoided, i.e. separating male from female sleeping quarters, describe: ____________________
    ____
12. Are children of different age groups housed together? Yes ☐ No ☐
    If yes, please describe: ____________________
13. Are children left alone without any adult supervision? Yes ☐ No ☐
    If yes, please describe: ____________________
14. List situations where an employee or volunteer has direct contact with clients in an unsupervised situation without oversight of another staff member: ____________________
15. Is any counseling conducted off premises, i.e. clients' or counselors' homes? Yes ☐ No ☐
    If yes, by whom and what type of clients? ____________________
16. Is any counseling provided after normal business hours? Yes ☐ No ☐
    If yes, describe: ____________________
17. If transportation is provided, is there more than one adult present at all times? Yes ☐ No ☐

18. What is your procedure on how allegations of abuse are handled? ______________________________
____
____

19. Are accused employees removed from client care responsibilities pending outcome of investigation? Yes ☐ No ☐

E. Premises/Life Safety

1. If the building you occupy was built before 1978, has it been inspected for lead paint? Yes ☐ No ☐

   If no, what is the plan for abatement? ______________________________

2. Do you have any plans for renovations or new construction? Yes ☐ No ☐

   If yes, describe: ______________________________

3. Has the premises been inspected by fire authorities for proper extinguishers, signs, escapes, panic hardware on doors? Yes ☐ No ☐

4. Is there a written emergency evacuation plan? Yes ☐ No ☐
   - Is it posted with a floor plan? Yes ☐ No ☐
   - Is there a central meeting point outside the building? Yes ☐ No ☐
   - Does it include notification to the fire department? Yes ☐ No ☐
   - How often are drills conducted? ______________________________

5. Is the hot water set to a temperature of 120 degrees? Yes ☐ No ☐

F. Planned Event / Fund Raisers ☐ N/A

Questions	Event #1	Event #2	Event #3	Event #4	Event #5
Describe/Insert letter for event type: A = Wine tasting; B = Golf outing; C = Other Sporting event; D = Picnic; E = Banquet; F = House tour; G = Bingo; H = Walkathon/Run; I = Fashion Show; J = Concert; K = Other (specify)					
Event Type (from above)					
Date(s) held?					
Daily Hours of operation					
Will any event last longer than 3 days? If so, how long?					
Total anticipated revenue					
Location held					
Estimated Attendance					
Are certificates of insurance obtained from all vendors providing products/services?					
Will alcohol be served?					
Do any sporting events involve motorized vehicles?					
Do all participants sign a waiver?					
Do participants show proof of personal health insurance?					
Does any event involve large animals? (ie: horses, livestock, etc.)					
Does any event involve wild animals?					
Does any event involve aircraft or watercraft?					

F. Automobile ☐ N/A

NOTE: A driver is an employee whose primary job duties are to operate a motor vehicle for the organization.

1. Are there any drivers under the age of 21 years old? Yes ☐ No ☐

2. Are all of your vehicles equipped with seat belts? Yes ☐ No ☐
   a) Do you have written and strictly enforced guidelines, mandating all passengers are secured in their seat belts? Yes ☐ No ☐
   b) Would you ever make an exception based on a medical condition? Yes ☐ No ☐

3. Does insured order/receive/approve MVRs prior to employee driving? Yes ☐ No ☐

4. Does the insured maintain driver's record files? Yes ☐ No ☐
   Does it include: date of hire____ dates of training____ Drug tests____
   MVR and date ordered and received _____Reference Checks____
   Disciplinary actions____ (check those that apply)

5. Do you furnish anyone with an auto? Yes ☐ No ☐
   a. If yes, are relatives ever allowed to operate an organization's vehicle? Yes ☐ No ☐

6. Do you have an accident investigation program? Yes ☐ No ☐
   a. Do you keep a file on accidents? Yes ☐ No ☐

7. What number of your employees use their personal auto for your business? _____

8. Do you require that employees and volunteers carry a minimum limit of liability of at least $100,000? Yes ☐ No ☐
   a. Do you verify (with a photocopy of the policy or other)? Yes ☐ No ☐

9. Is there a vehicle maintenance program? Yes ☐ No ☐
   If yes:
   a. Are maintenance logs and files reviewed by management? Yes ☐ No ☐
   b. Do drivers have procedures for reporting, repairing and servicing? Yes ☐ No ☐
   If yes - daily , weekly , other ______________________________

10. With respect to any rules or procedures, how do you enforce them to assure compliance?
____
____

11. Does the insured have annual competency-based performance reviews conducted on drivers of the mobility assistance/wheelchair van that includes:
   a. operation of the lift or ramp system Yes ☐ No ☐
   b. securing the wheelchair and patient Yes ☐ No ☐
   c. unloading wheelchair & patient Yes ☐ No ☐
   d. use of Company communications system Yes ☐ No ☐

12. Do you obtain written authorization to release driver information from all of your staff upon hiring? Yes ☐ No ☐

13. Do you obtain MVR's on all drivers? Yes ☐ No ☐
   a. If yes, how often? _______
   b. Do you have written criteria on driver acceptability regarding MVR's? Yes ☐ No ☐

14. Do you have a safe driver incentive program? Yes ☐ No ☐
If yes, describe: ____
____

15. What are your procedures for dealing with driver accidents or violations? ______________________________
____

16. Do all drivers possess the required license for the type of vehicle driven? Yes ☐ No ☐

17. Explain your driver safety program: ____
____
____

Hired & Non-Owned Vehicles ☐ N/A

1. Do you hire vehicles? Yes ☐ No ☐
If yes, what types of vehicles do you hire? ____

2. Do you hire from a transportation company? Yes ☐ No ☐
a. Do you obtain certificates of insurance? Yes ☐ No ☐
b. What minimum limits do you require? ________________________

3. Annual number of vehicles hired: ___________ Annual cost of hire: ______________________

4. How many employees/volunteers drive personal vehicles for business use: regularly? ____ occasionally? _____
a. Do you obtain proof of insurance for anyone driving for business purposes? Yes ☐ No ☐
b. Do you update these records at least semi-annually? Yes ☐ No ☐
c. Do you require at least $100,000 in minimum limits? Yes ☐ No ☐

Donated Vehicles ☐ N/A

1. What are your requirements for donation (eg: age, condition, etc.)? ___________________________________

2. How and by whom is the vehicle delivered? ____

3. When and how does title transfer to you? ____

4. Where and under what controls are the vehicles stored? ____

5. Do you repair any vehicles? Yes ☐ No ☐
a. If yes, describe the types of repairs ____
b. What is the training of the individuals doing the repairs? ______________________________________

6. How do you dispose of the vehicles? ____

7. If you sell the vehicles yourself, do you sell them “As Is” with no guarantees? Yes ☐ No ☐

8. Do you have dealer plates? (If yes, how many? ____) Yes ☐ No ☐

9. Approximately how many vehicles do you get donated each year? ____

H. Residential Facilities ☐ N/A

Residents	# Beds	Residents	# Beds	Residents	# Beds
Acute Skilled Care		Inpatient Crisis Center		Respite Care	
Aged		Low Income Housing		Transitional Housing	
Group Home		Shelter – Abuse Victims		Children's Home	
Hospice		Shelter – Homeless		Troubled Teen	
Independent Living		Shelter – Other		Other (specify)	

1. Annual number of clients by age group: Under 7 ____; 7 thru 13 ____; 14 thru 17 ____; 18 to 35 ____; 36 to 65 ____; over 65 ____
2. Annual number of clients by type: Emotional ____; Drug/Alcohol ____; Mental Illness ____; Mental Retardation/Developmental Disability ____.
3. Specify number of: Male ____; Female ____; Co-Ed ____.
4. Are residents separated? Yes ☐ No ☐
   If yes, how are they separated? ____
5. Average length of stay __________
6. Number of non-ambulatory patients ____. Are there any above the first floor? Yes ☐ No ☐
7. Total number of rooms: ____ Total number of bedrooms: ____
8. What was the date of the last inspection by a licensing agency? _______. Any deficiencies? Yes ☐ No ☐
   If Yes, describe ____
9. Does a physician screen clients prior to admission? Yes ☐ No ☐
10. Do you require signed release forms for the release of records to other individuals or institutions? Yes ☐ No ☐
11. Are patients primarily responsible for their own basic personal care including:
    a. bathing Yes ☐ No ☐
    b. eating Yes ☐ No ☐
    c. dressing Yes ☐ No ☐
    d. restroom aid Yes ☐ No ☐
12. Is the staff trained in non-violent crisis intervention? Yes ☐ No ☐
    If yes, which protocol? ____
13. What type of method do you use for de-escalation? _________________ Is it approved? Yes ☐ No ☐
14. What is your physical restraint policy? ____
15. What is the ratio of resident to staff? Day ______ Night ______
16. What procedures are in place for clients that are permitted to leave the premises without supervision?_______
    ____
17. How many visits a month are made by a caseworker to a resident? ___________________________
18. How do you provide for the residents privacy and individual security? ___________________________________
    ____
19. How often are rooms inspected? __________ Who performs the inspections? ____________________
20. Do you have written procedures? Yes ☐ No ☐ Do you have a checklist? Yes ☐ No ☐
21. Do you maintain a log of all inspection activity? Yes ☐ No ☐
22. Is it reviewed by management regularly? Yes ☐ No ☐

23. How often are bed checks done? _______ Random ☐ Scheduled ☐
24. How is staff monitored? ____
25. Are there security cameras monitoring operations? Yes ☐ No ☐
26. Are resident's doors ever locked from the outside? Yes ☐ No ☐
27. Are residents allowed to cook their own meals? Yes ☐ No ☐ If yes, in ☐ Private or ☐ Common cook areas.

I. Adoption ☐ N/A

1. Are you licensed in all states in which you operate? Yes ☐ No ☐
2. Is the agency private or state operated? ___________________________________
3. Does Insured choose the parents and do placements or do they refer to a state agency? ___________________
4. Does the insured follow all State Requirements regarding adoption rules and procedures? Yes ☐ No ☐
2. Are the adoption services: Opened ☐ Closed ☐ Average annual number of adoptions: ______
3. International Adoptions Yes ☐ No ☐ Total annual number of anticipated Int'l adoptions: ______
   What countries? a.______________; b. ______________; c. ______________; d. __________________
4. Anticipated number of adoptions over the next 12 months: ________
   By Ages: Less than 1 yr ____; Age 1-5 ____; Age 5-10 ____; Over 10 _____
5. Total number of unsuccessful adoptions _______
6. Total number of training hours for each adoptive family prior to the placement of child ______________
7. Total annual number of training hours for each adoptive family _____________________
8. Are case workers supervised? Yes ☐ No ☐ Are decisions made by a team? Yes ☐ No ☐
9. Are home studies conducted? Yes ☐ No ☐ What are staff member's credentials? ____________________
10. Is there a written procedure in place to analyze potential applicants? Yes ☐ No ☐
11. Are criminal records checked prior to approval of an adoptive home? Yes ☐ No ☐
12. Do you have written procedures for dealing with a report of abuse? Yes ☐ No ☐
13. Are children given thorough medical exams, with prior conditions noted, and before placed? Yes ☐ No ☐
14. Is counseling provided to birth parents after placement? Yes ☐ No ☐
15. Are children given to adoptive parents upon release from the hospital? Yes ☐ No ☐
16. Are children placed in a foster home until the time passes for the mother to change her mind? Yes ☐ No ☐
17. Do the adoptive parents receive special counseling after placement? Yes ☐ No ☐
18. Do you perform follow-up visits after placement has been made? Yes ☐ No ☐
    a. If yes, are these visits announced? Yes ☐ No ☐
    b. How often do they occur? ______________
    c. When do these visits stop? ___________________________
19. What are the rights of the child's biological grandparents?____

J. Foster Care ☐ N/A

1. How many foster care homes has the Insured placed children in? ____________
2. Anticipated number of foster children over the next 12 months: ________
   Ages: Less than 1 yr ____; Age 1-5 ____; Age 5-10 ____; Over 10 _____
3. Does the insured place special needs children Yes ☐ No ☐ If yes, explain condition _________________
____
4. Total number of foster families at any one time: ___________
5. Total number of case workers ____ Maximum number of children per Case Worker allowed _______
6. Are audit procedures in place to be sure that home visits are being conducted? Yes ☐ No ☐
7. Are case workers supervised? Yes ☐ No ☐ Are decisions made by a team? Yes ☐ No ☐
8. Are home studies conducted? Yes ☐ No ☐ What are staff member's credentials? ____________________
9. Average number of foster children who are placed multiple times _______
10. Total number of training hours for each foster family prior to the placement of first child ______________
11. Total annual number of training hours for each foster family _____________________
12. Is full disclosure of child's history made to parents prior to placement? Yes ☐ No ☐
13. Is there a written procedure in place to analyze potential applicants? Yes ☐ No ☐
14. Are criminal records checked prior to approval of a home? Yes ☐ No ☐
15. Does the insured follow all State Regulations on Foster Care procedures? Yes ☐ No ☐
16. Do you have written procedures for dealing with a report of abuse? Yes ☐ No ☐
17. Are children given thorough medical exams, with prior conditions noted, and before placed? Yes ☐ No ☐
18. Do the adoptive/foster parents receive special counseling after placement? Yes ☐ No ☐
19. Do you perform follow-up visits after placement has been made? Yes ☐ No ☐
    a. If yes, are these visits announced? Yes ☐ No ☐
    b. How often do they occur? ______________
    c. When do these visits stop? ___________________________
20. Does the insured maintain complete records of all placements, incidents, follow-ups, etc? Yes ☐ No ☐
21. How many foster home agreements have been terminated (both voluntary & involuntary) in the past:
    12 months ____; 24 months ____; 36 months _____

K. Outpatient Facilities ☐ N/A

Type of Service	# Visits	Types of Service	# Visits

1. Estimated percentage of clients by age group: Under 18 ____%; 18-35 ____%; 35-65 ____%; Over 65% ____
2. Annual number of clients by type: Emotional ____; Drug/Alcohol ____; Mental Illness ____; Mental Retardation/Developmental Disability ____.
3. Do you operate a clinic? Yes ☐ No ☐ If yes, is it open to the public? Yes ☐ No ☐
4. Do you offer group therapy? Yes ☐ No ☐ If yes, average size of group? ______________
   a. How often does the group meet per week? ___________
   b. Explain the nature of problems treated/discussed ____
5. Do you operate a crisis hotline? Yes ☐ No ☐ Estimated annual number of calls received? ___________
   a. Types of calls: Suicide ____%; Drug/Alcohol ____%; Child/Spouse Abuse ____%; Other ____%
   b. What are the hours of operation for the hotline _____________________
   c. Is training provided? Yes ☐ No ☐ Describe ____
   d. Do volunteers answer calls? Yes ☐ No ☐
6. Do you make telephone referrals? Yes ☐ No ☐ If yes, estimated annual number of calls _______
7. Do you provide services in client's homes? Yes ☐ No ☐
8. Do you operate any mobile servicing units? Yes ☐ No ☐

L. Substance Abuse Program ☐ N/A

1. Is treatment ☐ Individual or ☐ Group?
   Number of individual sessions annually _________ Number of group sessions annually _________
2. Do you provide a methadone maintenance program? Yes ☐ No ☐
   If Yes, where is the methadone stored? _______________________________________
   Number of methadone-only clients annually ________ Number of clients with take home privileges ________
3. Do you operate a detoxification unit? Yes ☐ No ☐ If yes, ☐ Medical ☐ Other
   a. If medical, do you accept clients with a history of delirium tremens (DT's) or seizures? Yes ☐ No ☐
   b. If clients are experiencing DT's or seizures do you: ☐ Treat them or ☐ Refer them to a hospital?
4. Do you operate drug/alcohol rehabilitation? Yes ☐ No ☐ If yes, are these for adults only? Yes ☐ No ☐
   a. Are facilities ☐ single sex or ☐ Co-ed ?

M. Medical Facilities ☐ N/A

1. The facilities are for: ☐ Staff ☐ Clients ☐ General Public (check all that apply)
2. What are the facility hours? ______________________
3. Do you provide more than immediate care/first aid? Yes ☐ No ☐ If yes, explain ______________________
4. By job title, who staffs the facilities? ______________________
5. Do you keep only over-the-counter drugs on the premises? Yes ☐ No ☐ If no, explain ______________________
6. Which staff members dispense the medications? ______________________
7. Are medications and equipment kept in a locked facility? Yes ☐ No ☐
   If no, where are they kept? ____________ Which staff members have access? ____________
8. Do you have policies & procedures in place for prescribing/administering medication? Yes ☐ No ☐
   If yes, explain ______________________
9. What medical equipment do you have? ______________________
10. Do you maintain a log of all those who receive care? Yes ☐ No ☐
11. Do you maintain a medical history and care records for each individual? Yes ☐ No ☐

N. Therapeutic Horseback Riding ☐ N/A

1. Are liability waivers signed by all parents/guardians? Yes ☐ No ☐
2. Do you follow North American Riding for the Handicapped standards? Yes ☐ No ☐
3. Do you or your instructors have regional or national riding certificates? Yes ☐ No ☐
4. Do you fasten a child to any part of the saddle? Yes ☐ No ☐
5. Are safety helmets mandatory? Yes ☐ No ☐
6. Do you provide transportation to and/or from the facility? Yes ☐ No ☐
7. Total annual lessons ____________ Average size of group ____________
8. What is the experience of the staff? ______________________
9. What is the ratio of riders to counselors? _________. Minimum age of riders? ____________

O. In Home Support Services ☐ N/A

1. Services: (check all that apply)

Nursing Care ☐	Speech Therapy ☐	Social Work ☐	Nutrition Counseling ☐
Bathing ☐	Changing Catheter ☐	Dressing ☐	Meal Preparation ☐
Laundry ☐	Running Errands ☐	Housework ☐	Medication Management ☐
Eating ☐	Restroom Aid ☐	Repositioning ☐	Driving clients to/from Appointments ☐
Blood Testing ☐	Infusion Therapy ☐	Other ☐	

2. How long has the program been in place? ______________________
3. How many employees provide in-home services? ____________ No. of Volunteers? ________
4. Number of non-ambulatory clients ______________________
5. Payroll for the last twelve months? $______________________

6. Do you sell and/or rent medical equipment? Yes ☐ No ☐
   Receipts sales $______________ Receipts rentals $__________________
7. Are all staff properly informed of AIDS/HIV patients? Yes ☐ No ☐
8. Do you have written procedures in place to prevent theft from clients' homes? Yes ☐ No ☐
9. Explain types of training your staff receives ____
10. Are medications administered? Yes ☐ No ☐
11. Are visits documented? Yes ☐ No ☐ How is staff monitored? ______________________________

P. Food Bank ☐ N/A   Thrift Store ☐ N/A

1. Are aisles kept clear and unobstructed? Yes ☐ No ☐
2. Are goods properly stored and stacked? Yes ☐ No ☐ Are any goods kept outdoors? Yes ☐ No ☐
3. Are forklift operators properly trained and supervised? Yes ☐ No ☐
4. Do you provide pick-up services? Yes ☐ No ☐
5. How many drop off containers and/or pick-up containers do you have? _______________
6. Do you pick up from homes or businesses? Yes ☐ No ☐ What radius do you drive ______________
7. Do you have a loading dock or appropriate place to unload goods? Yes ☐ No ☐
8. How often are incoming goods sorted to identify spoiled and/or hazardous goods? _____________________
9. Are unwanted goods disposed of promptly and properly? Yes ☐ No ☐
10. If food, are product expiration dates monitored? Yes ☐ No ☐

Q. Food Preparation Facilities ☐ N/A

1. The food preparation equipment is: ☐ Electric ☐ Gas ☐ Propane ☐ Other __________________
2. The food preparation equipment is in: ☐ One common area;☐ Each Floor;☐ Individual Rooms;☐ Other ______
   Total number of cooking areas ___________________________________
3. Who has access to the cooking area? ☐ Staff; ☐ Clients/Residents; ☐ Unrestricted
4. For whom is the food prepared? ☐ Staff; ☐ Clients/Residents; ☐ Unrestricted
   If unrestricted, explain ____
5. Describe eating and serving areas: ____
6. Is food properly covered, stored, served? Yes ☐ No ☐
7. Are there fire extinguishers in the cooking area? Yes ☐ No ☐
8. The cooking equipment is: ☐ Residential ☐ Commercial
9. Cooking equipment is equipped with: ☐ Nothing; ☐ Hoods; ☐ Ducts; ☐ Exhaust Fans; ☐ Automatic fire suppression systems; ☐ Automatic fuel shutoff controls; ☐ Other ______________________________________
10. How often is cooking equipment cleaned? ________________ Cleaned by: ☐ You; ☐ Cleaning contractor
11. Do the hoods have removable filters? Yes ☐ No ☐

R. Pool ☐ N/A

1. Are the appropriate number of trained lifeguards on duty at all times when the pool is open? Yes ☐ No ☐
   If no, explain ____
2. How are your lifeguards certified? ____
3. Are all pool users evaluated for swimming ability prior to pool use? Yes ☐ No ☐
4. Are all non-swimmers required to wear life preservers? Yes ☐ No ☐
5. Who uses the pool area? ☐ Staff; ☐ Clients/Residents; ☐ Unrestricted
   If unrestricted, explain ____
6. Is the pool completely fenced with a self locking gate? Yes ☐ No ☐ If yes, what height? __________
   If no, explain ____
7. The pool area includes: ☐ Jacuzzi; ☐ Hot Tub; ☐ Whirlpool/Spa; ☐ Diving Board; ☐ Kiddie Pool; ☐ Water slide; ☐ Trampoline; ☐ Water Blob; ☐ Trapeze; ☐ Other (describe) ______________________
   Describe height of any water slide, diving board, trapeze, or elevated structure ______________________
8. Are depths clearly marked? Yes ☐ No ☐ Is diving prohibited in non-dive areas? Yes ☐ No ☐
9. Is the walking surface around the pool non-skid and in good condition? Yes ☐ No ☐
10. Is the staff trained in: Water Safety? Yes ☐ No ☐; CPR? Yes ☐ No ☐ ; First Aid? Yes ☐ No ☐
11. Are all areas of the pool, including the bottom, visible at all times? Yes ☐ No ☐
12. Are there interval breaks to clear the pool, change lifeguards, etc? Yes ☐ No ☐ If yes, how often? _______
    If not, explain procedures ____
13. Do posted rules meet all state and local regulations? Yes ☐ No ☐
14. Are swimming lessons given? Yes ☐ No ☐ If yes, by whom ______________________________
15. Is there any swim team participation? Yes ☐ No ☐
16. Are pool chemicals properly stored and secured? Yes ☐ No ☐ How often is pool tested? ____________
17. How often is the pool cleaned? ___________
18. Do you have specific written guidelines for closing the pool due to water contamination? ________________

S. Lakes / Ponds ☐ N/A

1. Is swimming allowed? Yes ☐ No ☐ Is there a designated & clearly marked swimming area? Yes ☐ No ☐
2. Are the appropriate number of trained lifeguards on duty at all times during operating hours? Yes ☐ No ☐
   If no, explain ____
3. How are your lifeguards certified? ____
4. Are all users evaluated for swimming ability prior to pool use? Yes ☐ No ☐
5. Are all non-swimmers required to wear life preservers? Yes ☐ No ☐
6. Who uses the lake/pond area? ☐ Staff; ☐ Clients/Residents; ☐ Unrestricted
   If unrestricted, explain ____
7. Are there boat docks? Yes ☐ No ☐ If yes, where? ______________________________
8. Lake use (check all that apply)

   ☐ Swimming; ☐ Water Skiing; ☐ Jet Skis/Wave Runners; ☐ Canoes/Row boats; ☐ Sail Boats/Catamarans;

   ☐ Paddle Boats ☐ Ice Skating/Hockey ☐ Power Boats (max H.P./length) ______________________
9. Is there watercraft rental? Yes ☐ No ☐ If yes, what types __________________ Annual Receipts $_______

T. Playground ☐ N/A

1. Is the playground supervised during all open hours? Yes ☐ No ☐
2. Who uses the playground area? ☐ Staff; ☐ Clients/Residents; ☐ Unrestricted
   If unrestricted, explain ______________________________
3. Is the play area fenced? Yes ☐ No ☐ Is the surface "kid friendly" Yes ☐ No ☐ Describe______________
   ____
4. What is the maximum height of any of the equipment? ________________
5. Is the playground equipment checked regularly? Yes ☐ No ☐ Log book maintained? Yes ☐ No ☐
   Is maintenance performed promptly when required? Yes ☐ No ☐

U. Fitness Area ☐ N/A

1. Is the fitness area secured? Yes ☐ No ☐ Is the fitness area supervised during all open hours? Yes ☐ No ☐
2. Is it open/accessible at any time when your facility is closed? Yes ☐ No ☐ If yes, when & why? ___________
   ____
3. Who uses the fitness area? ☐ Staff; ☐ Clients/Residents; ☐ Unrestricted
4. Describe all fitness equipment and facilities (both indoor & out) ______________________________
   ____
5. How often and by whom is the equipment inspected? ______________________________
   Do you keep written logs/maintenance records? Yes ☐ No ☐
6. Do you have age and usage restrictions? Yes ☐ No ☐

V. Camps ☐ N/A

1. Is written permission/waiver of liability obtained from every child's parent or legal guardian? Yes ☐ No ☐
2. Is a medical release form obtained from every child's parent or legal guardian? Yes ☐ No ☐
3. Does the camp provide overnight services? Yes ☐ No ☐ If Yes, what is the average length of stay? _______
4. What is the total number of days in operation annually? ______ Number of children at each camp?__________
5. What is the total number of staff members at each camp? _____ Ratio of campers to staff? __________
6. Are criminal background checks done on each staff member? Yes ☐ No ☐
7. What staff qualifications are required for working with children? ______________________________
   ____
8. Are sleeping quarters segregated by sex? Yes ☐ No ☐ If no, explain ______________________________
9. Indicate any of the following camp operations:
   ☐ Obstacle Course; ☐ Motor Boats; ☐ Archery; ☐ Jet Skis/Wave Runners; ☐ Pools; ☐ Lake;

   ☐ Guns; ☐ Rock Climbing; ☐ Ropes Courses; ☐ Horses; ☐ Adventure/Wilderness Experiences;

   ☐ Paint Ball; ☐ Zip Lines; ☐ Scuba; ☐ Contact Sports; ☐ White water rafting; ☐ Skiing; ☐ Other

   Explain other ______________________________

W. Sheltered Workshop ☐ N/A

1. Describe work/product being performed ____________________
2. Do you perform industrial subcontracted work? (ie: packing, assembly, manufacturing, etc.) Yes ☐ No ☐
3. What company label goes on the product? ____________________
4. Who is the ultimate user of the product? ____________________
5. Do any of your products/work go into: (check all that apply)
   ☐ Toys; ☐ Children's Clothing/Furniture; ☐ Aircraft; ☐ Watercraft; ☐ Sporting Goods;
   ☐ Tools or equipment; ☐ Machinery; ☐ Motorized devices; ☐ Chemicals or drugs; ☐ Food Products;
   ☐ Cosmetics; ☐ Appliances; ☐ Electrical Apparatus.
6. Is there renovation or processing of used materials? Yes ☐ No ☐ If yes, describe ____________________
7. Are flammables stored in proper receptacles? Yes ☐ No ☐
8. What controls are in place for painting, stripping, finishing, welding, metal working, woodworking, etc? ________
   ____
9. Are hazardous operations separated? (ie: spray booths, welding booths, etc.) Yes ☐ No ☐
   If yes, describe how ____________________
10. When was the last time the workshop was inspected by OSHA? ____________________
11. Is there proper ventilation for the work being performed? Yes ☐ No ☐
12. Describe frequency and type of waste disposal? ____________________
13. Describe the quality control program in place ____________________
14. Do counselors make follow-up visits to clients placed in outside employment? Yes ☐ No ☐
    What is the frequency of follow-up? ____________________

X. Adult Day Care ☐ N/A

1. Are you licensed by the state? Yes ☐ No ☐
   License number: ___________ Expiration Date: ____________ Licensed Capacity _____________
2. What is the maximum number of clients on the premises at any one time? _____. Average daily attendance: _____
   Describe all activities at this facility: ____________________
   ____
3. Are there any overnight stays? Yes ☐ No ☐ If yes, please provide details ____________________
   ____
4. Indicate type of facility: ☐ Social % ____ ☐ Medical/Mental % _____ ☐ Other % _____
   Describe: ____________________
5. Are there non-ambulatory clients? Yes ☐ No ☐ If yes, how many? _______ On what floor(s) __________
6. Are there any Alzheimer's/Dementia afflicted clients? Yes ☐ No ☐ If yes, how many? _______
   Describe measures to control wandering: ____________________
7. What is your client to staff ratio? ___________
8. List medication administered and in what form given: ____________________

9. Is there any Medical treatment provided? Yes ☐ No ☐ If yes, please provide details ___________________

____

10. Is there any counseling therapy provided? Yes ☐ No ☐ If yes, please provide details ___________________

____

11. Any off-premises field trips? Yes ☐ No ☐ If yes, please provide details _____________________

____

12. What precautions are taken to keep track of clients? ____

Sign in/out procedure? Yes ☐ No ☐ Describe: ____

Alarms on doors? Yes ☐ No ☐ Describe: ____

XI. Correctional/Detention/Reform (C/D/R) Facilities ☐ N/A

1. Please describe your primary occupants or clients: ____

____

2. Please advise percentage of occupants/clients directed to you by the criminal justice system: % ________
3. How many separate Residential Locations do you operate? _________
4. How many separate Nonresidential Operations do you manage? _____________
5. How many total C/D/R employees do you have? Full time: _____ Part time: ______
6. How many total C/D/R contracted employees do you have? _________
7. List all entities or organizations that need to be included as an additional insured. Please include the affiliation to your organization. Attach an additional sheet if necessary: ____

____

8. Do you provide any day care services for employees, inmates and/or clients? .... Yes ☐ No ☐

9. a. Does your employment application (paid and volunteer) include questions addressing whether the individual has ever been convicted of any crime?.. Yes ☐ No ☐

b. If Yes, please explain: ____

____

c. Does your employment application (paid and volunteer) include a question addressing whether Applicant has ever been found guilty of a violation of professional ethics codes, misconduct,incompetence, negligence, or been required to surrender their license?...................................... Yes ☐ No ☐

11. Do you conduct random drug testing of your entire employed and contracted staff?...................Yes ☐ No ☐

12. a. Do you request and receive background investigations from each of the following sources: police reports, child abuse registries, and the FBI/National Crime Information Center, on all prospective employees and volunteers? .... Yes ☐ No ☐

c. If No, please explain what background investigations are done: __________________________________

____

13. Do you follow a plan of supervision that monitors staff in day-to-day relationships with clients

or occupants?.. Yes ☐ No ☐

14. Do you have a written crisis management plan for dealing with staff, victim(s), family(ies), authorities, and media if you have an incident of abuse or death? If Yes, please attach Yes ☐ No ☐

9. Is there a Staff Training and Development Program? If Yes, please attach.................................. Yes ☐ No ☐

10. Do you insist and assure proper training has been received by your employees in conjunction with the following:

a. Baton/PR-24/ASP?......................... Yes ☐ No ☐ f. First aid? .... Yes ☐ No ☐

b. Chemical sprays? .... Yes ☐ No ☐ g. Evacuation?...........................Yes ☐ No ☐

c. Appropriate restraint techniques?... Yes ☐ No ☐ h. Emergency procedures?........Yes ☐ No ☐

d. Suicidal tendencies? .... Yes ☐ No ☐ i. CPR?.....................................Yes ☐ No ☐

e. Nonviolent crisis intervention?.........Yes ☐ No ☐ j. Abuse recognition?.................Yes ☐ No ☐

11. Are formal employee training records maintained?.. Yes ☐ No ☐

12. Are employee training records maintained separately from an employee's personnel file?............ Yes ☐ No ☐

13. a. Do you or your offenders manufacture, sell, handle, distribute or dispose of any product(s) to outside, unrelated parties? .... Yes ☐ No ☐

b. **If Yes**, please answer Questions 1.-2. below.

1. a. Describe the type and nature of products or goods that you grow, make, remake, assemble, modify, produce, package, install or manufacture: ____

____

b. Please provide estimated gross annual sales/receipts generated from the products or goods indicated in 2.a. above: ______________________

c. To whom are the products sold or delivered?

2. Is the work performed under contract? Yes ☐ No ☐ If Yes, please attach a copy of the contract.

NOTICE TO APPLICANTS:
In most states, any person who knowingly, with intent to defraud, files an application for insurance containing any materially false information or who, for the purpose of misleading, conceals information concerning any fact material hereto, commits a fraudulent act, which is a crime.

____
APPLICANT'S SIGNATURE
(A quote will not be provided without an applicant's signature.)

TITLE: ______________________________ DATE: ___/___/____

____ DATE: ___/___/____
AGENT'S SIGNATURE: