CONVELO INSURANCE GROUP

NONPROFIT + HUMAN SERVICES
COMPREHENSIVE SURVEY

Applicant's Legal Name:			
Website Address:			
Type of Organization:	☐ Nonprofit	☐ For-Profit	☐ Public Entity/Governmental
Religious Affiliation:	☐ Religious	☐ Non-religious	
Loss Control Contact:			
Name:			
Address:			
Phone Number:			
Email Address:			

The following sections are mandatory - **Section I - Prequalification, Section II - General Information, and Section III - Premises and Life Safety.** Complete the other sections if applicable to your operations and coverage requests.

Section I - Prequalification

1. Are any of the following activities part of your organization's operations?

ACTIVITY	PERCENTAGE OF TOTAL ACTIVITIES		
☐ Adoption services, adoption agencies, foster placement	_____%	YES ☐	NO ☐
☐ Alternative medicine (including acupuncture, homeopathy, etc.)	_____%	YES ☐	NO ☐
☐ Alternative mental health practices (including electro shock treatment, hypnosis, neuro biofeedback, etc.)	_____%	YES ☐	NO ☐
☐ Amateur, intramural, professional or semi-professional sports leagues	_____%	YES ☐	NO ☐
☐ Crime prevention, neighborhood watch, security patrol	_____%	YES ☐	NO ☐
☐ Financial counseling, loan & financing assistance	_____%	YES ☐	NO ☐
☐ Half-way houses, correctional or lock-down facilities, prison alternatives	_____%	YES ☐	NO ☐
☐ Hospice or respite care	_____%	YES ☐	NO ☐
☐ Hot lines & crisis intervention	_____%	YES ☐	NO ☐
☐ HUD housing; housing development, construction & management; home improvement & repairs	_____%	YES ☐	NO ☐
☐ In-home assistance (companion or medical care, chore assistance, mentoring, interventions, etc.)	_____%	YES ☐	NO ☐
☐ Labor unions	_____%	YES ☐	NO ☐
☐ Legal services, legal advocacy	_____%	YES ☐	NO ☐
☐ Lobbying, political action (including rallying, protesting), political campaign activities	_____%	YES ☐	NO ☐
☐ Medical, surgical, or dental care (including prescribing or dispensing medicine, skilled nursing)	_____%	YES ☐	NO ☐
☐ Mental health (psychiatrists, psychologists, etc.)	_____%	YES ☐	NO ☐
☐ One-on-one mentoring programs: ☐ ON-SITE ☐ OFF-SITE	_____%	YES ☐	NO ☐
☐ Operations or travel outside of the US	_____%	YES ☐	NO ☐
☐ Opioid Maintenance Therapy (OMT) (including detox services, methadone)	_____%	YES ☐	NO ☐
☐ Transportation for a fee	_____%	YES ☐	NO ☐
☐ Veterinary services	_____%	YES ☐	NO ☐

If yes to any listed above, please provide details:

_____

2.	Do you serve clients with any of the following disorders?		
	DISORDER **TOTAL PERCENTAGE OF CLIENTS WITH DISORDER**		
	☐ Addiction and impulse control disorders _____%	YES ☐	NO ☐
	☐ Anger or Intermittent Explosive Disorder (IED) _____%	YES ☐	NO ☐
	☐ Eating disorders & addictions _____%	YES ☐	NO ☐
	☐ Kleptomania (stealing disorder) _____%	YES ☐	NO ☐
	☐ Pyromania (fire-starting disorder) _____%	YES ☐	NO ☐
	☐ Sex addiction _____%	YES ☐	NO ☐
	☐ Substance abuse (alcohol or drug) _____%	YES ☐	NO ☐
	☐ Mental illness and disorders, developmental disabilities _____%	YES ☐	NO ☐
	☐ Alzheimer's, Dementia _____%	YES ☐	NO ☐
	☐ Autism _____%	YES ☐	NO ☐
	☐ Cerebral Palsy _____%	YES ☐	NO ☐
	☐ Psychotic Disorders (schizophrenia, delusions, hallucinations, paranoia, etc.) _____%	YES ☐	NO ☐
	☐ Obsessive Compulsive Disorder (OCD) _____%	YES ☐	NO ☐
	☐ Mood disorders (major or severe depression, bi-polar disorder, etc.) _____%	YES ☐	NO ☐
	☐ Personality or dissociative disorders _____%	YES ☐	NO ☐
	☐ Sexual offenders (including pedophilia) _____%	YES ☐	NO ☐
	☐ Suicidal or self-injurious _____%	YES ☐	NO ☐
	☐ Violent offenders _____%	YES ☐	NO ☐
	If yes to any listed above, please provide details:		
3.	Has your organization been in operation for less than 3 years?	YES ☐	NO ☐
	If you answered yes to any of the above your operation may not be eligible for our program. You may wish to speak to your agent/broker before proceeding with the remainder of the survey.		

Section II - General Information

1. Please provide a description of your organization's operations
(including programs and services offered and number of clients served by each program):

2. Annual operating budget: $ Annual payroll: $

Does more than 30% of your organization's funding come from one source? YES ☐ NO ☐

If yes, please provide details:

3. How many years has your organization been under the current management? _____

4. Has your organization started any new programs or services or discontinued any programs or services in the last 5 years? YES ☐ NO ☐

If yes, please provide details:

5. Has your organization undergone any mergers, acquisitions, or legal name changes in the last 5 years? YES ☐ NO ☐

6. During the next 12 months, are there any plans for mergers, acquisitions, sale of assets or business, or change in services? YES ☐ NO ☐

If yes, please provide details:

7. Does your organization have any subsidiaries? YES ☐ NO ☐

If yes, please attach documentation of organizational hierarchy including list of each subsidiary containing the legal name, DBA, address, programs and services provided by each subsidiary, and ownership percentage of each subsidiary.

If yes, are you requesting coverage for subsidiaries under this policy? YES ☐ NO ☐

8. Is your organization the subsidiary of another organization? YES ☐ NO ☐

If yes, please provide details:

9. Is your organization accredited by any professional organization? YES ☐ NO ☐

If yes, please list all accreditations and the certifying organization(s):

10. Does your organization lease, sub-lease, or rent premises to others on short-term (includes rental halls) or long-term basis? YES ☐ NO ☐

If yes, does your organization obtain certificates of insurance? YES ☐ NO ☐

If yes, please provide details:

11. Does your organization host field trips to off-site locations? YES ☐ NO ☐

If yes, please provide details on the frequency, location(s), and if waivers are required to be signed to take clients or children off premises.

12. Does your organization provide accident insurance for clients and participants? YES ☐ NO ☐

If yes, does the accident insurance policy:
☐ automatically apply to all clients and participants
☐ is available for purchase by clients and participants - clients and participants are not required to purchase

If yes, please provide the following information:

Insurance Carrier:		Policy Number:	
Policy Term:		Policy Limits:	

Section III - Premises and Life Safety

1.	Is your organization currently in compliance with all local, state, and federal building codes including zoning, fire, health, and handicap accessibility codes?							YES ☐	NO ☐
	If no, please provide details:								
2.	Does your organization have any plans for renovations or new construction within the next 12 months?							YES ☐	NO ☐
	If yes, please provide details:								
3.	Are any of the following measures in place at your locations?								
	Carbon Monoxide Detectors?	YES ☐	NO ☐						
	Fire Alarms?	YES ☐	NO ☐				Central Station?	YES ☐	NO ☐
	Security Alarms?	YES ☐	NO ☐				Central Station?	YES ☐	NO ☐
	Security Cameras?	YES ☐	NO ☐						
	Security Guards - Contracted?	YES ☐	NO ☐	Armed Guards?	YES ☐	NO ☐	Unarmed Guards?	YES ☐	NO ☐
	Security Guards - Employed?	YES ☐	NO ☐	Armed Guards?	YES ☐	NO ☐	Unarmed Guards?	YES ☐	NO ☐
	Smoke Detectors?	YES ☐	NO ☐	Battery Operated?	YES ☐	NO ☐	Hard Wired?	YES ☐	NO ☐
	WanderGuard or ResidentGuard?	YES ☐	NO ☐						
4.	Is panic hardware installed on all exit doors?							YES ☐	NO ☐
5.	Are all exits clearly marked and illuminated?							YES ☐	NO ☐
6.	Does your organization have a strict no smoking on premises policy with no smoking signs posted within view?							YES ☐	NO ☐
7.	Are any of your buildings more than 50% vacant or unoccupied?							YES ☐	NO ☐
8.	Do any of your properties feature aluminum wiring?							YES ☐	NO ☐
	If yes, has the aluminum wiring been retrofitted with the following connectors by a licensed Electrician?								
	COPALUM?							YES ☐	NO ☐
	AlumiConn?							YES ☐	NO ☐
9.	Are any of the following used as sources of heat at any of your locations? (check all that apply) ☐ Pellet stove ☐ Portable space heaters ☐ Wood-burning fireplace or wood-burning stove ☐ None of the above								
10.	Were all buildings constructed for their current occupancies?							YES ☐	NO ☐
	If no, please provide details:								
11.	Does your organization have a written emergency evacuation plan?							YES ☐	NO ☐
	If yes, are the emergency evacuation procedures and floor plan posted?							YES ☐	NO ☐
12.	Does your organization ensure that there are always staff members trained in first aid and CPR on premises?							YES ☐	NO ☐
13.	Does your organization have Automatic External Defibrillator(s) (AED's) on premises?							YES ☐	NO ☐
	If yes, does your organization ensure that there are always staff members trained in the use of AED's on premises?							YES ☐	NO ☐
14.	Does your organization have sign in and sign out procedures for the following types of individuals? (check all that apply) ☐ Staff (including employees and volunteers) ☐ Vendors, Contractors ☐ Clients ☐ Visitors ☐ None								
15.	What precautions does your organization take to prohibit unauthorized individuals from accessing restricted areas of your property?								

Section IV - Advertising and Multimedia

1. Does your organization engage in any of the following activities? (check all that apply)
   - ☐ Broadcasting (cable, radio, television, podcasts, other internet broadcasts, public service announcements or PSAs)
   - ☐ Miscellaneous (organization creates own advertising, brochures, pamphlets, websites; organization maintains own social media accounts; organization uses their own created self-created materials or photos to promote organization)
   - ☐ Online Content Publishing (blogs, whitepapers, website content)
   - ☐ Public or Special Appearance (evangelists, etc.)
   - ☐ Publisher or Author/Content Creator (books, newspapers, newsletters, periodicals)
   - ☐ None of the above

   If none of the above, skip to next section.

2. Describe all multimedia created, produced, or published by your organization.

3. Does your organization work with a contractor or legal counsel to create or review any of your work product prior to distribution? YES ☐ NO ☐

   If yes, please describe which media is subject to review and the type of review performed:

4. Before using original content of a third-party or the likeness of others (pictures), does your organization require written waivers or hold harmless agreements that release your organization from all liability resulting from personal and advertising injury? YES ☐ NO ☐

Section V - Adult Day Care

1. Does your organization operate an adult day care center? YES ☐ NO ☐

   If no, skip to next section.

2. Is the adult day care center licensed? YES ☐ NO ☐

   If yes, please attach copy of the current adult day care license(s).

   If yes, has a license to operate ever been denied, suspended or revoked? YES ☐ NO ☐

3. Has your organization ever received any citations or warnings issued by any state or governmental entities? YES ☐ NO ☐

4. What type of adult day care center(s) does your organization operate?
   - ☐ Social - centers providing interaction and nutritious meals for seniors and others. These types of centers may also offer health-related services.
   - ☐ Medical - centers providing social activities and more intensive health and therapeutic services. Typically, the centers are staffed by nurses and provide medication management, health monitoring, physical therapy, disease management, and more.
   - ☐ Specialized - centers providing specialized care or all aspects of care for clients with specific conditions including Dementia or Alzheimer's.

5. Please list all programs, services, and activities provided as part of the Adult Day Care operations.

6. What types of clientele are served by the adult day care center(s)? (check all that apply)

   ☐ Ambulatory ☐ Non-Ambulatory ☐ Mental Illness, Developmental Disabilities ☐ Alzheimer's, Dementia

   ☐ Other (please describe):

7. Has a client ever eloped or wondered off premises? YES ☐ NO ☐

   If yes, please provide details on the incident(s):

8. What procedures are in place to prevent clients from wondering outside of authorized areas or off the premises?

9. Does your organization provide any overnight care? YES ☐ NO ☐

Section VI - Child Day Care

1.	Does your organization operate a child day care?	YES ☐	NO ☐
	If no, skip to the next section.		
	If yes, please attach a copy of day care's handbook.		
2.	Does the organization care for 13 or more children?	YES ☐	NO ☐
	If yes, complete the following chart.		

Location(s)	Number of Children	Number of Childcare Personnel	Number of Children Licensed For	Average Daily Attendance (ADA)*

* Average Daily Attendance (ADA) is defined as the total days of students/child attendance divided by the total days of instruction/supervision. ADA is not the maximum capacity that is listed on the day care license.

3.	Does the day care have proof of current state license?		YES ☐	NO ☐
	If yes, please attach a copy.			
4.	Has the day care addressed all deficiencies on their most recent state inspection report?	☐ No Deficiencies Noted	YES ☐	NO ☐
5.	Does the staff-to-child ratio meet the state-mandated requirements?		YES ☐	NO ☐
6.	Is the day care center operated as a child care co-op or operated in a private residence?		YES ☐	NO ☐
7.	Does the day care provide overnight care, babysitting services, sick child care, or nanny-services?		YES ☐	NO ☐
8.	Does the insured: ☐ Own and operate the child day care, **OR** ☐ Act as a lessor of premises to the owner and operator of the child day care.			
9.	What is the day care's policy on corporal punishment? ☐ Permitted ☐ Not Permitted			
10.	Has the insured ever had any incidents or claims for corporal punishment?		YES ☐	NO ☐
11.	Are physically, mentally or emotionally disabled children or special-needs children accepted at the center?		YES ☐	NO ☐
	If yes, what percentage of children at the day care fall into this category? _____%			

Section VII - Special Events

1.	Does your organization host, sponsor, or co-sponsor any special events? **If no**, skip to next section.	YES ☐	NO ☐
2.	How many special events does your organization host, sponsor, or co-sponsor annually? ______		
3.	Complete the chart below for each special event. If additional space is required for more than 3 events, provide information on attachment.		

	Special Event #1		**Special Event #2**		**Special Event #3**	
Name of Event:						
Date(s) of Event:						
Hours of Event:						
Location Event Held:						
Annual Event?	YES ☐	NO ☐	YES ☐	NO ☐	YES ☐	NO ☐
Estimated Total Attendance:						
Estimated Maximum Daily Attendance:						
Total Gross Sales from Event:						
Gross Sales - Admissions:						
Gross Sales - Alcohol:						
Gross Sales - Food/Drink: (non-alcoholic)						
Gross Sales - Other: ______						
Type of Event: (check all that apply)	☐ Arts and crafts festival ☐ Auction ☐ Beauty pageant/fashion show ☐ Beer garden, beer tent ☐ Concert: ______ ☐ Convention, trade show, exhibit ☐ Competition or shows ☐ Dinner, gala, or picnic ☐ Fair or festival ☐ Golf outing ☐ Haunted house or trail ☐ Meeting, luncheon, or seminar ☐ Motor vehicle race or show ☐ Music festival ☐ Music or theatrical performance ☐ Parade - participation with float ☐ Parade - participation w/o float ☐ Parade - sponsor ☐ Party/social event ☐ Reception ☐ Sporting event or tournament ☐ Walk-a-thon or 5k ☐ Wedding or wedding reception ☐ Wine tasting ☐ Other: ______		☐ Arts and crafts festival ☐ Auction ☐ Beauty pageant/fashion show ☐ Beer garden, beer tent ☐ Concert: ______ ☐ Convention, trade show, exhibit ☐ Competition or shows ☐ Dinner, gala, or picnic ☐ Fair or festival ☐ Golf outing ☐ Haunted house or trail ☐ Meeting, luncheon, or seminar ☐ Motor vehicle race or show ☐ Music festival ☐ Music or theatrical performance ☐ Parade - participation with float ☐ Parade - participation w/o float ☐ Parade - sponsor ☐ Party/social event ☐ Reception ☐ Sporting event or tournament ☐ Walk-a-thon or 5k ☐ Wedding or wedding reception ☐ Wine tasting ☐ Other: ______		☐ Arts and crafts festival ☐ Auction ☐ Beauty pageant/fashion show ☐ Beer garden, beer tent ☐ Concert: ______ ☐ Convention, trade show, exhibit ☐ Competition or shows ☐ Dinner, gala, or picnic ☐ Fair or festival ☐ Golf outing ☐ Haunted house or trail ☐ Meeting, luncheon, or seminar ☐ Motor vehicle race or show ☐ Music festival ☐ Music or theatrical performance ☐ Parade - participation with float ☐ Parade - participation w/o float ☐ Parade - sponsor ☐ Party/social event ☐ Reception ☐ Sporting event or tournament ☐ Walk-a-thon or 5k ☐ Wedding or wedding reception ☐ Wine tasting ☐ Other: ______	

4.	Does your organization provide security at all of your special events?	YES ☐	NO ☐
	If yes, who is responsible for providing security? ☐ Police ☐ Venue ☐ Your organization ☐ Other: _____		
	If other, does the organization providing security list your organization as Additional Insured on their insurance policy?	YES ☐	NO ☐
5.	Have any claims or incidents arisen out of any of the events you've hosted, sponsored, or co-sponsored in the last five years?	YES ☐	NO ☐
	If yes, please provide details: _____		

6. Do any of your special events include any of the following?

Please check all that apply indicating whether your organization, a vendor, or subcontractor will be the responsible party.

Provided by Your Organization	Provided by Vendor	Provided by Subcontractor
☐ Aircraft	☐ Aircraft	☐ Aircraft
☐ Animals (including petting zoos)	☐ Animals (including petting zoos)	☐ Animals (including petting zoos)
☐ Archery	☐ Archery	☐ Archery
☐ Athletic competition	☐ Athletic competition	☐ Athletic competition
☐ Camping	☐ Camping	☐ Camping
☐ Cattle drives	☐ Cattle drives	☐ Cattle drives
☐ Childcare operations	☐ Childcare operations	☐ Childcare operations
☐ Firearms, ammunitions, or weapons	☐ Firearms, ammunitions, or weapons	☐ Firearms, ammunitions, or weapons
☐ Fireworks, pyrotechnics	☐ Fireworks, pyrotechnics	☐ Fireworks, pyrotechnics
☐ Food vending	☐ Food vending	☐ Food vending
☐ Inflatables (including bounce houses)	☐ Inflatables (including bounce houses)	☐ Inflatables (including bounce houses)
☐ Knives or cutlery	☐ Knives or cutlery	☐ Knives or cutlery
☐ Mechanical rides	☐ Mechanical rides	☐ Mechanical rides
☐ Motorsports	☐ Motorsports	☐ Motorsports
☐ Open water exposures	☐ Open water exposures	☐ Open water exposures
☐ Paintball	☐ Paintball	☐ Paintball
☐ Parade	☐ Parade	☐ Parade
☐ Poker run	☐ Poker run	☐ Poker run
☐ Rock climbing wall	☐ Rock climbing wall	☐ Rock climbing wall
☐ Rodeos	☐ Rodeos	☐ Rodeos
☐ Skating/skateboarding, skiing assemblies	☐ Skating/skateboarding, skiing assemblies	☐ Skating/skateboarding, skiing assemblies
☐ Trail riding	☐ Trail riding	☐ Trail riding
☐ None of the above	☐ None of the above	☐ None of the above

7.	Do you require all vendors and subcontractors hired for special events to have their own liability insurance in place listing your organization as an Additional Insured?	YES ☐	NO ☐
8.	Do you require participants in events to sign a waiver?	YES ☐	NO ☐

Section VIII - Residential or Overnight

1.	Does your organization's operations include any residential or overnight programs or services?	YES ☐	NO ☐
	If no, skip to the next section.		
2.	Are any of your locations subject to HUD (Department of Housing and Urban Development) inspection?	YES ☐	NO ☐
3.	Are all of your units or sleeping areas equipped with functioning smoke detectors?	YES ☐	NO ☐
	If yes, are all units hardwired or hardwired with battery backup?	YES ☐	NO ☐
4.	Are all of your units or sleeping areas equipped with functioning carbon monoxide detectors?	YES ☐	NO ☐
5.	Are all locations with overnight housing exposure 100% sprinklered?	YES ☐	NO ☐

6. Does your organization permit any of the following to be used by clients or residents?

☐ Fire pits	☐ Outdoor grills	☐ Portable space heaters	☐ Deep fat fryers
☐ Burning incense	☐ Fireplaces (in-unit)	☐ None of these	

7. What is the staff-to-client or staff-to-resident ratio? _____

8.	Are male and female clients or residents separated from sharing the same units or sleeping areas (unless they are family members)?	YES ☐	NO ☐
9.	Does your organization permit any individuals who have acted out sexually, are violent, or have been convicted of a felony into the overnight program?	YES ☐	NO ☐
10.	Have any clients or residents ever eloped, disappeared, or gone missing without permission from any of your locations?	YES ☐	NO ☐
	If yes, please provide details		
11.	Are any clients or residents non-ambulatory?	YES ☐	NO ☐
	If yes, are there non-ambulatory residents above the first floor?	YES ☐	NO ☐
	If yes, what is the total number of non-ambulatory residents at all locations?		
12.	Are bed checks performed?	YES ☐	NO ☐
	If yes, how often are bed checks performed? _____		
13.	What is the total number of clients or residents served by your overnight housing program(s)? _____		

Please complete the following chart:

Resident Type	Number of Residents	Resident Type	Number of Residents
Acute Skilled Care		Shelter - Abuse Victims	
Aged		Shelter - Homeless	
Group Home		Shelter - Other: _____	
Half-Way Housing		Sober Living (post-detox)	
Hospice		Respite Care	
Independent Living		Transitional Housing	
Inpatient Crisis Center		Youth Homes	
Low Income Housing		Other (specify): _____	

14.	Does your organization provide assistance with activities of daily living (ADL) to clients or residents?	YES ☐	NO ☐
	If yes, please complete the following chart:		

Activities of Daily Living (ADL)	Number of clients that need no physical assistance	Number of clients that need limited physical assistance	Number of clients that cannot complete these activities without physical assistance
Bathing, showering, grooming			
Dressing			
Eating			
Maintaining continence			
Transferring, mobility			

Section IX - Auto

1.	Do any of your employees or volunteers use their personal autos on behalf of your organization?	YES ☐	NO ☐
	If no, please skip to question 4.		
	If yes, please complete the following regarding number of staff driving regularly and occasionally:		

Activities of Daily Living (ADL)	Drive Regularly	Drive Occasionally
Full-Time Employees		
Part-Time Employees		
Volunteers		

2.	Does your organization verify on an annual basis that employees and volunteers using their personal autos on behalf of your organization have personal auto insurance?	YES ☐	NO ☐
3.	Does your organization require employees or volunteers to carry at least $100,000 of personal auto insurance when operating their autos on your behalf?	YES ☐	NO ☐
4.	Does your organization hire autos?	YES ☐	NO ☐
	If yes, what is the total number of hired autos? _____		
	If yes, what types of autos does your organization hire? _____		
	If yes, does your organization obtain Certificates of Insurance?	YES ☐	NO ☐
	If yes, what are the minimum limits required by your organization? _____		
	If yes, does your organization hire from a transportation company?	YES ☐	NO ☐
	If yes, please also complete annual cost of hire on the ACORD 127 - State-Specific Commercial Auto.		
5.	Does your organization own or lease autos?	YES ☐	NO ☐
6.	Are all autos listed on the ACORD application titled to your organization?	YES ☐	NO ☐
	If no, please provide details: _____		
7.	Do any of your autos require Commercial Drivers Licenses (CDL's)?	YES ☐	NO ☐
	If yes, how many? _____		
8.	Do any autos have wheelchair lifts?	YES ☐	NO ☐
	If yes, how many? _____		
9.	Are any of your drivers under 25 or over 65?	YES ☐	NO ☐
	If yes, how many? _____		
10.	Does your organization obtain written authorization to release driver information from all staff?	YES ☐	NO ☐
	If yes, are the driving records of all employees or volunteers who are permitted to drive your organization's autos or their own autos on behalf of your business reviewed for acceptability on an annual basis?	YES ☐	NO ☐
11.	Do you provide any transportation services for your clients?	YES ☐	NO ☐
	If yes, how are transportation services provided? (check all that apply) ☐ By employees and volunteers in their personal vehicles ☐ By employees and volunteers in the personal vehicles of clients ☐ By employees and volunteers in your organization's owned vehicles ☐ Third Party		
	If yes, do you conduct formal training on any of the following? (check all that apply)		
	☐ Transferring clients to and from the vehicle ☐ Securing clients inside the vehicle ☐ Operating vehicle lifts ☐ None		
	If yes, do you charge a fee for transportation services?	YES ☐	NO ☐
12.	If your organization operates a thrift store, does your organization provide pick-up of second hand items from private residences?	YES ☐	NO ☐
13.	Do you accept donated autos?	YES ☐	NO ☐
	If yes, how many vehicles are donated to your organization per year? _____		

	If yes, which of the following applies? ☐ Autos are titled to your organization and used by your organization only ☐ Autos are titled to your organization and sold to public to raise money ☐ Autos are titled to a third party and sold to public with profits returned to your organization		
14.	Does your organization have a formal auto maintenance program in place?	YES ☐	NO ☐
15.	Does your organization have a formal driver training program in place?	YES ☐	NO ☐
16.	Does your organization utilize GPS fleet telematics devices?	YES ☐	NO ☐

Section X - Professional Liability

1.	Does your organization employ, contract or utilize volunteer professionals?	YES ☐	NO ☐
	If no, skip to the next section.		
2.	Does your organization complete any of the following: (check all that apply) ☐ Require all staff to complete employment applications (includes volunteers) ☐ Conduct personal interview for each potential staff member ☐ Verify employment related references ☐ Verify education references ☐ Verify licenses and other credentials ☐ Require drug tests on all staff members (including drivers) before hire, after hire, or randomly ☐ Obtain criminal background checks on all staff members prior to hire ☐ None of the above		
3.	Are written job descriptions shared with all staff (including volunteers)?	YES ☐	NO ☐
4.	What is the staff turnover rate for the last 12 months? _____%		
5.	Does your organization refer clients to specialists when suitable?	YES ☐	NO ☐
6.	Are records kept on each client your organization serves?	YES ☐	NO ☐
	If yes, how many years do you retain client records? _____		
	If yes, does your organization ensure client files are kept confidential?	YES ☐	NO ☐
	If yes, are records kept in electronic form?	YES ☐	NO ☐
	If yes, is there an off-site backup of your electronic data?	YES ☐	NO ☐
7.	Does your organization currently have a professional liability policy in force?	YES ☐	NO ☐
	If yes, please complete the following: ☐ Occurrence ☐ Claims-Made with Retroactive Date of: _____		

Insurance Carrier:		Policy Number:	
Policy Term:		Professional Liability Limits:	

8.	Has a client ever committed suicide or caused serious harm to another individual while under your organization's care?	YES ☐	NO ☐
	If yes, please provide details: _____		

9. Annual Staffing - Employees, Independent Contractors, and Volunteers

Total number of: Full Time Employees: _____ Part Time Employees: _____ Volunteers: _____

Staffing	# of Employees		# of Volunteers		# of Contractors	
	FT	PT	FT	PT	FT	PT
Acupuncturist						
Adoptions						
Barbers, Beauticians						
Certified Nursing Assistant (CNA)						
Clergy/Rabbi/Pastor						
Counselor (Guidance, Vocational, Career)						
Day Care Worker						
Dentist						
Dental Hygienist						
Foster Care						
Home Health Aide						
Licensed Practical Nurse (LPN)						
Licensed Vocational Nurse (LVN)						
Medical Director (Administrative Only)						
Medical Doctor (Practicing)						
Nurse Practitioner						
Nutritionist/Dietician						
Optician						
Orthotics & Prosthetics (O&P) Certified Assistant						
Orthotics & Prosthetics (O&P) Certified Fitter						
Orthotics & Prosthetics (O&P) Certified Practitioner						
Paramedic EMT						
Pediatrician						
Personal Trainer						
Phlebotomist						
Physician - Hospice						
Physician Assistant						
Psychologist						
Psychiatrist						
Registered Nurse (RN)						
Residential Manager						
Social Worker - Clinical						
Social Worker - Non-Clinical						
Sociologist						
Teacher						
Therapist - Occupational						

	Staffing	# of Employees		# of Volunteers		# of Contractors	
		FT	PT	FT	PT	FT	PT
	Therapist - Physical						
	Therapist - Speech						
	Veterinarian						
	Veterinarian Technician						
	*Other (describe): _____						
	*Other (describe): _____						
	*Other (describe): _____						
	*Other (describe): _____						
	*Other (describe): _____						

FT = Full Time - over 20 hours per week
PT = Part Time - up to 20 hours per week
*Please describe "other" staff positions not listed in the above chart in the provided area.
Please include any students or student interns above under your supervision in the professional categories above.

10.	Of the employees, volunteers and contractors listed above, do any carry their own professional liability insurance?	YES ☐	NO ☐
	If yes, are procedures in place to verify current insurance is maintained at all times?	YES ☐	NO ☐
	If yes, are professionals required to carry a minimum of the same limits your organization carries for professional liability?	YES ☐	NO ☐
11.	Do you maintain copies of licenses for all employed, volunteer and contracted professionals who are required to be licensed?	YES ☐	NO ☐
	If yes, are procedures in place to verify current licenses are maintained?	YES ☐	NO ☐
12.	Has your organization ever had an employee, volunteer or contracted professional reprimanded, refused admission or suspended by any association or administrative agency?	YES ☐	NO ☐
	If yes, please provide details:		
13.	Has your organization's license ever been suspended, revoked, or made provisional by any association, administrative or regulatory agency?	YES ☐	NO ☐
	If yes, please provide details:		
14.	Has your organization ever encountered allegations of negligence or failure to comply with any regulatory or licensing guidelines?	YES ☐	NO ☐
	If yes, please provide details:		
15.	Has your organization's operations or facilities ever been accredited by CARF, JCAHO, ECFA, COA, ACHC or similar organization created to serve the Human/Behavioral/Healthcare Services industry?	YES ☐	NO ☐
	If yes, please provide complete the following:		
	Name of Accrediting Organization:		
	Date of Accreditation or Certification:		
	Term of Accreditation or Certification:		
16.	Is your organization aware of any claim or of any specific facts or circumstances which might give rise to a claim being made against your organization?	YES ☐	NO ☐
	If yes, please provide details:		

Section XI - Sexual Misconduct and Sexual Molestation

1.	Does your organization's current insurance program include Sexual Misconduct and Molestation Coverage?	YES ☐	NO ☐
	If **yes**, ☐ Occurrence or ☐ Claims Made		
	Retro Date:		
	Limit of Liability:		
	Carrier:		
	Effective Date:		
2.	Do you conduct criminal background checks on each prospective employee and volunteer, especially those working with children?	YES ☐	NO ☐
3.	Are references contacted prior to allowing employees and volunteers to participate in the organization's activities or roles?	YES ☐	NO ☐
4.	Do you conduct sexual molestation and misconduct prevention training programs for employees and volunteers on an annual basis?	YES ☐	NO ☐
	If **yes**, do you maintain documentation of the training sessions and participants?	YES ☐	NO ☐
5.	Do you strive to have at least two unrelated individuals present, at least one of whom is over the age of 16, while overseeing children and youth?	YES ☐	NO ☐
6.	What additional procedures are in place to ensure no relationship occurs between employees or volunteers and clients?		
7.	Do you have a written sexual molestation and sexual misconduct policy?	YES ☐	NO ☐
	If **yes**, please provide a copy.		
	If **yes**, is the written policy reviewed on an annual basis?	YES ☐	NO ☐
8.	Do you prominently display written complaint procedures?	YES ☐	NO ☐
	If **yes**, please explain.		
9.	Does your organization have a written crisis plan in place for dealing with employees, victims, parents, authorities and the media if your organization has an incident of abuse reported?	YES ☐	NO ☐
10.	Have any allegations or insurance claims concerning sexual misconduct or molestation been made within or filed against your organization or anyone associated with your organization?	YES ☐	NO ☐
	If **yes**, please attach a detailed explanation.		
11.	To the best of your knowledge, has anyone attending or participating in your organization's activities ever been convicted of a sex crime?	YES ☐	NO ☐
	If **yes**, please provide the name of the convicted individual(s):		

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Applicant:			
Applicant's Signature:		Title:	
		Date:	
Agent / Broker / Producer Name:			