

Applicant / Agency Name (Named insured as it reads on policy): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Current Operating Budget: \_\_\_\_\_ Non-Profit?  Yes  No

List of Subsidiaries and/or Affiliates: \_\_\_\_\_

Have any of the following management positions changed in the past year: Executive Director, Finance, Safety?  Yes  No

If yes, please list: \_\_\_\_\_

What state and national Organization(s) or Association(s) are you a member of?  
\_\_\_\_\_

**POPULATION SERVED** *Indicate based on census (actual number, not full time equivalent)*

**Developmentally Disabled**

Intellectual / Developmental \_\_\_\_\_  
Autistic \_\_\_\_\_  
Cerebral Palsy \_\_\_\_\_  
Down Syndrome \_\_\_\_\_  
Other \_\_\_\_\_

**Psychiatric Rehabilitation**

Mental Disabilities \_\_\_\_\_  
Abused Children \_\_\_\_\_  
Abused Adults \_\_\_\_\_  
Homeless \_\_\_\_\_  
Alcohol & Drug \_\_\_\_\_  
Methadone Maintenance \_\_\_\_\_  
Forensic \_\_\_\_\_  
Juvenile Delinquent \_\_\_\_\_  
Sexual Offenders \_\_\_\_\_  
Other \_\_\_\_\_

**Community Services**

Boys & Girls Clubs \_\_\_\_\_  
Big Brothers Big Sisters \_\_\_\_\_  
Head Start \_\_\_\_\_  
Foster Grandparents \_\_\_\_\_  
YWCA \_\_\_\_\_  
Foster Care \_\_\_\_\_  
Adoption \_\_\_\_\_

**Outpatient Services**

*Annual Outpatient Visits*  
Crisis Intervention \_\_\_\_\_  
Early Intervention \_\_\_\_\_  
Clinic \_\_\_\_\_  
Counseling \_\_\_\_\_

*Annual Outpatient Visits*  
Case Management \_\_\_\_\_  
Employee Assistance Program \_\_\_\_\_  
Crisis Hotline \_\_\_\_\_  
Telephone Referrals \_\_\_\_\_  
Other \_\_\_\_\_

**LIABILITY & PROFESSIONAL** *(please check all that apply)*

**Residential**

- Community Residence (Group Home / IRA)
- Intermediate Care Facility (ICF)
- Supportive Living / Apartments
- Respite - # of Locations: \_\_\_\_\_ # of Clients: \_\_\_\_\_
- Alcohol Drug Residential
- Detox Residence
- Homeless Shelter
- Women's Shelter
- Youth Residential
- Locked Door Facilities
- Low Income Housing
- Transitional Housing

**Summer Camps**

- Year Round
- Summer Only
- # of Campers Served: \_\_\_\_\_

**Day Programs**

- Day Treatment (DD) / Continuing Treatment (MH)
- Day Training (Workshop)
- Day Care - Other than Disabled
- Pre-School / Head Start
- School
- Supported Work - # of Clients: \_\_\_\_\_
- ECT or Aversion Therapy
- Offsite Work Contracts # \_\_\_\_\_
  - a. Janitorial Contracts Payroll: \$ \_\_\_\_\_
  - b. Landscaping Contracts Payroll: \$ \_\_\_\_\_
  - c. Weatherization Payroll: \$ \_\_\_\_\_
- Meals on Wheels:
  - # delivered annually: \_\_\_\_\_ Payroll: \$ \_\_\_\_\_
  - Food Bank - Sales: \$ \_\_\_\_\_
  - Home Maker - # participants: \_\_\_\_\_ Payroll: \$ \_\_\_\_\_

**LIABILITY & PROFESSIONAL - *continued***

1. Has your operating license ever been suspended or revoked?  Yes  No  
If yes, please explain: \_\_\_\_\_
2. During the past 12 months, have you had a material change in your financial standing such as; Chapter 11 or Chapter 7 Bankruptcy code (title 11 US Code)?  Yes  No
3. Do you have an active Safety Committee?  Yes  No
4. Do you have Incident Review Procedures?  Yes  No
5. Have there been any major changes in your Policies & Procedures?  Yes  No  
If yes, please explain: \_\_\_\_\_
6. Have you added any General Medical Physicians, Psychiatrists, or Attorneys in the past year?  Yes  No
7. Are the Physicians / Psychiatrists / Attorneys required to carry their own Professional Insurance?  Yes  No  
If yes, what are the minimum limit requirements? \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Do you require them to provide proof of insurance annually?  Yes  No
8. Does your agency have:  
 Swimming Pools       Diving Board(s)       Trampoline(s)       Horse(s)
9. List Special Events (i.e. - Special Olympics, Fundraising, Annual Banquet, etc.)  
\_\_\_\_\_
10. Do you have any buildings with EIFS (Exterior Insulation and Finishing Systems)?  Yes  No  
If yes, please provide the addresses of those buildings:  
\_\_\_\_\_  
\_\_\_\_\_  
  - a. What is the age of the installation? \_\_\_\_\_
  - b. What are the qualifications of the installation contractor? \_\_\_\_\_
  - c. Describe the maintenance schedule for checking into issues: \_\_\_\_\_
11. Do you have any locations with solar panels?  Yes  No  
If yes:
  - a. Do they produce more than 250 KW (per unit)?  Yes  No
  - b. Please advise the age of the panels: \_\_\_\_\_
12. If Umbrella coverage over Workers Compensation is desired, please provide the following updated information:  
Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Effective / Expiration Dates: \_\_\_\_\_  
Policy Limits: \_\_\_\_\_ Premium: \_\_\_\_\_

**STAFFING**

**Indicate Total Staff**

Annual Payroll: \$ \_\_\_\_\_ Turnover Ratio: \_\_\_\_\_  
 # Full Time: \_\_\_\_\_ # Part Time: \_\_\_\_\_  
 # Volunteers: \_\_\_\_\_ # Board Members: \_\_\_\_\_ # Drivers: \_\_\_\_\_

\*please break out total staff by job duties below

**Staff Breakout**

Full Time	Part Time	Contracted	
_____	_____	_____	Para-Professional Social Worker / Treatment Coordinator / Treatment Assistant / Peer Support Specialist
_____	_____	_____	Homemaker / Home Health Nurse / Aide / Sitter / Companion / Direct Support Professionals/
_____	_____	_____	Bereavement Therapist / Treatment Technician / Certified Nursing Assistant
_____	_____	_____	Dietitian / Nutritionist / Resident Manager
_____	_____	_____	LPN / Dental Hygienist / Pharmacy Assistant / Laboratory Technician / EKG or Ultrasound Technician / X-Ray Technician / Radiologist Technician / Certified Medical Assistant / Medical Technician
_____	_____	_____	Nurse / Dialysis Technician / Enterostomal Therapist
_____	_____	_____	Social Worker / Therapist / Counselor / Case Manager
_____	_____	_____	Speech Pathologist / Occupational Therapist
_____	_____	_____	Medical Director
_____	_____	_____	Pharmacist
_____	_____	_____	Respiratory Therapist / Physical Therapist / Phlebotomist / Nuclear Medicine Technician / Radiation Therapist
_____	_____	_____	Clergy
_____	_____	_____	Psychologist
_____	_____	_____	Nurse Practitioner / Physician Assistant
_____	_____	_____	Paramedic / EMT
_____	_____	_____	Psychiatrist
_____	_____	_____	Other: Maintenance, Custodial, Security Worker, Clerical, Administrative, Route Drivers

## SECURITY AND PRIVACY

1. Do you and your subsidiaries comply with the requirements detailed in the statement of Fact below?  Yes  No
- You have antivirus software installed and enabled on all desktops, laptops and server (excluding database servers) and it is updated on a regular basis.
  - You have firewalls installed on all external gateways.
  - You take regular back-ups (at least weekly) of all critical data and store the same offsite or in a fireproof safe, or your outsourced service provider meets this requirement.
2. If you store medical records or Protected Health Information (PHI), do you comply with the following?  Yes  No
- You have conducted a review of the business to ensure compliance with all relevant HIPAA legislation.
  - You ensure that all PHI transmitted over open networks and/or stored on portable devices is encrypted.
3. Do you accept credit cards and if yes are you PCI compliant (Payment Card Industry, Data Security Standard)?  N/A  Yes  No
4. Has the Applicant, or any other person or entity proposed for this insurance, received any complaints or claims, or been the subject in litigation, involving matters of privacy injury, identity theft, denial or service attacks, computer virus infections, theft of information, damage to third party networks, or the ability of customers to rely on the Applicant's network?  Yes  No
5. Does the Applicant, or any other person or entity proposed for this insurance, have knowledge of any act, events, circumstances or incidents that may give rise to complaints or claims involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or the ability of customers to rely on the Applicant's network?  Yes  No

## FRAUD STATEMENTS

**NOTICE TO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the colorado division of insurance within the department of regulatory authorities.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who knowingly and with intent to defraud, presents, causes to be presented or prepared 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 issuance 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 material false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

**NOTICE TO MINNESOTA APPLICANT:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**FRAUD STATEMENTS - *continued***

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365:15-1-10, 36 §3613.1).

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of a fraudulent act, which may be a crime and subject such person to criminal and civil penalties.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Agent / Broker Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Producer Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**PRINT FORM**

**SUBMIT BY EMAIL**