



HUMAN SERVICES APPLICATION MANAGEMENT PRACTICES

PLEASE ATTACH THE FOLLOWING

- ACORD applications, including Crime and Umbrella
- Statement of values
- Schedule of vehicles
- Drivers list with license numbers and dates of birth
- Loss runs for current year and 3 prior years
- Brochure and/or newsletter
- Financial statement if for-profit
- Photographs – residential locations

A. GENERAL APPLICANT INFORMATION

Applicant name: _____
 Web site address: _____ E-mail address: _____
 Profit Non-profit
 SIC code: _____ FEIN: _____
 Year business established: _____ Under present management: _____

1. Any mergers or operations under another name within the past five years? Yes No
 Are any mergers planned/anticipated for the coming year? Yes No
 If Yes to either, explain: _____
2. Annual operating budget: _____ Annual payroll: _____
 Primary funding: Federal State County Other: _____
3. Do you operate any locations not included in this application? Yes No
 If Yes, explain: _____
4. List all accreditations and attach copies of certificates: _____
5. List all association memberships or affiliations: _____
6. Attach copy of current state or other governmental license(s).
 If none, explain: _____
7. Has your license ever been suspended, revoked, or placed under conditional status? Yes No
 If Yes, explain: _____
8. Have there been any claims that allege negligence or failure to comply with any regulatory/licensing guidelines? Yes No
9. Indicate whether your employees or independent contractors provide the following services for your clients:
 Janitorial/Maintenance: _____ Landscaping: _____ Snow removal: _____
 Re-paving/Re-surfacing: _____ Other: _____
10. Do you lease, sub-lease, or rent to others? Yes No If yes, do you obtain certificates of insurance? Yes No
11. Do you sell goods or services to members of the public (not including clients)? Yes No
 Products: _____ Annual receipts: _____
 Services: _____ Annual receipts: _____
12. Have you discontinued any programs in the past five years? Yes No If Yes, explain: _____
13. Do you participate in or supervise any sports activities for your clients? Yes No
 If Yes, explain: _____
14. Do you have 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
 What are the controls? _____
 Describe each trip: _____

B. MANAGEMENT PRACTICES

1. Do you have sign in/sign out procedures for: Staff Clients/Residents Visitors/Public
2. Type of security provided for the protection of your clients/residents? Guards Video cameras Other: _____
3. What measures are taken to monitor client activities? _____
4. What precautions do you take 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. Is your staff made aware of reporting procedures? Yes No
7. Do you have a plan for medical emergencies? Yes No
8. Is there always someone trained in CPR and first aid on the premises? Yes No
9. Do you have AED(s)? Yes No Are staff members trained to use it? _____
10. Have the police and/or fire departments been called to any of your premises in the past three years? Yes No
If Yes, explain: _____
11. Do you have a written and enforced no smoking policy? Yes No
Are "no smoking" signs posted in all areas not designated for smoking? Yes No
12. What type of method do you use for de-escalation? _____
Is it approved? Yes No How often is the staff recertified? _____
Do you use padded rooms? Yes No How often are the rooms sanitized? _____
13. Do you use electric shock treatment? Yes No

C. PROFESSIONAL LIABILITY

1. Hiring Practices:
Do you require your staff (paid and volunteer) to complete an employment application? Yes No
If No, explain: _____
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 other credentials? Yes No
Do you obtain criminal background checks on all staff members before hiring them? Yes No
Do you require drug tests on all staff members, including drivers? Yes No
If Yes: Before hiring After hiring Random
What are your procedures for evaluating all these reports?
What actions do you take if any report is considered unfavorable?
2. Do you share written job descriptions with all staff members? Yes No
3. Name of executive director/manager: _____
Number of years experience in this field: _____ Number of years at this facility: _____
Specialized training or education: _____
4. Are any staff members under 18 years of age? Yes No
If Yes, list their position(s) and how they are supervised: _____
5. What is the staff turnover rate for the last 12 months? _____
6. Do you provide workers compensation for: All staff members Workshop Employees Contractors Consultants
7. Is the staff required to report to the administrator all incidences that may result in a claim? Yes No
If Yes, is a written record kept? Yes No Are they reviewed? Yes No
8. Are clients referred to specialists when appropriate? Yes No
9. Are files maintained to protect confidentiality of clients? Yes No
10. Do you do any consulting work? Yes No If Yes, explain: _____
11. Does your current insurance program provide professional liability coverage? Yes No
If Yes: Occurrence Claims-made Limits: _____ Retroactive Date: _____
Effective dates: _____ Carrier: _____
12. Do psychiatrists prescribe experimental drugs/treatment? Yes No
13. Has anyone ever had a patient who committed suicide? Yes No
14. Do your psychiatrists get a second opinion when uncertain of the diagnosis? Yes No
15. Physicians and Psychiatrists:

Name	Dr.	Dr.	Dr.
Specialty			
Board Certified or Eligible			
Years in Practice			
License #			
Hours p/week for insured			
Employed or Contracted?			
Individual carry own Malpractice insurance?			
If yes, does coverage include acts while working for center?			
If yes, does coverage include Contingent Coverage for Center?			
Any claims past 5 years?			

16. Staff:

POSITION	EMPLOYEES		VOLUNTEERS		CONTRACTORS		INTERNS	
	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T
Administrator								
Child Care Worker								
Clergy								
Clerical/Office Staff								
Community Support Specialist								
Counselor								
Dentist/Dental Hygienist								
Home Health Aide								
Nurse Assistant								
Nurse Practitioner								
Nurse – LPN								
Nurse – RN								
Nutritionist/Dietician								
Optometrist								
Paramedic/EMT								
Pharmacist								
Physician Assistant								
Physician								
Planned Events Worker								
Psychiatrist								
Psychologist								
Recreational Instructor								
Resident Home Care Provider								
Resident Manager								
Social Worker – Bachelors (BSW)								
Social Worker – Masters (MSW)								
Teacher/Tutor/Aide								
Technician – Medical/Lab								
Therapist – Occupational								
Therapist – Physical								
Therapist – Speech/Hearing								
Therapist – Other								
Other Positions (specify)								
Total:								

D. ABUSE AND MOLESTATION

1. Does your current insurance program include Abuse and Molestation coverage? Yes No
If Yes, what are the limits? _____
2. Does your employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? Yes No
3. Do you have a written crisis plan in place for dealing with employees, victims, parents, authorities, and the media if you have an incident of abuse? Yes No
4. Are there written complaint procedures and are they displayed prominently? Yes No
If Yes, explain: _____
5. Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises? Yes No
6. Are formal written procedures in place for hiring? Yes No
7. Do volunteers work directly with clients? Yes No
8. Is there formal staff training on child/sexual abuse, including how to recognize the signs? Yes No
9. What procedures are in place to make sure no relationship occurs between staff and clients? _____
10. Are there procedures prohibiting closed door one-on-one meetings/counseling? Yes No
11. Is there more than one person responsible for the welfare of any single patient? Yes No
12. Have any incidents resulted in an allegation of sexual abuse? Yes No Was the case settled? Yes No
Was the case taken to trial? Yes No Amount paid for damages to the victim: \$ _____
13. Does Insured run criminal background checks? Employees Yes No Volunteers Yes No

E. PREMISES / LIFE SAFETY

1. If the building you occupy was built prior to 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, explain: _____
3. Are any non-ambulatory patients above the first floor? Yes No
4. Number of fire extinguishers on premises: _____ How often and by whom are they serviced? _____
5. How many means of egress are there? _____ Are all exits clearly marked? Yes No
6. Are all exit doors equipped with panic hardware? Yes No
7. Is there a fire escape? Yes No If Yes, describe: _____
8. Do you have a written emergency evacuation plan? Yes No
If Yes, are the emergency evacuation procedures and floor plan posted? Yes No
Have you established a central meeting point outside the building? Yes No
Does the emergency plan include notification to the fire department? Yes No
How often are drills held? _____
9. Do you have backup generators in the event of a power failure? Yes No
10. Describe housekeeping and maintenance practices: _____
11. Describe the parking facilities: _____ Are they well lit? Yes No
12. Is the hot water heater set to a temperature of 120 degrees? Yes No
13. Has your facility been inspected by an insurance company or independent inspection firm? Yes No
If Yes, by whom? _____
List any deficiencies and corrective actions in the past three years: _____
14. Do you have a current flood policy in force? Yes No
If Yes, attach a copy of the declarations sheet. If No, would you like a flood quote with your proposal? Yes No
(Flood quote will be secured through the Write Your Own Flood Program)
15. Does the property have aluminum wiring? Yes No
If yes, has it been retrofitted with one of the PIC approved connectors by a licensed Electrician
(indicate which one): COPALUM? Yes No AlumiConn? Yes No
Date Updated: _____
Please supply retrofit documentation or statement from installing contractor.

F. PLANNED EVENTS / FUNDRAISERS ** N/A

** If Insured has more than 5 events planned for the upcoming policy period, photocopy this page and add additional events.

QUESTIONS	EVENT #1	EVENT #2	EVENT #3	EVENT #4	EVENT #5
Describe the type of event.*					
* Insert letter for type of event: A = Wine tasting B = Golf outing C = Other sporting event (specify) D = Picnic E = Banquet F = House tour G = Bingo H = Walkathon I = Fashion show J = Concert (specify type) K = Other (specify)					
Date(s) the event is held.					
Daily hours of operation.					
Total anticipated revenue.					
Held at your premises? If not, specify where it is held.					
Number of participants.					
Number of staff members.					
Are certificates of insurance obtained from everyone providing products/services?					
If there will be drinking at the event, how do you control the amount allowed?					
Who provides/serves the alcohol?					
Are the bartenders hired by you or by the place where the event is held?					
Do the bartenders know TIPPS?					
If applicable, list all sporting activities to be a part of this event.					
What safeguards are in place to prevent spectator injury?					
Do participants sign a waiver?					
Do participants show proof of personal health insurance?					

G. AUTOMOBILE N/A

1. Are all vehicles listed on the ACORD application titled to the applicant? Yes No If No, explain: _____
2. Where do you keep your owned vehicles? Garage Driveway Parking lot Other: _____
3. Are keys locked and secured away from non-drivers when not in use? Yes No
4. Are vehicles with 8 or more seating capacity equipped with an audible backup warning device? Yes No
5. Do you provide pickup or delivery of donated merchandise? Yes No
6. Do you provide transportation for: Staff Clients/Residents Visitors/Public Meals
If Yes for clients/residents, is more than one staff member required in the vehicle? Yes No
If Yes for meals, what precautions do you take to prevent food spoilage? _____
7. Do you transport clients/residents for other human services agencies? Yes No
If Yes, explain: _____
8. Do you have field trips? Yes No If Yes, do you provide the transportation? Yes No
If you do not provide the transportation, how is it provided? _____
If vehicles are hired for field trips, are they hired with a driver? Yes No
9. If children are transported, is there a monitor to ensure their safety during transport? Yes No
Do you use a school bus? Yes No If Yes, does it meet Federal Motor Vehicle Safety Standards for:
 Mirrors Yellow color Flashing lights Stop arms Crash survivability
10. Do employees/volunteers transport children in their own vehicles? Yes No If Yes, how often? _____
11. Are vehicles checked after passengers disembark to make sure no one is left behind? Yes No
12. Do vehicles equipped for wheelchairs have tie-down belts to stabilize the wheelchair and passenger? Yes No
13. Do you require seat belts to be worn by all occupants? Yes No
14. Explain your vehicle maintenance program: _____

DRIVERS N/A

1. Do you obtain a written authorization to release driver information from all of your staff upon hiring? Yes No
Do you obtain MVRs on all drivers? Yes No If Yes, how often? _____
2. What are your procedures for dealing with driver accidents or violations? _____
3. Are all drivers at least 21 years of age? Yes No How many drivers are over age 65? _____
4. How many drivers (employees and volunteers) aged 21 to 25 transport clients in agency vehicles? _____
5. Do any drivers have a CDL license? Yes No
6. Explain your driver safety program: _____
7. Is training provided for new employees/volunteers prior to their transporting clients? Yes No
8. Does anyone besides employees or volunteers drive your vehicles? Yes No If Yes, explain: _____
9. Do you allow personal use of your agency vehicles? Yes No If Yes, by whom and for what reasons? _____

HIRED AND NONOWNED VEHICLES N/A

1. Do you hire vehicles? Yes No If Yes, what types of vehicles do you hire? _____
Do you obtain certificates of insurance? Yes No What minimum limits do you require? _____
2. Do you hire from a transportation company? Yes No If Yes, with drivers? Yes No
3. Total number of hired vehicles: _____ Annual cost of hire: _____
4. How many drive personal vehicles for business use regularly? F/T: _____ P/T: _____ Vol: _____
How many drive personal vehicles for business use occasionally? F/T: _____ P/T: _____ Vol: _____
Do you obtain proof of insurance for employees/volunteers who use their own autos? Yes No
Do you update these records at least yearly? Yes No What minimum limits do you require? _____

DONATED VEHICLES N/A

1. What are your requirements for donation; e.g., age, condition, etc.? _____
2. How and by whom is the vehicle delivered to you? _____
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 If Yes, describe the types of repairs: _____
What is the training of the individuals doing the repairing? _____
6. Do you keep any donated vehicles? Yes No If Yes, for what purpose? _____
7. In what way do you dispose of the donated vehicles? _____
8. If you sell the donated vehicles yourself, do you sell them "as is" with no guarantees? Yes No
9. Do you have dealer plates? Yes No If Yes, how many? _____

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		Other (specify)	
Hospice		Shelter – Homeless			
Independent Living		Shelter – Other			

- Annual number of clients by age group: Less than 18: _____ 18-35: _____ 35-65: _____ Over 65: _____
- Annual number of clients by disability: Emotional/Behavioral: _____ Drug/Alcohol: _____
Mental Retardation/Developmental Disability: _____ Mental Illness: _____
- Specify number of Male: _____ Female: _____ Co-Ed: _____
- Are residents separated? Yes No How are they separated? _____
- Average length of stay: _____
- Number of non-ambulatory patients: _____ What floor are they located on? _____
- Total number of rooms: _____ Number of bedrooms: _____
- What was the date of the last inspection by a licensing agency? _____
Were there any violations or deficiencies noted? Yes No If Yes, explain: _____
- Does a physician screen clients prior to admission? Yes No
- Do you require signed release forms for the release of records to other individuals or institutions? Yes No
- Are residents primarily responsible for their own basic personal care including bathing, dressing, eating, and restroom aid? Yes No
- Is the staff trained in non-violent crisis intervention? Yes No If Yes, which protocol? _____
- What type of method do you use for de-escalation? _____ Is it approved? Yes No
What is your physical restraint policy? _____
- What is the ratio of resident to staff: Day: _____ Night: _____
- What procedures are in place for clients who are permitted to leave the premises without supervision?

- How many visits per month are made by a caseworker to a resident? _____
- How do you provide for the resident's privacy and individual security? _____
- How often are rooms inspected? _____ Who inspects the rooms? _____
Do you have written procedures? Yes No Do you keep a checklist? Yes No
- How often are bed checks done? _____ Random Scheduled
- How is staff monitored? _____
- Are there security cameras monitoring operations? Yes No
- Are residents' doors ever locked from the outside? Yes No
- Are residents allowed to cook their own meals? Yes No If Yes, in Private or Common cooking areas

I. ADOPTION N/A **FOSTER CARE** N/A

- Are you licensed in all states in which you operate? Yes No List states: _____
- Are the adoption services: Opened Closed Total number of anticipated adoptions: _____
- International adoptions: Yes No Total number of anticipated adoptions: _____
- Total number of foster families at any one time: _____
- Anticipated number of foster children over the next year: _____
Ages: Less than 1 year: _____ 1-5: _____ 5-10: _____ Over 10: _____
- Average number of foster children who are placed multiple times: _____
- Total number of training hours for each foster family prior to placement of first child: _____
- Total annual number of training hours for each foster family: _____
- Are caseworkers supervised? Yes No Are decisions made by a team? Yes No
- Are home studies conducted? Yes No What are staff members' credentials? _____
- Is there a written procedure in place to analyze potential applicants? Yes No
- Are criminal records checked prior to approval of a home? Yes No
- Do you verify homeowners insurance or renters insurance? Yes No
- Do you have written procedures for dealing with a report of abuse? Yes No
- Are children given thorough medical examinations, with prior conditions noted, before they are placed? Yes No
- Is counseling provided to the birthparents after placement? Yes No
- Are children given to adoptive parents upon release from hospital? Yes No
- Are they placed in a foster home until the time lapses for the mother to change her mind? Yes No
- Do the adoptive/foster parents receive special counseling after placement? Yes No
- Do you do follow-up visits after placement has been made? Yes No Are these visits unannounced? Yes No
How often do they occur? _____ When do these visits stop? _____
- What are the rights of the child's biological grandparents? _____

J. NEWLY ACQUIRED PROPERTY N/A

1. Location: _____
2. Acquired by: Purchase Inheritance Donation Is it: Vacant Unoccupied Occupied by: _____
3. Current condition: Good Fair Poor Plans for property (keep/sell, usage, renovations, etc.): _____

K. OUTPATIENT FACILITIES N/A

TYPE OF SERVICE	# VISITS	TYPE OF SERVICE	# VISITS

1. Annual number of clients by age group: Less than 18: _____ 18-35: _____ 35-65: _____ Over 65: _____
2. Annual number of clients by disability: Emotional/Behavioral: _____ Drug/Alcohol: _____
Mental Retardation/Developmental Disability: _____ Mental Illness: _____
3. Explain screening procedures for clients: _____
4. Do you operate a clinic? Yes No If Yes, is it open to the public? Yes No
5. Do you offer group therapy? Yes No If Yes, average size of group: _____
How often does the group meet per week? _____
Explain nature of problems treated/discussed: _____
6. Do you operate a crisis hotline? Yes No If Yes, annual number of calls received: _____
What types of calls? Suicide Drug/Alcohol Child/Spousal Abuse Other: _____
What are the hours of operation for the hotline? _____
Is training provided? Yes No Do volunteers answer calls? Yes No
7. Do you provide adult day care? Yes No If Yes, indicate number of clients per day: _____
8. Do you provide any programs for sexual offenders? Yes No
If yes, number of visits and describe typical offenses: _____
9. Do you provide any programs for juvenile delinquents? Yes No
If yes, number of clients and describe typical offenses: _____
10. Do you provide any services for ex-offenders or incarcerated individuals? Yes No
If yes, number of clients and describe typical offenses: _____
11. Do you provide respite care programs? Yes No If Yes, maximum amount of consecutive days: _____
Do you take all ages or do you specialize? Explain: _____
Can parents/caretakers meet and interview the people who will be providing the care? Yes No
How far ahead of time do parents/caretakers need to call to arrange for services? _____
Do you maintain records of services? Yes No
Do you provide follow-up to families that have been served? Yes No
Do you take care of other family members (e.g., siblings)? Yes No
What is the cost of services? _____ How is payment arranged? _____
12. Do you make telephone referrals? Yes No If Yes, annual number of calls: _____
13. Are childcare services available for the children of your counseling patients? Yes No
Average number of children: _____ Number of staff: _____ Hours of operation: _____
14. Do you operate a meal delivery service? Yes No If Yes, number of meals annually: _____
Do you charge a fee? Yes No If Yes, total revenue: \$ _____

L. SUBSTANCE ABUSE PROGRAMS 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: _____
Describe measures to guard against the diversion of methadone by employees and/or clients: _____
3. Do you operate a detoxification unit? Yes No If Yes, Medical Other _____
If Medical, do you accept clients with a history of delirium tremens (DTs) or seizures? Yes No
If clients are experiencing DTs 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
Are facilities single sex? Yes No Co-ed? Yes No

M. MEDICAL FACILITIES N/A

1. The facilities are for: Staff Clients/Residents General Public
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 the 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 and 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 medical history and care records for each individual? Yes No

N. THERAPEUTIC HORSEBACK RIDING N/A *Attach a copy of medical, rider's registration, and liability release forms.*

1. Are liability waivers signed by all parents/guardians? Yes No
2. Do you follow North American Riding for the Handicapped Association 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 from the facility? Yes No
7. Total annual lessons: _____ Average size of group: _____
8. What is the experience of the staff? _____
9. What is ratio of riders to counselors? _____ Minimum age of riders: _____

O. IN-HOME SUPPORT SERVICES N/A

1. Services:
 Nursing care Speech therapy Social work Nutrition counseling
 Bathing Changing catheters Dressing Meal preparation
 Laundry Running errands Housework Medication management
 Eating Restroom aid Repositioning Driving clients to and from appointments
 Blood testing Infusion therapy Other: _____
2. How long has the program been in place? _____
3. How many employees provide in-home services? _____ Volunteers: _____
4. Number of non-ambulatory clients: _____
5. Payroll for the last 12 months: \$ _____
6. Do you sell and/or rent medical equipment? Yes No
Receipts sales: \$ _____ Receipts rentals: \$ _____
7. Is all staff informed of AIDS/HIV patients? Yes No
8. Do you have written procedures in place to prevent theft from the 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 If Yes, explain: _____
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 Visitors/Public
4. For whom is the food prepared? Staff Clients/Residents Visitors/Public
If Yes for the public, explain: _____
Describe the eating and serving areas: _____
5. Is food properly covered, stored, and served? Yes No
6. Do any staff members supervise the cooking area? 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 the cooking equipment cleaned? _____ Cleaned by You Cleaning contractor
11. Do the hoods have removable filters? Yes No

R. POOL N/A

1. Is there a trained lifeguard on duty? Yes No If Yes, how many? _____ During what hours? _____
2. The pool area includes: Jacuzzi Whirlpool Hot tub Spa Kiddie pool Water slide Trampoline
3. Who uses the area? Staff Clients/Residents Visitors/Public
4. Is the pool completely fenced with a self-locking gate? Yes No If Yes, what is the height? _____
5. Pool location: Indoors Outdoors
6. Is there a diving board? Yes No If Yes, what is the height? _____
7. Are depths clearly marked? Yes No Is walking surface around the pool non-skid and in good condition? Yes No
8. Is life saving equipment readily accessible? Yes No
9. Is the staff trained in water safety? Yes No
10. Are all areas of the pool, including the bottom, visible at all times? Yes No
11. Are "swim at your own risk" signs posted with pool rules? Yes No
Do the posted rules meet state and local regulations? Yes No
12. Are swimming lessons given? Yes No If Yes, by whom? _____
13. Is there any swim team participation? Yes No If Yes, explain: _____
14. Is the storage of pool chemicals secured? Yes No
15. How often is the pool cleaned? _____
16. Do you have specific guidelines regarding closing the pool due to water contamination? Yes No
17. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? Yes No
If no, provide time table and action plan:

S. LAKES / PONDS N/A *Enclose copy of lake/pond rules.*

1. Maximum depth? _____
2. Is the lake fenced? Yes No Are hazards within the lake roped off? Yes No
3. Does the public have access to the lake area? Yes No
4. Are there boat docks? Yes No If Yes, where? _____
5. If swimming is allowed, is there a lifeguard on duty? Yes No If Yes, during what hours? _____
6. Lake use (check all that apply):
 Swimming Water skiing Jet skis Ice skating Canoes Fishing Ice fishing
 Row boats Sail boats Paddle boats Power boats (max horse power and length allowed: _____)
7. Is there watercraft rental? Yes No If Yes, what types? _____ Annual receipts: \$ _____
8. Are there separate and designated usage areas? Yes No
9. Is the lake/pond susceptible to freezing? Yes No

T. PLAYGROUND N/A

1. Is the playground area supervised during all open hours? Yes No
2. Who uses the area? Staff Clients/Residents Visitors/Public
3. Is the play area fenced? Yes No If Yes, describe fencing: _____
4. Describe all playground equipment including the maximum height of the equipment: _____
5. Describe surface under playground equipment: _____ Depth of surface: _____
6. Is the playground equipment properly checked? Yes No

U. FITNESS AREA N/A

1. Is the fitness area supervised during all open hours? Yes No
2. Is it open at any time when your facility is closed? Yes No If Yes, when and why? _____
3. Who uses the area? Staff Clients/Residents Visitors/Public
4. Describe all fitness equipment and facilities (both indoor and outdoor): _____
5. How often and by whom is the equipment and area inspected? _____ Do you keep logs? Yes No
6. Do you require hold harmless/waivers to be signed by all users? Yes No

V. CAMPS N/A

1. Is written permission/waiver of liability obtained from every child's parent or guardian? Yes No
2. Does the camp provide overnight services? Yes No If Yes, what is the average length of stay? _____
3. Total number of days in operation annually: _____ Number of children at each camp: _____
4. Number of staff members at each camp: _____
5. What are the qualifications of staff working with children? _____
6. Are sleeping quarters co-ed? Yes No Are restrooms/showers co-ed? Yes No
7. If well water, how often is it tested? _____
8. Indicate and describe if any of the following exposures exist in the camp operations:
 Obstacle course Motor boats Archery Jet skis Water skiing Pools Guns
 Rock climbing Diving boards Horses Lakes Other: _____

W. SHELTERED WORKSHOP N/A

1. Describe work/product being performed: _____
2. Do you perform industrial subcontracted work; e.g., packaging, assembling, actual manufacturing of a finished product? Yes No
3. What company label goes on the product? _____
4. Who is the ultimate user of the product? _____
5. Is there renovation or processing of used materials? Yes No If Yes, describe materials: _____
6. Are flammables stored in proper receptacles? Yes No
7. What controls are in place for painting, stripping, finishing, welding, metalworking, woodworking, etc? _____
8. Are hazardous operations separated; e.g., paint spray booths, welding booths, dipping tanks, sawing/sanding areas? Yes No
If Yes, describe how: _____
9. When was the last time the workshop was inspected by OSHA? _____
Were any deficiencies noted? Yes No If Yes, explain: _____
10. Is there proper ventilation for the work being performed? Yes No
Describe frequency and type of waste disposal: _____
11. Quality control program in place? Yes No
12. Do counselors make follow up visits to clients placed in outside employment? Yes No

Thank you for thinking of Philadelphia Indemnity Insurance Company for your client's insurance needs.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, and VA, insurance benefits may also be denied.)

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION PROVIDED IS TRUE AND CORRECT AND THAT NO INFORMATION WHICH MATERIALLY AFFECTS THIS INSURANCE HAS BEEN WITHHELD. THE INSURER IS AUTHORIZED (BUT NOT OBLIGATED) TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. ACCEPTING THIS APPLICATION DOES NOT BIND THE INSURER TO COMPLETE THE INSURANCE.

Fraud Notice

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 INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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 MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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 NEBRASKA AND OKLAHOMA APPLICANTS: 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.

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 FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY ND 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 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.

NOTICE TO MAINE AND VIRGINIA 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 OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

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 NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE 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."

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PRODUCER'S SIGNATURE: _____ **DATE:** _____