



Philadelphia Insurance Companies
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**SOCIAL SERVICES ORGANIZATION
 SUPPLEMENTAL APPLICATION**

PLEASE ATTACH THE FOLLOWING (0)

- | | |
|--|--|
| _____ ACORD Applications, including Crime & Umbrella | _____ Loss Runs for Current Year and 3 Prior Years |
| _____ Statement of Values | _____ Brochure and/or Newsletter |
| _____ Schedule of Vehicles | _____ Financial Statement if For Profit |
| _____ Drivers List with License Numbers and Dates of Birth | _____ Photographs – Residential Locations |

Named Insured: _____

Sic #: _____ Fein #: _____

Production Underwriter: _____ Non-Profit _____ For Profit _____

Number of years this facility has been: In Operation _____ Under Present Management _____

A. LIFE SAFETY SECTION:

- Do all of your facilities (buildings) have the following Life Safety Features? **Yes/No** If not, please indicate which location numbers.
- | | | |
|--|--|-------|
| 1) Fire Alarms | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 2) Smoke Detectors | | _____ |
| Hard Wired | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Battery Operated | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 3) Emergency Lighting | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 4) Sprinklers | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 5) Are evacuation routes posted throughout the building? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 6) In the event of an evacuation, have you established a central meeting point outside the building? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 7) Are exit signs illuminated? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 8) How often are fire drills held? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 9) Are there at least two exit doors per building? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 10) Are exit doors equipped with panic hardware? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 11) Is smoking permitted inside the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

B. GENERAL LIABILITY SECTION:

- | | |
|---|-----------------------------|
| 1) Annual Operating Budget _____ | 2) Annual Payroll _____ |
| 3) Number of clients/customers per year _____ | 4) Number of Students _____ |
| 5) If providing residential services, provide number of beds at each location _____ | |
| 6) Do you have sheltered workshops? <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate location number _____ | |
| Describe the work being performed _____ | |

Do you have mobile work forces, i.e. janitorial services? Yes No or landscaping services? Yes No
 Other _____

If yes, please provide payroll: Janitorial _____ Landscaping _____ Other _____

Is Workers Compensation carried for clients? Yes No

- | |
|--|
| 7) Do you have a day care program <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate location number(s) _____ |
| Maximum number of children supervised _____ Ratio of children to Staff _____ Age Range _____ |
| 8) Do you provide any foster care or adoption services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain _____ |
| _____ |
| 9) Are any locations leased to others? <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate location number _____ Square Feet _____ |
| 10) Do you have any swimming pools? <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate location number _____ Diving Board/Slide? <input type="checkbox"/> Yes <input type="checkbox"/> No |

11) Do you sponsor any special fund-raising events? Yes No Are alcoholic beverages served? Yes No
Provide full details (location, dates, attendance, description of events, etc.) _____

12) Have all buildings built prior to 1971 been inspected for lead paint? Yes No If "No", what is plan for abatement _____

C. ABUSE & MOLESTATION

1) 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
2) Do you request criminal background investigations for all applicants? Yes No If not, please explain: _____

3) Do you verify employment related references? Yes No
4) Do you have a plan of supervision that monitors staff in day-to-day relationships with clients both on and off premises? Yes No
5) a. Has your organization ever had an incident which resulted in an allegation of sexual abuse? Yes No If yes, please describe _____

b. Was a claim made against the organization? Yes No Was a claim made against any employee(s)? Yes No If yes, is that individual still employed with your organization? Yes No
c. Was the case settled? Yes No If Yes, please explain _____

6) Does your current insurance program exclude Abuse & Molestation coverage? Yes No If not, please indicate the limit of liability provided _____

D. PROFESSIONAL LIABILITY

Total No. of Full Time Employees _____ Total No. of Part Time Employees _____ Total No. of Volunteers _____

Does your current insurance program provide Professional Liability coverage? Yes No If Yes, indicate the limit of liability _____
Is Professional Liability occurrence claims made

Position	# of Full Time	# of Part Time	Position	# of Full Time	# of Part Time
Administrators			Clerical		
Counselors (Including Group Home Manager)			Teachers		
Psychologists			Physicians		
Nurses R.N.			Psychiatrists		
Nurses L.P.N.			Therapists		
Home Health Aides			Other:		
Social Workers			Other:		

Do the physicians carry their own malpractice insurance? Yes No N/A
Indicate Company: _____ Limits of Liability: _____
Effective dates: ____/____/____ to ____/____/____

E. CONSULTANTS/INDEPENDENT CONTRACTORS:

Please indicate which of the following contracted service providers are utilized:
 Physicians Nurse Practitioner
 Dentist Optometrist
 Psychiatrist Other _____

1) Are there written agreements with independent contractors? Yes No
2) Are certificates of malpractice/liability insurance obtained and maintained for all contracted service providers (independent contractors)? Yes No
3) Please indicate the limits of liability: _____

F. AUTOMOBILE SECTION:

1) What percentage of employees/volunteers use their own vehicles regularly (daily/weekly) for agency business?
% Employees _____ % Volunteers _____
Describe use: _____
2) Do you require employees and volunteers to carry and show evidence of personal insurance? Yes No
3) What limits are required? _____
4) Do you run MVRs on employees? Yes No If yes, how often? _____

