



16301 Quorum Dr, Suite 130B, Addison, TX 75001  
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### BBBS Renewal Questionnaire

Insured Name: \_\_\_\_\_ Eff Date: \_\_\_\_\_ Website: \_\_\_\_\_  
Address: \_\_\_\_\_ City/St: \_\_\_\_\_ Zip \_\_\_\_\_  
Agency Name: \_\_\_\_\_ City/State: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Tel #: \_\_\_\_\_ email: \_\_\_\_\_

**Renewal Coverage:** Workers' Comp  || Property  || General Liability  || Abuse  || Professional   
Auto Liability  || Auto Phys Damage  || Umbrella  || D&O  || Accident

Year Business Established \_\_\_\_\_ Years Under Present Management \_\_\_\_\_

**Exposure Update:**

1) Please describe any material changes in your operations (eg; programs administered, services provided, etc.) in the past 12 months? Yes  No  Describe: \_\_\_\_\_

2) Have there been any changes in hiring or screening procedures? Yes  No  Describe: \_\_\_\_\_

3) Number of community based matches: Male \_\_\_\_\_ Couples \_\_\_\_\_ Female \_\_\_\_\_

4) Site-based matches: Children \_\_\_\_\_ Male Staff/Volunteers \_\_\_\_\_ Female Staff/Volunteers \_\_\_\_\_

5) Have you had an incident which resulted in an allegation of sexual abuse or molestation within the last year? Yes  No  If yes, describe: \_\_\_\_\_

6) Renewal Instructions:

- o I have reviewed the existing policy and subsequent endorsements, if any. I have no material changes. **Please RENEW per expiring policy.** Yes  No
- o I have reviewed the existing policy and subsequent endorsements, if any. **Please QUOTE with the following changes:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Insured's Signature) Date: \_\_\_\_\_ (Agent's Signature) Date: \_\_\_\_\_