



Care Providers Insurance Services
 A Division of NSM Insurance Group
 Parkside Corporate Center, 16301 Quorum Drive, Ste. 130B
 Addison, TX 75001
 P. 800-761-7072 F. 800-224-7145
 www.ins-cps.com

**SUPPLEMENTAL APPLICATION
 BIG BROTHER-BIG SISTER PROGRAMS**

Name of Applicant: _____
 Mailing Address: _____ City, State, Zip: _____
 Contact Person: _____
 Agent: _____
 Mailing Address: _____ City, State, Zip: _____
 Phone: _____ Fax: _____ Email: _____

RISK MANAGEMENT

Number of Community Site-Based Matches: Male ___ Couples ___ Female ___ Waiting List ___

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. The applicant provides training and leadership development to ensure that members have the knowledge, skills, and tools necessary to effectively perform their responsibilities. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The applicant has a quality assurance system that ensures that all aspects of the BBBS Program's operations are reviewed and assessed on an annual basis, to include a review of its polices and procedures to ensure compliance with Standards of Practice for One to One Service related to program management for affiliates, and ensures that the BBBS Program is in compliance with its own casework manual. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The affiliate has established financial management practices that meet GAAP and has an oversight structure that facilitates the early identification of potential problems. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The applicant has a risk management system that ensures that the BBBS Program operational risks are identified and appropriately managed through insurance, policies, and procedures. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The applicant currently employs a full time BBBS Program Director. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The applicant has a Human Relations Program, including written HR policies, job descriptions, and confidential personnel records on each BBBS Program employee. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The applicant maintains a casework manual that includes risk management issues for all One-to-One services offered, including child sexual abuse prevention orientation, education and training and overnight visits. | <input type="checkbox"/> | <input type="checkbox"/> |

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Risk Management
(cont.)

	<u>YES</u>	<u>NO</u>
8. The applicants Child Intake Process for Community Based matches includes:		
a. written consent from parent/guardian	<input type="checkbox"/>	<input type="checkbox"/>
b. in person interview with child by BBBS staff or designee	<input type="checkbox"/>	<input type="checkbox"/>
c. in person interview with parent/guardian	<input type="checkbox"/>	<input type="checkbox"/>
d. assessment of home environment	<input type="checkbox"/>	<input type="checkbox"/>
9. The applicants Volunteer Intake Process for Community Based matches includes:		
a. written application	<input type="checkbox"/>	<input type="checkbox"/>
b. at least 3 references	<input type="checkbox"/>	<input type="checkbox"/>
c. criminal background check	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the applicant established any board approved standard of practices which constitute a variance from any Big Brothers Big Sisters of America's Standards of Practices for One-To-One Service?	<input type="checkbox"/>	<input type="checkbox"/>
11. Describe any other program for which you receive governmental funding, that you administer:		
12. Please describe any additional measures over and above national standards that you utilize for risk management:		

SCREENING PROCEDURES

1. Does the applicant utilize the following screening practices with every volunteer prior to being matched with a child:		
a. in person interview?	<input type="checkbox"/>	<input type="checkbox"/>
b. professional staff conducts an assessment to the volunteer's home environment by in home visits?	<input type="checkbox"/>	<input type="checkbox"/>
c. police or criminal background check or authentic copy of arrest and conviction record from volunteer if police or criminal record is not legally accessible?	<input type="checkbox"/>	<input type="checkbox"/>
d. three or more personal references?	<input type="checkbox"/>	<input type="checkbox"/>

Please provide an explanation to any "no" response:

Please describe any additional measures over and above national standards that you utilize for screening procedures:

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MATCH SUPERVISION

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Does the applicant ensure regular supervisory contact with volunteer, parent/guardian and child per the following guidelines: | | |
| a. first year – contact monthly? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. greater than one year – quarterly contact? | <input type="checkbox"/> | <input type="checkbox"/> |

Please describe any additional measures over and above national standards that you utilize for screening procedures: _____

FUND RAISING AND SPECIAL EVENTS

- | | | |
|--|--------------------------|--------------------------|
| 1. Does the applicant conduct any fund raising activities or other special events? If yes, list all special events planned for the next 12 months. | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| _____ | | |
| 2. Does the applicant conduct a Bowling-For-Kids-Sake event? If yes, is alcohol provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| By the applicant agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| By the bowling alley? | <input type="checkbox"/> | <input type="checkbox"/> |

If alcohol is served, please complete the Fund Raising or Special Events Supplemental Application.

- | | | |
|--|--------------------------|--------------------------|
| 3. Does the applicant conduct a golfing or hunting event? If yes, is alcohol provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| By the applicant agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| By the golf course or land owner? | <input type="checkbox"/> | <input type="checkbox"/> |

If alcohol is served, please complete the Fund Raising or Special Events Supplemental Application.

SITE BASED PROGRAMS

- | | | |
|--|--------------------------|--------------------------|
| 1. Does the applicant provide Site-Based services, operations, or programs other than the Community Based Program? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

If yes, please provide details of the program and describe how it differs from the BBBSA Community-Based Program.

Where does the program take place? _____

When does the program take place? _____

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Site Based Programs
(cont.)

YES NO

2. Number of participants in this program:
Children _____ Male Staff/Volunteers _____ Female Staff/Volunteers _____

3. Does any aspect of this program involve any unsupervised one-to-one contact between a volunteer and a child, including transportation?

Explanation _____

If yes, has the Applicant implemented child sexual abuse prevention orientation, education or training for these participants?

Explain: _____

If no, what steps are taken by the applicant agency to assure that volunteers, and/or children have been educated in the area of sexual abuse prevention?

4. Will there always be an adult, other than the volunteer, present while each program is taking place?

5. How are staff/volunteers screened?

6. Does the applicant inform the parents or legal guardian of the content of the program?

If yes, how are they advised? _____

7. Are release forms, stating that there is to be no contact between the child and volunteer outside the agency-arranged program, signed by the parents or legal guardians and the volunteers?

8. Will volunteers use their auto to transport children in connection with this program?

SUPPLEMENTAL APPLICATION
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PROFESSIONAL LIABILITY INFORMATION

Do you employ or contract with any of the following professionals? **If yes, please indicate how many you employ or contract, and if they are: FT-Full Time, PT- Part Time, VOL-Volunteer, or CON-Contractor**

	<u>YES</u>	<u>NO</u>	<u>#</u>	<u>FT</u>	<u>PT</u>	<u>VOL</u>	<u>CON</u>
Bereaval Therapist	<input type="checkbox"/>	<input type="checkbox"/>	___	___	___	___	___
Certified Medical Asst	<input type="checkbox"/>	<input type="checkbox"/>	___	___	___	___	___
Clerical/Administrative	<input type="checkbox"/>	<input type="checkbox"/>	___	___	___	___	___
Dietician/Nutritionist	<input type="checkbox"/>	<input type="checkbox"/>	___	___	___	___	___
LPN/Dental Hygienist	<input type="checkbox"/>	<input type="checkbox"/>	___	___	___	___	___
Medical Director	<input type="checkbox"/>	<input type="checkbox"/>	___	___	___	___	___
Nurse	<input type="checkbox"/>	<input type="checkbox"/>	___	___	___	___	___
Nurse Aide/Sitter/Companion	<input type="checkbox"/>	<input type="checkbox"/>	___	___	___	___	___
Nurse Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	___	___	___	___	___
Occupational Therapist/Speech	<input type="checkbox"/>	<input type="checkbox"/>	___	___	___	___	___
Para-Professional Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	___	___	___	___	___
Pathologist	<input type="checkbox"/>	<input type="checkbox"/>	___	___	___	___	___
Pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	___	___	___	___	___
Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	___	___	___	___	___
Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>	___	___	___	___	___
Psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>	___	___	___	___	___
Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	___	___	___	___	___
Agency (All Other)	<input type="checkbox"/>	<input type="checkbox"/>	___	___	___	___	___

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1. Has the agency entered into any agreements relating to professional liability (such as a professional service contract with any of the above) which contains either a hold harmless agreement, indemnification agreement, or any other professional agreement?
If yes, submit a copy of each agreement. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the Agency currently carry a Professional Liability Policy?
If yes, please indicate the following:
Name of Carrier: _____
Expiration Date: ___/___/___/ Premium: _____ Limits: _____
Type of Coverage: • Occurrence • Claims Made | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the agency reported any professional liability claims or incidents in the past 3 years, or is applicant aware of any circumstances, which may result in a claim or suit?
If yes, provide Insurance Company loss reports or attach summary of details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you obtain Certificates of Insurance and Hold Harmless Agreements from any of your community/contracted professional services providers? | <input type="checkbox"/> | <input type="checkbox"/> |

SUPPLEMENTAL APPLICATION
BIG BROTHER, BIG SISTER PROGRAMS
SEXUAL ABUSE & MOLESTATION LIABILITY

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1. Do you have and enforce written standards regarding Sexual Abuse & Molestation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the employment application for your staff (paid and volunteer) include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. How do you verify employment related references?
• In Person • By Telephone • Do not verify | | |
| 4. Do you have a plan of supervision that monitors staff in day-to-day relationships with the children? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have a crisis management plan for dealing with staff personnel, victim, parents, authorities and media if you have an incident of abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had an incident which resulted in an allegation of sexual abuse or molestation?
a. If yes, please describe: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Was a claim made against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Was the case settled? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Taken to trial? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. How much money was paid as damages to the victim? \$ _____ | | |
| 7. Limits desired: (per person/aggregate)
• \$100,000/\$100,000 • \$500,000/\$500,000 • \$1,000,000/\$1,000,000 | | |
| 8. Do you currently have a policy for Sexual Abuse Liability?
If so, what is the retroactive date on the policy? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Please describe any additional measures over and above national standards that you utilize to prevent abuse incidents:

IMPORTANT NOTICE

IN GRANTING COVERAGE TO ANY OF THE INSURED, THE INSURER HAS RELIED UPON THE DECLARATIONS AND STATEMENTS IN THIS APPLICATION FOR COVERAGE. ALL SUCH DECLARATIONS AND STATEMENTS ARE THE BASIS OF COVERAGE AND SHALL BE

CONSIDERED INCORPORATED IN AND CONSTITUTING PART OF THE POLICY SHOULD ONE BE ISSUED.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT AND SHOULD A POLICY BE ISSUED, IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, SHOULD A POLICY BE ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

IF AND WHEN A POLICY IS ISSUED, THIS APPLICATION IS ATTACHED TO AND MADE A PART OF THE POLICY, SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL. THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT BY SIGNING BELOW WHERE INDICATED, THAT THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

NOTICE TO ARKANSAS 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, AND 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 IN THE THIRD DEGREE.”

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 LOUISIAN 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 PRISION.”

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 MINNESOTA APPLICANTS: “A PERSON WHO SUBMITS AN APPLICATION OR FILES 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 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 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, 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 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 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 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."

Signature of Owner, Partner, Member, Principal, or Officer
Authorized to Sign as Applicant

Applicant's Printed Name

Title: _____ Date: ____/____/____

Producer Name: _____ License #: _____

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF THIS POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of claims expenses which include but are not limited to attorney's fees and, in such event, the insurer shall not be liable for the costs of claims expenses or for the amount of any judgments or settlement to the extent that such exceeds the limit of liability of this policy.

This Applicant hereby further acknowledges that he/she/it is aware that claims expenses that are incurred shall be applied against the deductible amount.

Signature of Owner, Partner, Member, Principal, or Officer
Authorized to Sign as Applicant

Applicant's Printed Name

Title: _____ Date: ____/____/____