



Care Providers
Insurance Services

19111 N. Dallas Parkway, Suite 250, Dallas, TX 75287
800-620-9314 * Fax 800-224-7145

Human Social Services General Renewal Application

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

Add'l Coverage requested: Property || General Liability || Abuse || Professional Auto Liability
 Auto Phys Damage || Excess || D&O || Accident || Cyber Liability

For Profit || Non-Profit

Year Business Established _____ Years Under Present Management _____

Indicate all Programs administered by the Insured (check all that apply):

Children's Programs:		Community Services:	
Adoption	<input type="checkbox"/>	Battered Women's Shelter	<input type="checkbox"/>
After School Care	<input type="checkbox"/>	Community Action Programs	<input type="checkbox"/>
Big Brothers/Big Sisters	<input type="checkbox"/>	Community Centers	<input type="checkbox"/>
Boys & Girls Clubs	<input type="checkbox"/>	Counseling	<input type="checkbox"/>
Charter Schools	<input type="checkbox"/>	Family Planning	<input type="checkbox"/>
Children & Teen Shelters	<input type="checkbox"/>	Food bank/Commodity Distribution	<input type="checkbox"/>
Children's Home	<input type="checkbox"/>	Foundations/ Funding Sources	<input type="checkbox"/>
Day Care (Special Needs)	<input type="checkbox"/>	GED Programs	<input type="checkbox"/>
Early Childhood Intervention	<input type="checkbox"/>	Goodwills/ Thrift Stores	<input type="checkbox"/>
Foster Care/ Therapeutic Foster Care	<input type="checkbox"/>	Homeless Shelters	<input type="checkbox"/>
Head Start/Early Head Start	<input type="checkbox"/>	Information/Education/Referral Svcs	<input type="checkbox"/>
Jewish Community Centers	<input type="checkbox"/>	Rape Crisis Centers	<input type="checkbox"/>
Medically Fragile	<input type="checkbox"/>	Transportation Services	<input type="checkbox"/>
Residential Treatment Centers	<input type="checkbox"/>	Vocational/Job Training	<input type="checkbox"/>
Schools - Special Needs	<input type="checkbox"/>	YWCA's	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

Senior Programs		Specialty Service Programs	
Adult Day Care	<input type="checkbox"/>	Autistic	<input type="checkbox"/>
Companion Services/Home Maker	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>
Home Health	<input type="checkbox"/>	Developmentally Disabled	<input type="checkbox"/>
Meals On Wheels	<input type="checkbox"/>	Group Homes	<input type="checkbox"/>

Sr. Citizens Centers	<input type="checkbox"/>	Handicapped	<input type="checkbox"/>
Weatherization Program	<input type="checkbox"/>	Mentally Retarded	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

Exposure Update:

Please describe any changes in your operations (eg; programs administered, services provided, etc.) in the past 12 months:

Description	Expiring	Renewal	Description	Expiring	Renewal
a) Revenues			g) Camper Days		
b) Clients/Participants			h) Adoptions		
c) Thrift Store Sales			i) Foster Homes/Contacts	____/____	____/____
d) Weatherization/Constrctn Costs or Payroll			j) Property TIV		
e) MOW Food Budget			k) WC Payroll		
f) Avg Daily Volunteers			l) Other		

C. Professional Liability

Description of Professional	Employees		Volunteers	Contractors	Interns
	F/T	P/T			
Counselor - Unlicensed					
Dietician/Nutritionist					
Home Health Aide					
Medical Director					
Nurse LPN					
Nurse Practitioner					
Nurse RN					
Pharmacists					
Psychiatrist/Optometrst/Dentist					
Psychologist/Clergy					
Physn Asst/Paramedic/EMT					
Physician					
Residential Manager or Care Provider					
Social Worker/Counselor - Licensed					
Social Worker – Unlicensed					
Teacher/Tutor/Aide/Child Care Worker					
Therapist – Occupational					
Therapist - Physical/Speech/Hearing					
Total					

D. SUPPLEMENTAL AUTOMOBILE INFORMATION

Description of Auto Fleet:

Vehicle Type	Expiring	Renewal	# Drivers Exp	# Drivers R/N
Pvt Pass/Pick-up/Mini-van				
Vans > 7 pass				
Bus				
Truck				
Trailer				
Other				

NOTE: A driver is an employee whose primary job duties are to operate a motor vehicle for the organization.

1. Are there any drivers under the age of 21 years old? Yes No
 2. Are all of your vehicles equipped with seat belts? Yes No
 - a) Do you have written and strictly enforced guidelines, mandating all passengers are secured in their seat belts? Yes No
 - b) Would you ever make an exception based on a medical condition? Yes No
 3. Does insured order/receive/approve MVRs prior to employee driving? Yes No
 4. Does the insured maintain driver's record files? Yes No

Does it include: date of hire____ dates of training____ Drug tests____
MVR and date ordered and received ____ Reference Checks____
Disciplinary actions____ (check those that apply)
 5. Do you furnish anyone with an auto? Yes No
 - a. If yes, are relatives ever allowed to operate an organization's vehicle? Yes No
 6. Do you have an accident investigation program? Yes No
 - a. Do you keep a file on accidents? Yes No
 7. What number of your employees use their personal auto for your business? _____
 8. Is there a vehicle maintenance program? Yes No

If yes:

 - a. Are maintenance logs and files reviewed by management? Yes No
 - b. Do drivers have procedures for reporting, repairing and servicing? Yes No

If yes - daily , weekly , other _____
 9. With respect to any rules or procedures, how do you enforce them to assure compliance?
-
10. Does the insured have annual competency-based performance reviews conducted on drivers of the mobility assistance/wheelchair van that includes:
 - a. operation of the lift or ramp system Yes No
 - b. securing the wheelchair and patient Yes No
 - c. unloading wheelchair & patient Yes No
 - d. use of Company communications system Yes No
 11. Do you obtain written authorization to release driver information from all of your staff upon hiring? Yes No
 12. Do you obtain MVR's on all drivers? Yes No
 - a. If yes, how often? _____
 - b. Do you have written criteria on driver acceptability regarding MVR's? Yes No

14. Do you have a safe driver incentive program? Yes No
If yes, describe: _____

15. What are your procedures for dealing with driver accidents or violations? _____

16. Do all drivers possess the required license for the type of vehicle driven? Yes No

17. Explain changes to your driver safety program:

E. Hired & Non-Owned Vehicles

1. Do you hire vehicles? Yes No
If yes, what types of vehicles do you hire? _____

2. Do you hire from a transportation company? Yes No
a. Do you obtain certificates of insurance? Yes No
b. What minimum limits do you require? _____

3. Annual number of vehicles hired: _____ Annual cost of hire: _____

4. How many employees/volunteers drive personal vehicles for business use: regularly? ____ occasionally? ____
a. Do you obtain proof of insurance for anyone driving for business purposes? Yes No
b. Do you update these records at least semi-annually? Yes No
c. Do you require at least \$100,000 in minimum limits? Yes No

F. Virus/Communicable Disease

1. Do you follow all proper protocols/procedures, including the continuous release of updated CDC guidelines to ensure you are in compliance with all virus/communicable disease prevention control methods? (i.e., client screening procedures, social distancing, use of PPE, sanitizing and cleaning of facilities and equipment, etc.) Yes No

I have reviewed the existing policy and subsequent endorsements, if any.

o Have there been a change in ownershi. Yes No

o I have reviewed the existing policy and subsequent endorsements, if any.
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:

_____ Date: _____	_____ Date: _____
(Insured's Signature)	(Agent's Signature)