Care Providers Insurance Services, LLC

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Human Social Services General Supplemental Application

GENERAL INFORMATION

Applicant Name: _____

Address: _____

City/St: _____ **Zip** _____ **Website:** _____

Agency Name: _____ **City/State:** _____

Agency Contact:_____ **Tel #:** _____ **email:** _____

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

Senior Programs		**Specialty Service Programs**	
Adult Day Care	☐	Autistic	☐
Companion Services/Home Maker	☐	Cerebral Palsy	☐
Home Health	☐	Developmentally Disabled	☐
Meals On Wheels	☐	Group Homes	☐
Sr. Citizens Centers	☐	Handicapped	☐
Weatherization Program	☐	Mental Illness	☐
Other _____	☐	Intellectual Disability	☐

B. Management Practices

1) Total Assets: _____ 2) Annual Operating Budget: _____ 3) Total # of Employees _____

4) List Accreditations and Certifications: _____

5) Do you have all required licenses? Yes ☐ No ☐ Are they current? Yes ☐ No ☐

6) Has any license ever been lost, revoked or suspended? Yes ☐ No ☐ If yes, explain:

_____

7) Do you lease, sublease or rent to others? Yes ☐ No ☐

If yes, do you obtain certificates of insurance? Yes ☐ No ☐

8) Do you sell any goods or services to others? Yes ☐ No ☐

Products & Services _____ Annual Receipts $_____

9) Have you discontinued any operations, made acquisitions or sold operations in the last 5 years? Yes ☐ No ☐

If yes, describe: _____

10) Do you participate in or sponsor any sports activities for your clients? Yes ☐ No ☐ If yes, explain

_____

11) Do you have any 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 ☐

a) What controls are exercised? _____

b) Describe the types of trips: _____

c) What measures are taken to assure no one is left behind? _____

_____

12) Do you accept clients with any of the following types of issues:

Prader-Willi Syndrome	Yes ☐ No ☐ # clts ____	Schizophrenia	Yes ☐ No ☐ # clts ____
Velocardial Facial Syndrm	Yes ☐ No ☐ # clts ____	Adjudicated Sex or Violent Ind	Yes ☐ No ☐ # clts ____
Lesch-Nyhan Syndrome	Yes ☐ No ☐ # clts ____	"Profound" Intellectual Disability	Yes ☐ No ☐ # clts ____

13) Do you have sign in/sign out procedures for: Staff ☐ Clients/Residents ☐ Visitors/Public ☐

14) Type of security for clients/residents: Guards ☐ Security Cameras ☐ Other _____

15) What measures are taken to monitor client activities? _____

16) What precautions are taken to prevent non-staff members from accessing unauthorized areas of the property?

_____

17) Do you have incident reporting procedures and/or committee reviews? Yes ☐ No ☐

18) Do you have a plan for medical emergencies? Yes ☐ No ☐

19) Is there always someone trained in CPR and first aid on the premises? Yes ☐ No ☐

20) Do you have AED's? Yes ☐ No ☐ Are staff members properly trained in their use? Yes ☐ No ☐

21) Do you have a written and enforced "NO SMOKING" policy? Yes ☐ No ☐

22) What method do you use for de-escalation? _____

Is it approved? Yes ☐ No ☐ How often is the staff recertified? _____

22) Do you use padded rooms? Yes ☐ No ☐

23) Do you use electric shock treatment? Yes ☐ No ☐

C. Professional Liability ☐ N/A

Part I - Individuals

	Employees		Equivalent positions (see note below)		
	F/T	P/T	Volunteers	Contractors	Interns
Counselor - Unlicensed					
Dietician/Nutritionist					
Home Health Aide					
Medical Director					
Nurse LPN					
Nurse Practitioner					
Nurse RN					
Pharmacists					
Psychiatrist/Optometrist/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					

Note: "equivalent position" is the ***average daily number*** of volunteers, contractors & interns doing work for the organization on any one day during a normal work week. Any partial numbers should be rounded up to the nearest whole. *Example*, if there are 10 nurses that volunteer for 4 hours a week, but only one is there at a time, the equivalent position is "one".

1. Has the agency entered into any agreements relating to professional liability (such as a Professional service contract with any of the above) which contain either a hold harmless agreement, indemnification agreement, or any other professional agreement? Yes ☐ No ☐

   If yes, submit a copy of each agreement.

2. Does the Agency currently carry a Professional Liability Policy? Yes ☐ No ☐

   If yes, please indicate the following:

   Name of Carrier: _____

   Expiration Date: ____/____/____/ Premium: _____ Limits: _____

   Type of Coverage: ☐Occurrence ☐Claims Made

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? Yes ☐ No ☐ If yes, provide Insurance Company loss reports or attach summary of details.

4. Do you obtain Certificates of Insurance and Hold Harmless Agreements from any of your community/contracted professional services providers? Yes ☐ No ☐

5. Please describe any additional measures over and above national standards that you utilize.

   _____

_____

_____

6. Do you require your staff (paid and volunteer) to complete an employment application? Yes ☐ No ☐

   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 credentials? Yes ☐ No ☐

   Do you obtain criminal background checks on all individuals before hiring? Yes ☐ No ☐

   Do you require drug tests on all staff members, including drivers? Yes ☐ No ☐

   What are your procedures for evaluating these reports: _____

   What actions are taken if a report is considered unfavorable? _____

7. Do all staff members have written job descriptions? Yes ☐ No ☐

8. Are any staff members under the age of 18? Yes ☐ No ☐

   If yes, list position: _____

9. Do you provide workers' compensation for all staff members? Yes ☐ No ☐

10. Do psychiatrists prescribe any experimental drugs? Yes ☐ No ☐

11. Has any client/resident/patient ever committed suicide? Yes ☐ No ☐

    If yes, explain: _____

12. Do any of your physicians perform any invasive medical procedures or any procedures requiring general anesthesia? Yes ☐ No ☐

13. **Physicians & Psychiatrists**

Name	Dr.	Dr.	Dr.
Specialty			
Board Certified or eligible			
Years in practice			
License #			
Hours/wk for Insured			
Employed or Contracted?			
Malpractice carried?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
o If yes, does coverage include acts while working at center?			
o If yes, does coverage include contingent coverage for center?			
Any claims past 5 years?			

Part II - Medical Facilities ☐ N/A

1. The facilities are for: ☐ Staff ☐ Clients ☐ General Public (check all that apply)
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 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 & 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 a medical history and care records for each individual? Yes ☐ No ☐

Part III - Free Clinics ☐ N/A

1. Do you operate a "Free Clinic" qualifying for the Federal Tort Claims Act (FTCA) Yes ☐ No ☐
2. Is your facility current with all qualifying requirements? Yes ☐ No ☐
3. Do you provide written notification to patients of your limited liability? Yes ☐ No ☐
4. Do all your volunteer medical professionals hold the proper licenses? Yes ☐ No ☐
5. Do all of your volunteer medical professionals carry their own mal-practice insurance? Yes ☐ No ☐
6. Are all of your medical professionals credentialed and privileged every 2 years? Yes ☐ No ☐
7. Do you maintain documentation of deeming for each individual medical professional? Yes ☐ No ☐

Part IV - Outpatient Facilities ☐ N/A

Type of Service	# Visits	Types of Service	# Visits

1. Estimated percentage of clients by age group: Under 18 ____%; 18-35 ____%; 35-65 ____%; Over 65% ____
2. Annual number of clients by type: Emotional ____; Drug/Alcohol ____; Mental Illness ____; Intellectual/Developmental Disability ____.
3. Do you operate a clinic? Yes ☐ No ☐ If yes, is it open to the public? Yes ☐ No ☐
4. Do you offer group therapy? Yes ☐ No ☐ If yes, average size of group? _____
   a. How often does the group meet per week? _____
   b. Explain the nature of problems treated/discussed _____
5. Do you provide services in client's homes? Yes ☐ No ☐

6. Do you operate any mobile servicing units? Yes ☐ No ☐

Part V - Substance Abuse Program ☐ 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 _____

3. Do you operate a detoxification unit? Yes ☐ No ☐ If yes, ☐ Medical ☐ Other

   a. If medical, do you accept clients with a history of delirium tremens (DT's) or seizures? Yes ☐ No ☐

   b. If clients are experiencing DT's 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 ☐

   a. Are facilities ☐ single sex or ☐ Co-ed ?

D. Abuse & Molestation

1. What is the age group of clients? Under 7 ____%; 7 thru 13 ____%; 14 thru 17 ____%; 18 to 25 ____%; 26 to 65 ____%; over 65 ____%

2. What is the ratio of staff to clients? _____

3. Is there more than one person responsible for the welfare of any single client? Yes ☐ No ☐

   If yes, please describe: _____

4. Are there rules or guidelines prohibiting closed door one-on-one meetings? Yes ☐ No ☐

5. Are there written complaint procedures and are they displayed prominently? Yes ☐ No ☐

   If no, please describe why unnecessary: _____

6. Do you require your staff (paid and volunteer) to complete an employment application? Yes ☐ No ☐
   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 credentials? Yes ☐ No ☐
   Do you obtain criminal background checks on all individuals before hiring? Yes ☐ No ☐
   Do you require drug tests on all staff members, including drivers? Yes ☐ No ☐

   What are your procedures for evaluating these reports: _____

   What actions are taken if a report is considered unfavorable? _____

   _____

7. Do all employees meet the minimum mandated educational or professional experience level for the position assigned? Yes ☐ No ☐

8. Do volunteers work directly with clients? Yes ☐ No ☐

   If yes, please describe the degree of their job function and responsibilities: _____

   _____

9. Have any employees been the subject of a child abuse/neglect investigation? Yes ☐ No ☐

   If so, what were the results of the investigation? _____

10. Have there ever been any alleged or actual incidents regarding any abuse or molestation? Yes ☐ No ☐

    If yes, please describe: _____

_____

What procedures have been instituted to prevent reoccurrences of previous events? _____

_____

11. For residential risks, what steps are taken to ensure client-to-client contact is avoided, i.e. separating male from female sleeping quarters, describe: _____

_____

12. Are children of different age groups housed together? Yes ☐ No ☐

If yes, please describe: _____

13. Are children left alone without any adult supervision? Yes ☐ No ☐

If yes, please describe: _____

14. List situations where an employee or volunteer has direct contact with clients in an unsupervised situation without oversight of another staff member: _____

15. Is any counseling conducted off premises, i.e. clients' or counselors' homes? Yes ☐ No ☐
If yes, by whom and what type of clients? _____

16. Is any counseling provided after normal business hours? Yes ☐ No ☐

If yes, describe: _____

17. If transportation is provided, is there more than one adult present at all times? Yes ☐ No ☐

18. What is your procedure on how allegations of abuse are handled? _____

_____

_____

19. Are accused employees removed from client care responsibilities pending outcome of investigation? Yes ☐ No ☐

E. Premises/Life Safety

1. If the building you occupy was built before 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, describe: _____

3. Has the premises been inspected by fire authorities for proper extinguishers, signs, escapes, panic hardware on doors? Yes ☐ No ☐

4. Is there a written emergency evacuation plan? Yes ☐ No ☐
   - Is it posted with a floor plan? Yes ☐ No ☐
   - Is there a central meeting point outside the building? Yes ☐ No ☐
   - Does it include notification to the fire department? Yes ☐ No ☐
   - How often are drills conducted? _____

5. Is the hot water set to a temperature of 120 degrees? Yes ☐ No ☐

F. Crime/Financial Controls

1. Are regular audits performed? Yes ☐ No ☐

Who performs the audits? CPA _____ Staff _____ Other _____

2. Who receives the audit report and is responsible for reviewing? _____

3. What is the audit frequency? Annual ____ Semi-annual ____ Quarterly _____

3. Are all locations audited? Yes ☐ No ☐

If not, why not: _____

4. Is the payroll system audited annually? Yes ☐ No ☐

5. Are bank accounts audited by someone not authorized to deposit or withdraw? Yes ☐ No ☐

6. Is countersignature of checks required? Yes ☐ No ☐

a) Are checks issued over $1000 must be countersigned by at least 2 persons Yes ☐ No ☐

If no, is an owner or corporate officer the authorized signer Yes ☐ No ☐

b) Is the handling of in-coming checks and issuance of out-going checks done by separate individuals? Yes ☐ No ☐

c) Mechanically Affixed Signatures involve computer or non-computer equipment.

- If computer operated, is control over the input and outflow restricted to specifically authorized personnel? Yes ☐ No ☐
- Is non-computer equipment (e.g. facsimile signature plate or check writing machine) properly secured when not in use with access limited to as few designated persons as possible and supervised by an owner/officer? Yes ☐ No ☐
- Are employees authorized to reconcile bank account statements not permitted to handle deposits or sign checks without countersignature? Yes ☐ No ☐
- Are all incoming check must be stamped "For Deposit Only" as soon as they are received? Yes ☐ No ☐

7. Are all officers and employees required to take annual vacations of at least 5 consecutive days? Yes ☐ No ☐

8. Is there a written policy regarding EFTS? Yes ☐ No ☐

9. What is the single largest amount that can be transferred? $_____

10. Are hard copies of funds transfer confirmations received and reconciled? Yes ☐ No ☐

11. Do internal audit procedures include computer operations? Yes ☐ No ☐

12. Is physical access to computer room and equipment restricted to authorized personnel? Yes ☐ No ☐

13. Prior to funds transfer does financial institution verify authenticity with another employee? Yes ☐ No ☐

14. List number of all officers and employees who handle or have custody of money, securities or other property:

_____ Officers, Accountants & Administrators _____ Managers, Drivers, Supervisors

_____ Volunteers, Contractors _____ All Others

15.Do you audit your wire transfer procedures and transactions? Yes ☐ No ☐ How frequently? _____

16. Are you up to date with internet security protection (ie;firewalls & intrusion detection system)? Yes ☐ No ☐

F. Planned Event / Fund Raisers ☐ N/A

Questions	Event #1	Event #2	Event #3	Event #4	Event #5
Describe/Insert letter for event type: A = Wine tasting; B = Golf outing; C = Other Sporting event; D = Picnic; E = Banquet; F = House tour; G = Bingo; H = Walkathon/Run; I = Fashion Show; J = Concert; K = Other (specify)					
Type of Event (use above list)					
Date(s) held?					
Daily Hours of operation					
Will any event last longer than 3 days? If so, how long?					
Total anticipated revenue					
Location held					
Estimated Attendance					
Are certificates of insurance obtained from all vendors providing products/services?					
Will alcohol be served?					
Do any sporting events involve motorized vehicles?					
Do all participants sign a waiver?					
Do participants show proof of personal health insurance?					
Does any event involve large animals? (ie: horses, livestock, etc.)					
Does any event involve wild animals?					
Does any event involve aircraft or watercraft?					

G. Automobile ☐ N/A

Part I – General

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

1. 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 ☐

2. Does insured order/receive/approve MVR's prior to employee driving? Yes ☐ No ☐

3. Does the insured maintain driver's record files? Yes ☐ No ☐

   Does it include (check those that apply):

   a) Date of hire ____ b) Dates of training ____ c) Drug tests____ d) Reference Checks____

   e) MVR and date ordered and received _____ f) Disciplinary actions ____

4. Do you furnish anyone with an auto? Yes ☐ No ☐

   a. If yes, are relatives ever allowed to operate an organization's vehicle? Yes ☐ No ☐

5. Do you have an accident investigation program? Yes ☐ No ☐

   a. Do you keep a file on accidents? Yes ☐ No ☐

6. What number of your employees use their personal auto for your business? _____

7. Do you require that employees and volunteers carry a minimum limit of liability of at least $100,000? Yes ☐ No ☐

   a. Do you verify (with a photocopy of the policy or other)? Yes ☐ No ☐

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 ☐

Part II - Drivers

1. Are there any drivers under the age of 21 years old? Yes ☐ No ☐
2. Do you obtain written authorization to release driver information from all of your staff upon hiring? Yes ☐ No ☐
3. 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 ☐

4. Do you have a safe driver incentive program? Yes ☐ No ☐

If yes, describe: _____
_____

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

6. Are all drivers at least 21 years of age? Yes ☐ No ☐
7. Do all drivers possess the required license for the type of vehicle driven? Yes ☐ No ☐
8. Explain you driver safety program: _____
_____
_____
9. Is training provided for new employees/volunteers prior to their transporting clients? Yes ☐ No ☐
10. Does anyone besides employees drive your vehicles? Yes ☐ No ☐
11. Do you allow personal use of your agency vehicles? Yes ☐ No ☐
12. What percentage of your volunteers do some driving for the organization _____%

Part III - 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 ☐

Part IV - Donated Vehicles ☐ N/A

1. What are your requirements for donation (eg: age, condition, etc.)? _____
2. How and by whom is the vehicle delivered? _____
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 ☐

a. If yes, describe the types of repairs _____

b. What is the training of the individuals doing the repairs? _____

6. How do you dispose of the vehicles? _____
7. If you sell the vehicles yourself, do you sell them "As Is" with no guarantees? Yes ☐ No ☐
8. Do you have dealer plates? (If yes, how many? ____) Yes ☐ No ☐
9. Approximately how many vehicles do you get donated each year? ____

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		Children's Home	
Hospice		Shelter – Homeless		Troubled Teen	
Independent Living		Shelter – Other		Other (specify)	

1. Annual number of clients by age group: Under 7 ____; 7 thru 13 ____; 14 thru 17 ____; 18 to 35 ____; 36 to 65 ____; over 65 ____
2. Annual number of clients by type: Emotional ____; Drug/Alcohol ____; Mental Illness ____; Intellectual/Developmental Disability ____.
3. Specify number of: Male ____; Female ____; Co-Ed ____.
4. Are residents separated? Yes ☐ No ☐
   If yes, how are they separated? _____
5. Average length of stay _____
6. Number of non-ambulatory patients ____. Are there any above the first floor? Yes ☐ No ☐
7. Total number of rooms: ____ Total number of bedrooms: ____
8. What was the date of the last inspection by a licensing agency? _____. Any deficiencies? Yes ☐ No ☐
   If Yes, describe _____
9. Does a physician screen clients prior to admission? Yes ☐ No ☐
10. Do you require signed release forms for the release of records to other individuals or institutions? Yes ☐ No ☐
11. Are patients primarily responsible for their own basic personal care including:
    a. bathing Yes ☐ No ☐
    b. eating Yes ☐ No ☐
    c. dressing Yes ☐ No ☐
    d. restroom aid Yes ☐ No ☐
12. Is the staff trained in non-violent crisis intervention? Yes ☐ No ☐
    If yes, which protocol? _____
13. What type of method do you use for de-escalation? _____ Is it approved? Yes ☐ No ☐
14. What is your physical restraint policy? _____
15. What is the ratio of resident to staff? Day _____ Night _____
16. What procedures are in place for clients that are permitted to leave the premises without supervision?_____
    _____
17. How many visits a month are made by a caseworker to a resident? _____
18. How do you provide for the residents privacy and individual security? _____
    _____
19. How often are rooms inspected? _____ Who performs the inspections? _____
20. Do you have written procedures? Yes ☐ No ☐ Do you have a checklist? Yes ☐ No ☐
21. Do you maintain a log of all inspection activity? Yes ☐ No ☐
22. Is it reviewed by management regularly? Yes ☐ No ☐
23. How often are bed checks done? _____ Random ☐ Scheduled ☐

24. How is staff monitored? _____

25. Are there security cameras monitoring operations? Yes ☐ No ☐

26. Are resident's doors ever locked from the outside? Yes ☐ No ☐

27. Are residents allowed to cook their own meals? Yes ☐ No ☐ If yes, in ☐ Private or ☐ Common cook areas.

I. Adoption ☐ N/A

1. Are you licensed in all states in which you operate? Yes ☐ No ☐
2. Is the agency private or state operated? _____
3. Does Insured choose the parents and do placements or do they refer to a state agency? _____
4. Does the insured follow all State Requirements regarding adoption rules and procedures? Yes ☐ No ☐
2. Are the adoption services: Opened ☐ Closed ☐ Average annual number of adoptions: _____
3. International Adoptions Yes ☐ No ☐ Total annual number of anticipated Int'l adoptions: _____
   What countries? a._____; b. _____; c. _____; d. _____
4. Anticipated number of adoptions over the next 12 months: _____
   By Ages: Less than 1 yr ____; Age 1-5 ____; Age 5-10 ____; Over 10 _____
5. Total number of unsuccessful adoptions _____
6. Total number of training hours for each adoptive family prior to the placement of child _____
7. Total annual number of training hours for each adoptive family _____
8. Are case workers supervised? Yes ☐ No ☐ Are decisions made by a team? Yes ☐ No ☐
9. Are home studies conducted? Yes ☐ No ☐ What are staff member's credentials? _____
10. Is there a written procedure in place to analyze potential applicants? Yes ☐ No ☐
11. Are criminal records checked prior to approval of an adoptive home? Yes ☐ No ☐
12. Do you verify homeowner's insurance or renter's insurance? Yes ☐ No ☐
13. Do you have written procedures for dealing with a report of abuse? Yes ☐ No ☐
14. Are children given thorough medical exams, with prior conditions noted, before placed? Yes ☐ No ☐
15. Is counseling provided to birth parents after placement? Yes ☐ No ☐
16. Are children given to adoptive parents upon release from the hospital? Yes ☐ No ☐
17. Are children placed in a foster home until the time passes for the mother to change her mind? Yes ☐ No ☐
18. Do the adoptive parents receive special counseling after placement? Yes ☐ No ☐
19. Do you perform follow-up visits after placement has been made? Yes ☐ No ☐
    a. If yes, are these visits announced? Yes ☐ No ☐
    b. How often do they occur? _____
    c. When do these visits stop? _____
20. What are the rights of the child's biological grandparents? _____

J. Foster Care ☐ N/A

1. How many foster care homes has the Insured placed children in? _____
2. Anticipated number of foster child placements (existing & new) over the next 12 months: _____
   Ages: Less than 1 yr ____; Age 1-5 ____; Age 5-10 ____; Over 10 _____
3. Does the insured place special needs children Yes ☐ No ☐ If yes, explain condition _____
   _____
4. Total number of foster families at any one time: _____
5. Total number of case workers ____ Maximum number of children per Case Worker allowed _____
6. Are audit procedures in place to be sure that home visits are being conducted? Yes ☐ No ☐
7. Are case workers supervised? Yes ☐ No ☐ Are decisions made by a team? Yes ☐ No ☐
8. Are home studies conducted? Yes ☐ No ☐ What are staff member's credentials? _____
9. Average number of foster children who are placed multiple times _____
10. Total number of training hours for each foster family prior to the placement of first child _____
11. Total annual number of training hours for each foster family _____
12. Is full disclosure of child's history made to parents prior to placement? Yes ☐ No ☐
13. Is there a written procedure in place to analyze potential applicants? Yes ☐ No ☐
14. Are criminal records checked prior to approval of a home? Yes ☐ No ☐
15. Does the insured follow all State Regulations on Foster Care procedures? Yes ☐ No ☐
16. Do you verify homeowner's insurance or renter's insurance? Yes ☐ No ☐
17. Do you have written procedures for dealing with a report of abuse? Yes ☐ No ☐
18. Are children given thorough medical exams, with prior conditions noted, before placed? Yes ☐ No ☐
19. Do the adoptive/foster parents receive special counseling after placement? Yes ☐ No ☐
20. Do you perform follow-up visits after placement has been made? Yes ☐ No ☐
    a. If yes, are these visits announced? Yes ☐ No ☐
    b. How often do they occur? _____
    c. When do these visits stop? _____
21. Does the insured maintain complete records of all placements, incidents, follow-ups, etc? Yes ☐ No ☐
22. How many foster home agreements have been terminated (both voluntary & involuntary) in the past:
    12 months ____; 24 months ____; 36 months _____

K. Crisis Hotline ☐ N/A

1. Do you operate a crisis hotline? Yes ☐ No ☐ Estimated annual number of calls received? _____
   a. Types of calls: Suicide ____%; Drug/Alcohol ____%; Child/Spouse Abuse ____%; Other ____%
   b. What are the hours of operation for the hotline _____
   c. Is training provided? Yes ☐ No ☐ Describe _____
   d. Do volunteers answer calls? Yes ☐ No ☐
2. Do you make telephone referrals? Yes ☐ No ☐ If yes, estimated annual number of calls _____
3. Do you have written procedures for engaging the authorities/police? Yes ☐ No ☐
4. Do you maintain a detailed log of all calls? Yes ☐ No ☐
5. Are any of your calls recorded for documentation purposes? Yes ☐ No ☐

L. Therapeutic Horseback Riding ☐ N/A

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

M. In Home Support Services ☐ N/A

1. Services: (check all that apply)

Nursing Care ☐	Speech Therapy ☐	Social Work ☐	Nutrition Counseling ☐
Bathing ☐	Changing Catheter ☐	Dressing ☐	Meal Preparation ☐
Laundry ☐	Running Errands ☐	Housework ☐	Medication Management ☐
Eating ☐	Restroom Aid ☐	Repositioning ☐	Driving clients to/from Appointments ☐
Blood Testing ☐	Infusion Therapy ☐	Other ☐	

2. How long has the program been in place? _____
3. How many employees provide in-home services? _____ No. of Volunteers? _____
4. Number of non-ambulatory clients _____
5. Payroll for the last twelve months? $_____
6. Do you sell and/or rent medical equipment? Yes ☐ No ☐
   Receipts sales $_____ Receipts rentals $_____
7. Are all staff properly informed of AIDS/HIV patients? Yes ☐ No ☐
8. Do you have written procedures in place to prevent theft from client's 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? _____

N. 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 ☐
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 ☐

O. 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; ☐ Unrestricted
4. For who is the food prepared? ☐ Staff; ☐ Clients/Residents; ☐ Unrestricted
   If unrestricted, explain _____
5. Describe eating and serving areas: _____
6. Is food properly covered, stored, served? 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 cooking equipment cleaned? _____ Cleaned by: ☐ You; ☐ Cleaning contractor
11. Do the hoods have removable filters? Yes ☐ No ☐

P. Pool ☐ N/A

1. Are the appropriate number of trained lifeguards on duty at all times when the pool is open? Yes ☐ No ☐
   If no, explain _____
2. How are your lifeguards certified? _____
3. Are all pool users evaluated for swimming ability prior to pool use? Yes ☐ No ☐
4. Are all non-swimmers required to wear life preservers? Yes ☐ No ☐
5. Who uses the pool area? ☐ Staff; ☐ Clients/Residents; ☐ Unrestricted
   If unrestricted, explain _____
6. Is the pool completely fenced with a self locking gate? Yes ☐ No ☐ If yes, what height? _____
   If no, explain _____
7. The pool area includes: ☐ Jacuzzi; ☐ Hot Tub; ☐ Whirlpool/Spa; ☐ Diving Board; ☐ Kiddie Pool; ☐ Water slide; ☐ Trampoline; ☐ Water Blob; ☐ Trapeze; ☐ Other (describe) _____
   Describe height of any water slide, diving board, trapeze, or elevated structure _____
8. Are depths clearly marked? Yes ☐ No ☐ Is diving prohibited in non-dive areas? Yes ☐ No ☐
9. Is the walking surface around the pool non-skid and in good condition? Yes ☐ No ☐
10. Is the staff trained in: Water Safety? Yes ☐ No ☐; CPR? Yes ☐ No ☐ ; First Aid? Yes ☐ No ☐
11. Are all areas of the pool, including the bottom, visible at all times? Yes ☐ No ☐
12. Are there interval breaks to clear the pool, change lifeguards, etc? Yes ☐ No ☐ If yes, how often? _____
    If not, explain procedures _____
13. Do posted rules meet all state and local regulations? Yes ☐ No ☐
14. Are swimming lessons given? Yes ☐ No ☐ If yes, by whom _____

15. Is there any swim team participation? Yes ☐ No ☐
16. Are pool chemicals properly stored and secured? Yes ☐ No ☐ How often is pool tested? _____
17. How often is the pool cleaned? _____
18. Do you have specific written guidelines for closing the pool due to water contamination? _____

Q. Lakes / Ponds ☐ N/A

1. Is swimming allowed? Yes ☐ No ☐ Is there a designated & clearly marked swimming area? Yes ☐ No ☐
2. Are the appropriate number of trained lifeguards on duty at all times during operating hours? Yes ☐ No ☐
   If no, explain _____
3. How are your lifeguards certified? _____
4. Are all users evaluated for swimming ability prior to pool use? Yes ☐ No ☐
5. Are all non-swimmers required to wear life preservers? Yes ☐ No ☐

6. Who uses the lake/pond area? ☐ Staff; ☐ Clients/Residents; ☐ Unrestricted
   If unrestricted, explain _____
7. Are there boat docks? Yes ☐ No ☐ If yes, where? _____
8. Lake use (check all that apply)
   ☐ Swimming; ☐ Water Skiing; ☐ Jet Skis/Wave Runners; ☐ Canoes/Row boats; ☐ Sail Boats/Catamarans;
   ☐ Paddle Boats ☐ Ice Skating/Hockey ☐ Power Boats (max H.P./length) _____
9. Is there watercraft rental? Yes ☐ No ☐ If yes, what types _____ Annual Receipts $_____

R. Playground ☐ N/A

1. Is the playground supervised during all open hours? Yes ☐ No ☐
2. Who uses the playground area? ☐ Staff; ☐ Clients/Residents; ☐ Unrestricted
   If unrestricted, explain _____
3. Is the play area fenced? Yes ☐ No ☐ Is the surface "kid friendly" Yes ☐ No ☐ Describe_____
   _____
4. What is the maximum height of any of the equipment? _____
5. Is the playground equipment checked regularly? Yes ☐ No ☐ Log book maintained? Yes ☐ No ☐
   Is maintenance performed promptly when required? Yes ☐ No ☐

S. Fitness Area ☐ N/A

1. Is the fitness area secured? Yes ☐ No ☐ Is the fitness area supervised during all open hours? Yes ☐ No ☐
2. Is it open/accessible at any time when your facility is closed? Yes ☐ No ☐ If yes, when & why? _____
   _____
3. Who uses the fitness area? ☐ Staff; ☐ Clients/Residents; ☐ Unrestricted
4. Describe all fitness equipment and facilities (both indoor & out) _____
   _____
5. How often and by whom is the equipment inspected? _____

Do you keep written logs/maintenance records? Yes ☐ No ☐

6. Do you have age and usage restrictions? Yes ☐ No ☐

T. Camps ☐ N/A

1. Is written permission/waiver of liability obtained from every child's parent or legal guardian? Yes ☐ No ☐
2. Is a medical release form obtained from every child's parent or legal guardian? Yes ☐ No ☐
3. Does the camp provide overnight services? Yes ☐ No ☐ If Yes, what is the average length of stay? _____
4. What is the total number of days in operation annually? _____ Number of children at each camp?_____
5. What is the total number of staff members at each camp? _____ Ratio of campers to staff? _____
6. Are criminal background checks done on each staff member? Yes ☐ No ☐
7. What staff qualifications are required for working with children? _____
   _____
8. Are sleeping quarters segregated by sex? Yes ☐ No ☐ If no, explain _____
9. Indicate any of the following camp operations:

   ☐ Obstacle Course; ☐ Motor Boats; ☐ Archery; ☐ Jet Skis/Wave Runners; ☐ Pools; ☐ Lake;

   ☐ Guns; ☐ Rock Climbing; ☐ Ropes Courses; ☐ Horses; ☐ Adventure/Wilderness Experiences;

   ☐ Paint Ball; ☐ Zip Lines; ☐ Scuba; ☐ Contact Sports; ☐ White water rafting; ☐ Skiing; ☐ Other

   Explain other _____

U. Sheltered Workshop ☐ N/A

1. Describe work/product being performed _____
2. Do you perform industrial subcontracted work? (ie: packing, assembly, manufacturing, etc.) Yes ☐ No ☐
3. What company label goes on the product? _____
4. Who is the ultimate user of the product? _____
5. Do any of your products/work go into: (check all that apply)

   ☐ Toys; ☐ Children's Clothing/Furniture; ☐ Aircraft; ☐ Watercraft; ☐ Sporting Goods;

   ☐ Tools or equipment; ☐ Machinery; ☐ Motorized devices; ☐ Chemicals or drugs; ☐ Food Products;

   ☐ Cosmetics; ☐ Appliances; ☐ Electrical Apparatus.
6. Is there renovation or processing of used materials? Yes ☐ No ☐ If yes, describe _____
7. Are flammables stored in proper receptacles? Yes ☐ No ☐
8. What controls are in place for painting, stripping, finishing, welding, metal working, woodworking, etc? _____
   _____
9. Are hazardous operations separated? (ie: spray booths, welding booths, etc.) Yes ☐ No ☐
   If yes, describe how _____
10. When was the last time the workshop was inspected by OSHA? _____
11. Is there proper ventilation for the work being performed? Yes ☐ No ☐
12. Describe frequency and type of waste disposal? _____
13. Describe the quality control program in place _____

14. Do counselors make follow-up visits to clients placed in outside employment? Yes ☐ No ☐
What is the frequency of follow-up? _____

NOTICE TO APPLICANTS:
In most states, any person who knowingly, with intent to defraud, files an application for insurance containing any materially false information or who, for the purpose of misleading, conceals information concerning any fact material hereto, commits a fraudulent act, which is a crime.

_____
APPLICANT'S SIGNATURE
(A quote will not be provided without an applicant's signature.)

TITLE: _____ DATE: ___/___/____

_____
AGENT'S SIGNATURE: