

SMITH BELL & THOMPSON INSURANCE

40 Main St, Suite 500 · PO Box 730 Burlington , Vermont 05402-0730

APPLICATION FOR SOCIAL SERVICES AGENCIES PROFESSIONAL & GENERAL LIABILITY INSURANCE

_____New Application _____Renewal of Policy No. _____

INSTRUCTIONS:

1. Please type or print clearly
2. Answer ALL questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print N/A in the space.
3. If additional space is needed to answer any questions fully, use the comments section or attach a separate page.
4. This application must be completed, dated and signed by a principal of the business.

I. General Information

1. Applicant _____

2. Business Address _____

3. Applicant is _____Profit _____Non-profit _____Governmental

4. Contact _____

5. Phone _____

6. Description of operations (Please attach brochure) _____

7. Years in Operation _____

8. What organizations or associations is the applicant a member of? _____

9. Is applicant accredited by any organizations? Identify: _____

10. Applicant is licensed by: _____

11. Date of your last survey _____

12. Any deficiencies found _____Yes _____No

13. Annual budget _____

14. Primary funding source _____

II. Locations

Location	Address	Nature of Service Provided	Interest	Number of Stories
1				
2				
3				
4				

III. Types of Services

Services Provided	# Clients	# Visits Annually	# Beds	If Inpatient, average length of stay
Mental Health Counseling				
Family Counseling				
Substance Abuse Counseling				
Detox				
Special Schools				
Head Start				
Referral Services				
Respite Care				
Adult Day Care				
Employment Training				
Medical Clinic				
Child Day Care				
Crisis Hotline				
Foster Care				
Adoption				
Electroshock				
Aversion Therapy				
Rehabilitation				
Hospice				
Halfway House				
Other (describe)				

1. Describe population served: _____

2. Age Group: _____

3. Describe any recreational facilities or activities provided: _____

IV. Staff

Please indicate the number of staff in each of the following categories:

Profession	Employed or Contracted	Full time or Part time
Nurses, L.P.N.		
Nurses, R.N.		
Psychologists		
Counselors		
Social Workers		
Administrators		
Volunteers		
Other (describe)		

V. Physicians

Name	Specialty	Board Certified or Eligible	Employed or Contracted	Hours per week	Does physician carry own insurance?	Limits

1. If physicians carry own insurance, do you obtain certificates of insurance?

_____Yes _____No

2. Are physicians to be covered under this policy? _____Yes _____No

VI. Risk Management

1. Is there a formal written risk management program in place? ____Yes ____No

2. Are drugs prescribed or administered? ____Yes ____No

3. Where are medications stored? _____

4. Are complete records kept on all patients? ____Yes ____No

5. Do you require signed release forms for release of patient records?

_____Yes _____No

If no, explain: _____

6. Are owned vehicles used to transport clients? _____Yes _____No

7. Please indicate all of the procedures you use when hiring staff:

- Check of educational background or residency program, when applicable
- Check of previous employers: In writing By telephone
- Check of personal references: In writing By telephone
- Check on hospital privileges for physicians
- Verify any pending license suspensions or revocations, or any pending disciplinary actions by other facilities
- Require information on any professional liability or work-related claim that has previously been made against the individual
- Request information on any prior convictions
- Perform criminal background check

8. Do you train staff in how to recognize child/sexual abuse and how to report suspected incidents? Yes No

9. Have any allegations of abuse ever been made against the applicant?
 Yes No

If yes, explain: _____

VII. Loss History

1. Has the company canceled, declined to renew or refused insurance?
 Yes No

If yes, explain: _____

2. Enter all claims or occurrences that may give rise to claims for the prior 5 years.
Check here is none_____.

Date of Loss	Description of Incident/Claim	Amount Paid

VIII. Present Insurance Information

- 1. Company _____
 - 2. Limits _____
 - 3. Deductible _____
 - 4. Premium _____
 - 5. Effective Dates _____
 - 6. Occurrence or Claims Made _____
- If Claims Made, what is retroactive date? _____

IX. Coverage Desired

General Liability and Professional Liability

- 1. Limits: _____ \$100,000/\$300,000 _____ \$500,000/\$1,000,000
 _____ \$1,000,000/\$3,000,000 Other: _____
- 2. Deductible: _____ None _____ \$2,500 _____ \$5,000
 _____ \$10,000 _____ \$25,000 Other: _____
- 3. Effective Date: _____
- 4. Is umbrella coverage desired: _____ Yes _____ No
 Limits: _____

X. Attachments

Please include the following information with the completed application:

- 1. Previous insurance company loss runs for the past five years
- 2. Current audited financial statement
- 3. Brochures, pamphlets or other advertising material used by your organization
- 4. Copies of any inspection reports/surveys conducted by outside organizations within the past three years
- 5. Copies of any contracts for professional services provided to your organization or by your organization

American International Companies®

(Name of Company to which the application is made)

SOCIAL SERVICES – INSTITUTIONAL PROGRAM
SUPPLEMENTAL APPLICATION

ABUSE AND MOLESTATION COVERAGE

Applicant: _____

Mailing Address: _____

1. What is the age group of the clients? _____
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
If no, please describe why unnecessary: _____

5. Are there written complaint procedures and are they displayed prominently? ____YES ____NO
If no, please describe why unnecessary: _____

6. Do you have written formal hiring procedures? ____YES ____NO
 - a. How are employees screened? _____

 - b. Are there at least three references checked on all prospective employees? ____YES ____NO
 - c. Are all prospective employees checked with the Child Abuse Register and with law enforcement agencies for criminal records? ____YES ____NO
 - d. Has any current employee refused to be fingerprinted and checked with law enforcement agencies? ____YES ____NO
7. Do all employees meet the minimum mandated educational or professional experience level for the position assigned? ____YES ____NO
If no, please explain: _____

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 abuse or molestation? ____YES ____NO
 Please describe: _____

11. For residential risks, what steps are taken to ensure that 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 no, please describe: _____
13. Are children left alone without any 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: (you may list on a separate sheet should you require additional space for this answer) _____

15. Is any counseling conducted off premises, i.e. clients' or counselors' homes? If yes, by whom and what type of clients? _____
16. Is any counseling provided after normal business hours? ____YES ____NO
 If yes, please 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. What is your written documentation procedure on how allegations of abuse are handled? _____

20. Are accused employees removed from client care responsibilities pending outcome of investigation? ____YES ____NO
 If no, describe: _____
21. What procedures have been instituted to prevent reoccurrences of previous events? _____

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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, 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 OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

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 LOUISIANA 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 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 MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND

WILLFULLY 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 MINNESOTA APPLICANTS: A PERSON WHO FILES A 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 INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL 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, OR 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 OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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, VIRGINIA AND WASHINGTON 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 VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

Applicants Signature and Title Date

Brokers Name and Address Date

Brokers Signature Date