

# AIG Social Services Program Application

## General Information

Issue      =      Quote

**Applicant** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Effective Date Requested**                      **Date Quotation Requested**

Loc. No.	Location of Premises – enter "Same" if same as above	Facility Utilization	Applicant's Interest
1	Street                      City      State      ZIP		Owner/Leasee
2	Street                      City      State      ZIP		Owner/Leasee
3	Street                      City      State      ZIP		Owner/Leasee
4	Street                      City      State      ZIP		Owner/Leasee

1. How long has the applicant been in business? \_\_\_\_\_ YEARS      Attach copies of latest Annual Report
2. Organized as a non-profit corporation?       YES  NO if NO, describe \_\_\_\_\_
3. Name of Director \_\_\_\_\_ Business Mgr. \_\_\_\_\_
4. Annual Budget \$ \_\_\_\_\_ Fiscal Year \_\_\_\_\_
5. Describe applicant's funding sources \_\_\_\_\_
6. What authority licenses applicant? \_\_\_\_\_
7. Full description of ALL operations \_\_\_\_\_
8. Name of present carrier for General Liability, Professional Liability and Automobile Liability. \_\_\_\_\_
9. Has any insurer ever canceled, declined, refused to renew or only accepted on special terms the applicant's liability insurance? If so, give details. \_\_\_\_\_
10. Have any claims or suits for Malpractice been made against the applicant or is the applicant aware of any circumstances that may result in any such claim being made against the applicant? If so, give details. \_\_\_\_\_
11. Attach copies of applicant's hiring standards and screening methods.

### Section I - Property

All rates and limits at 80% Co-insurance unless specified otherwise

Coverages	(A) Real Property Limits (Loc. 1)	(B) Pers. Prop Limits (Loc.1)	(A) Real Property Limits (Loc.2)	(B) Per.Prop. Limits (Loc. 2)	(A) Real Property Limits (Loc.3)	(B) Per. Prop. Limits (Loc.3)
Special Form Replacement Cost or ACV						
<b>Time Element Coverages</b>			Limits Loc. 1	Limits Loc. 2	Limits Loc. 3	
Tuition Fees						
Extra Expenses						
Rental Income						

### Optional Coverages

Fine Arts (attach schedule)	\$ _____	Other	<input type="checkbox"/>	\$ _____
Valuable Papers	\$ _____		<input type="checkbox"/>	\$ _____
Accounts Receivable	\$ _____		<input type="checkbox"/>	\$ _____
EDP	\$ _____		<input type="checkbox"/>	\$ _____
Construction	Loc. 1 _____	Sprinkled _____	No. Stories _____	Age _____ PPC _____
	Loc. 2 _____	Sprinkled _____	No. Stories _____	Age _____ PPC _____
	Loc. 3 _____	Sprinkled _____	No. Stories _____	Age _____ PPC _____
Total Square Footage	Loc. 1 _____	Loc. 2 _____	Loc. 3 _____	

### Crime Information

Complete ISO Comprehensive Crime Application

A. Type of Exposure	While Open	On Premises Overnight in Safe	Off Premises
Money	\$ _____	\$ _____	\$ _____
Checks Received	\$ _____	\$ _____	\$ _____
Payroll	\$ _____	\$ _____	\$ _____
<b>B. Is there a safe on the premises?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
If so Make _____ Model _____ No. Label _____			
<b>C. Is there a burglar system on the premises?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> Protects Safe		<input type="checkbox"/> Protects Vault	
<input type="checkbox"/> Complete <input type="checkbox"/> Partial		<input type="checkbox"/> Complete <input type="checkbox"/> Partial	
<input type="checkbox"/> Protects Premises		<input type="checkbox"/> Protects Premises	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Installed By _____		Class <input type="checkbox"/> A <input type="checkbox"/> B	
Installation Class _____		Class <input type="checkbox"/> A <input type="checkbox"/> B (on alarm cert.)	
Alarm Connected To		EXPIRATION DATE	CERTIFICATE NO
<input type="checkbox"/> Gong <input type="checkbox"/> Siren <input type="checkbox"/> Central Station			
<input type="checkbox"/> With keys			



Automobile Services – transportation of clients  YES  NO  
 Parks or Playgrounds \_\_\_\_\_ Watercraft \_\_\_\_\_ Swimming Pools \_\_\_\_\_  
 Beaches \_\_\_\_\_

1. Does the applicant assure that all personnel have mandated background checks?  YES  NO  
 If so who provides the information \_\_\_\_\_
2. Have any employees been the subject of an abuse/molestation/negligent/improper supervision investigation?  
 \_\_\_\_\_ Confirmed finding  
 \_\_\_\_\_ No finding  
 \_\_\_\_\_ Other \_\_\_\_\_
3. Is the facility certified by Medicare?  YES  NO
4. Are drugs or medications given:  YES  NO  
 A. Only under a physician's written orders?  YES  NO  
 B. Only by authorized medical personnel?  YES  NO  
 If the answer to A or B is NO give details \_\_\_\_\_

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5. Is a complete medical history of each patient required prior to admission?  YES  NO
6. Are medical records released to third parties without the written consent of the patient?  YES  NO  
 If YES, give details \_\_\_\_\_

**Patient/Treatment Information**

- A. Is a complete physician's examination required prior to admission?  YES  NO
- B. Are drugs administered in accordance with the rules of the FDEA  YES  NO
- C. Is the facility a member of the National Association of Alcoholism or Drug Treatment Programs?  YES  NO
- D. Are patients or clients subject to involuntary commitment?  YES  NO  
 If YES  YES  NO  
     Court Order?  YES  NO  
     Physician's Written Instructions?  YES  NO  
     For minors, written consent of a parent or guardian?  YES  NO  
     Other – give details \_\_\_\_\_
- E. Is Methadone treatment administered?  YES  NO  
 If YES, give complete details on procedures \_\_\_\_\_
- F. Does the facility afford off-premises services?  YES  NO  
 If YES give description of the services rendered in detail \_\_\_\_\_
- G. Does the facility provide outpatient services?  YES  NO
- H. Number of contract methadone patient's clinic is licensed to serve. \_\_\_\_\_
- I. Is the facility engaged in vocational training activities/services?  YES  NO  
 If YES give description of the activities in detail \_\_\_\_\_

**Services Provided**

Units of Service – The number of units of each service rendered by the facility should be entered below, where appropriate:

Indicate the number of beds

Mental Health Inpatient _____	Group Home _____
Alcohol/Drug Inpatient _____	Shelters _____
Alcohol/Drug Detox _____	Independent Living _____
Halfway Houses _____	Foster Care _____
Other, please specify _____	

Indicate the number of Annual Outpatient or Client Visits.  
 Alcohol/Drug Rehab \_\_\_\_\_ Counseling \_\_\_\_\_  
 Mental Health \_\_\_\_\_ Other, please specify \_\_\_\_\_

Indicate number of Clients per Day  
 Adult Day Care \_\_\_\_\_ Other, please specify \_\_\_\_\_  
 Shelter Workshoos \_\_\_\_\_

Indicate the number of calls  
 Hotline \_\_\_\_\_ Information \_\_\_\_\_  
 Referral \_\_\_\_\_ Other, please specify \_\_\_\_\_

SCHEDULE OF PHYSICIAN STAFF:						
Name	Specialty	Contracted and Employed		Contracted or Employed	Own Malpractice Insurance	
		Board Certified	Board Eligible			

**Abuse and Molestation Coverage**

- What is the age group of patients/residents/clients? \_\_\_\_\_
- What is the ratio of employees to patients? \_\_\_\_\_
- Is there more than one person responsible for the welfare of any single patient?  YES  NO  
If NO describe \_\_\_\_\_
- Are there rules or guidelines prohibiting closed-door one-on-one meetings/counseling?  YES  NO  
If YES describe \_\_\_\_\_
- Are there written compliant procedures and are they displayed prominently?  YES  NO  
If YES describe \_\_\_\_\_
- Do you have written formal hiring procedures?  YES  NO
- Are at least three references secured on all prospective employees?  YES  NO
- Are all prospective employees checked with the Child Abuse Register and with law enforcement agencies for criminal records?  YES  NO  
If NO describe steps taken to ensure that these individuals are suited for job responsibilities.  
\_\_\_\_\_
- Has any current employee refused to be fingerprinted and checked with law enforcement agencies?  YES  NO
- Do volunteers work directly with patients?  YES  NO  
If YES describe the degree of their job function and responsibilities. \_\_\_\_\_
- Have any employees been the subject of an abuse/molestation investigation?  YES  NO  
If YES describe. \_\_\_\_\_

12. Do all employees meet the minimum mandated education or professional experience level for the position assigned?  
If NO describe. \_\_\_\_\_  YES  NO
13. Have there ever been any alleged or actual incidents regarding abuse or molestation?  
If YES describe. \_\_\_\_\_  YES  NO
14. For residential risk, what steps are taken to ensure that client to client contact is avoided -i.e.- separating male from female sleeping. Describe. \_\_\_\_\_
15. Are children of different age groups housed together?  YES  NO
16. Are children left alone without staff supervision?  YES  NO
17. List situations where an employee or volunteer has direct contact with clients in an unsupervised situation without oversight of another staff member. \_\_\_\_\_
18. Is any counseling conducted off premises or in clients' or counselors' homes?  
If YES by whom and what type of clients? \_\_\_\_\_  YES  NO
19. Is any counseling provided after normal business hours?  
If YES describe. \_\_\_\_\_  YES  NO
20. If transportation is provided, is there more than one staff member present at all times?  YES  NO
21. What is your procedure regarding an employee against whom an allegation is made? Indicate if the employee is removed from any counseling or care responsibilities. \_\_\_\_\_
22. What procedures have been instituted to prevent reoccurrence of previous incidents? \_\_\_\_\_

### Account History

Previous Carrier	Policy Period	Premium	Losses Paid	Open Description of Open Claims
Property	_____	_____	_____	_____
General Liability	_____	_____	_____	_____
Professional	_____	_____	_____	_____
Automobile	_____	_____	_____	_____
Other	_____	_____	_____	_____

**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, 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 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 AGENCIES."

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

**FRAUD STATEMENT:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_