

Social Services Questionnaire

(To be attached to ACORD applications)

NAMED INSURED: _____

I. GENERAL INFORMATION

1. Full description of all operation(s) and types of clients served: _____

(Attach brochure(s) if available)

Web-site address: _____ E-mail address: _____

2. Type of entity: For Profit Non-Profit Governmental Other

3. Number of years in operation: _____ Years under present management: _____

Licensed by: _____

4. Was license ever suspended or revoked? Yes No If yes, provide details and explanation. _____

5. Primary funding source: _____

6. Professional organization memberships: _____

7. What is your annual staff turnover rate? _____

8. Have you ever discontinued any programs? Yes No If yes, explain _____

9. What is your annual operating budget? _____

10. Are you accredited? Yes No If so, by whom? _____

11. Federal Employer's Identification Number (FEIN): _____

II. PROPERTY

Complete the following chart fully even if requesting casualty lines of business only. Use additional sheet for more locations.

Physical Characteristics	LOCATION						
	1	2	3	4	5	6	7
Sprinklered?							
Construction							
Number of Stories							
Square Feet of Building							
Square Feet occupied by insured							
Built for current occupancy?							
Year Built							

If Built before 1978, lead abated?							
Years Updated:							
Plumbing							
Electrical							
Roof							
Heating							
Cooking on premises							
Commercial or Residential Kitchen							
Auto extinguishing system?							
Deep fryer?							
Fryer have automatic shut-off?							
Cleaning contract for hood & duct?							
Extinguishers currently tagged?							
Fire alarms: Local or Central Station?							
Good housekeeping & trash removal?							
Smoke detectors in all rooms?							
Emergency lighting?							
Where is smoking allowed?							
Type of theft protection?							
Number of exits?							
Self-closing doors?							

III. GENERAL LIABILITY/PROFESSIONAL

1. Do you provide 24 hour residential care? Yes No If yes, complete the Residential Facility Supplement
2. Do you provide childcare services? Yes No If yes, complete the Daycare Application
3. Do you operate a sheltered workshop? Yes No If yes, complete the Sheltered Workshop Supplement
4. Do you operate a camp? Yes No If yes, complete the Camp Application
5. Staff List

Positions	Number Employed Full Time	Number Employed Part Time	Number Contracted	Number Licensed
Administrators				
Counselors				
Psychologists				
Nurses, R.N.				
Nurses, L.P.N.				
Certified Nurse Assistants				
Home Health Aides				
Social Workers				
Clerical				
Teachers				
Physicians				
Psychiatrists				
Occupational Therapists				
Physical Therapists				
Others: (List)				

6. Is the staff required to report to the administrator all incidences that may result in a claim? Yes No
7. Are written records of all incidences kept by the administrator? Yes No
8. Are all incidences reviewed? Yes No
9. Do you have a formal written safety program in place? Yes No
10. Does the facility have a written emergency evacuation plan? If so, attach a copy. Yes No
11. Are medications dispensed? Yes No If yes, where are they stored? _____
- Are they locked up whenever they're not being dispensed? Yes No
- Who has the authority to dispense medications? _____
- Can over-the-counter medicines be dispensed without written permission from a doctor? Yes No
- Are written records kept as to time, type of medication, amount of dosage and who dispensed the medications? Yes No
12. Is there a swimming pool on premises? Yes No **If yes, complete the swimming pool supplement.**
13. Please describe the insured's fundraising activities including special events. List types of activities, numbers of participants, whether or not liquor is served or sold, where events are held, etc. _____
-
14. Does the insured have any physicans or R.N.'s as employed staff members? Yes No
- If yes, are they required to carry their own malpractice insurance? Yes No
- If they do, indicate carrier, limits and effective dates: _____
15. If contracted professionals are used, does the insured require them to sign a hold harmless or indemnification agreement? Yes No **If yes, attach a copy of the standard agreement.**
- Are certificates of insurance required and kept in file for those contracted professionals? Yes No
- If yes, what are the minimum limits of liability required? _____
16. Is a complete background check required for all staff members? Yes No
17. Do you have volunteer workers? Yes No
- Is a complete background check required for all volunteers? Yes No
- Average number of volunteers daily: _____
18. Do you handle clients' money, bills or finances of any type? Yes No
- If yes, explain what is handled and what controls are in place _____
-
19. Have there been any claims or suits, or do you know of any incidents that could result in a claim or suit of any type? Yes No If yes, explain. _____
-
20. Is the insured licensed to operate an adoption agency? Yes No
- If yes, how many children are placed annually? _____
- Where do the children being adopted come from? _____
-

21. Does the insured operate a foster care agency? Yes No
If yes, how many children are placed annually? _____
22. Does the insured operate a crisis hotline? Yes No
If yes, describe its purpose. _____
23. Are all staff members and volunteers formally trained and certified in the type of counseling they're doing? Yes No
If yes, attach explanation of training program.
24. Are clients referred to specialists when appropriate? Yes No
25. Are files maintained to protect confidentiality of clients? Yes No
26. Do you currently carry professional liability insurance? Yes No
If yes, indicate limits, carrier, occurrence or claims made & retro date (if any) _____
27. Do you do any consulting work? Yes No
If yes, describe _____
Payroll for employees doing consulting: \$ _____
28. Do you do weatherization or building or renovation programs? Yes No
If yes, complete the Weatherization Supplement.

IV. ABUSE AND MOLESTATION

1. Are formal written procedures in place for staff hiring? Yes No
2. Are prior employment and personal references verified prior to hiring? Yes No
3. Are criminal background checks performed prior to hiring? Yes No
4. Are licenses and other credentials verified prior to hiring? Yes No
5. Is there formal staff training? Yes No
6. Does your staff employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? Yes No
7. Do you have a written procedure for dealing with sexual abuse?
If yes, attach a copy. Yes No
8. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? Yes No
9. Have there been any claims or suits or do you have knowledge or information which might reasonably be expected to give rise to a claim of sexual or physical abuse or molestation? Yes No
If yes, provide details. _____
10. Do you currently carry coverage for abuse or molestation? Yes No
If yes, indicate limits, carrier, occurrence or claims made & retro date (if any) _____

V. AUTOMOBILE

1. Is there a written driver screening plan in place? Yes No
2. Is there a written vehicle maintenance plan in place? Yes No
3. Are keys locked and secured away from clients when not in use? Yes No
4. Have drivers attended a class or completed a self-study in defensive driving? Yes No
5. Are MVR's checked prior to hiring? Yes No
6. Is personal use of agency's automobiles permitted? Yes No
7. Are family members permitted to drive the agency's automobiles? Yes No
8. Do your employees or volunteers use their own vehicles on agency business? Yes No
- If yes, do they use their own vehicles to transport clients? Yes No
- Do you require your employees or volunteers to carry and provide evidence of personal auto insurance? Yes No
- If yes, what minimum liability limits do you require they have? _____
9. Are all vehicles insured on the schedule titled to the named insured? Yes No
- If no, explain. _____
10. Are vehicles equipped with safety belts for each passenger? Yes No
11. Do vehicles equipped for wheelchairs have tie-down belts to stabilize the wheelchair & passenger? Yes No
12. Is a final check performed after unloading to be sure nobody is left inside when vacating the vehicle? Yes No
13. Do all large capacity vehicles (> 8 passengers) have an audible backup warning device? Yes No
14. Are any drivers under 21 or over 70 years of age? Yes No
15. Do drivers have the appropriate types of licenses for vehicles driven (i.e., buses, heavy trucks, etc.) Yes No
16. Are any vehicles leased or hired? Yes No
- If yes, describe what types, what uses and how often. _____
- _____
17. Are clients permitted to drive insured vehicles? Yes No If yes, explain in detail. _____
- _____
- _____

SUBMISSION ATTACHMENTS

- Fully completed and signed ACORD applications
- Three-year currently valued company loss runs including details of losses over \$5000
- Facility license for each location and/or operation
- Driver list
- MVR's if available
- Photographs of each location if available
- Brochure or information describing your operation
- Sample contracts and/or hold harmless agreements used for contracted staff
- Financial statement
- Supplemental questionnaires as required

Additional comments below: _____

Insured's Name Title Date

Agent's Signature Date