

RENEWAL QUESTIONNAIRE

Applicant / Agency Name (Named Insured as it reads on policy):

Mailing Address:

Policy #:

Effective Date:

County:

Expiration Date:

Current Operating Budget:

Non-Profit?

Yes

No

List of Subsidiaries and/or Affiliates:

Have any of the following management positions changed in the past year: Executive Director, Finance, Safety?

Yes*

No

*If yes, please list:

What state and national Organization(s) or Association(s) are you a member of?

POPULATION SERVED - Indicate based on census (actual number, not full time equivalent)

Developmentally Disabled

Intellectual/Developmental

Autistic

Cerebral Palsy

Down Syndrome

Other

Psychiatric Rehabilitation

Mental Disabilities

Abused Children

Abused Adults

Homeless

Alcohol & Drug

Methadone Maintenance

Forensic

Juvenile Delinquent

Sexual Offenders

Other

Community Services

Boys & Girls Clubs

Big Brothers Big Sisters

Head Start

Foster Grandparents

YWCA

Foster Care

Adoption

Outpatient Services

Annual Outpatient Visits

Crisis Intervention

Early Intervention

Clinic

Counseling

Case Management

Employee Assistance Program

Crisis Hotline

Telephone Referrals

Other

Annual Outpatient Visits

LIABILITY & PROFESSIONAL - Please check all that apply

Residential

Community Residence (Group Home/IRA)

Intermediate Care Facility (ICF)

Supportive Living / Apartments

Respite - # of Locations: # of Clients:

Alcohol / Drug Residential

Detox Residence

Homeless Shelter

Women's Shelter

Youth Residential

Locked Door Facilities

Low Income Housing

Transitional Housing

Summer Camps

Year Round

Summer Only

of Campers Served:

Day Programs

Day Treatment (DD) / Continuing Treatment (MH)

Day Training (Workshop)

Day Care - Other than Disabled

Pre-school / Head Start

School

Supported Work - # of Clients:

ECT or Aversion Therapy

Offsite Work Contracts #

a. Janitorial Contracts Payroll: \$

b. Landscaping Contracts Payroll: \$

c. Weatherization Payroll: \$

Meals on Wheels

delivered annually: Sales: \$

Food Bank Sales: \$

Home Maker

of participants: Payroll: \$

LIABILITY & PROFESSIONAL - *continued*

1. Has your operating license ever been suspended or revoked? Yes* No
*If yes, please explain:
2. During the past 12 months, have you had a material change in your financial standing such as: Chapter 11 or Chapter 7 Bankruptcy code (title 11 US Code)? Yes No
3. Do you have an active Safety Committee? Yes No
4. Do you have Incident Review Procedures? Yes No
5. Have there been any major changes in your Policies & Procedures? Yes* No
*If yes, please explain:
6. Have you added any General Medical Physicians, Psychiatrists, or Attorneys in the past year? Yes No
7. Are the Physicians/Psychiatrists/Attorneys required to carry their own Professional Insurance? Yes* No
*If yes, what are the minimum limit requirements? \$ \$
Do you require them to provide proof of insurance annually? Yes No
8. Does your agency have:
Swimming Pools Diving Board(s) Trampoline(s) Horse(s)
9. List Special Events (i.e. Special Olympics, Fundraising, Annual Banquets, etc.):
10. Has a lead abatement been performed since 1971? Yes No
11. Have asbestos materials been: determined not to be present removed, or protected to prevent flaking
12. Do you have any buildings with EIFS (Exterior Insulation and Finishing Systems)? Yes* No
*If yes, please provide the address(es) of those building(s):
a. What is the age of the installation?
b. What are the qualifications of the installing contractor?
c. Describe the maintenance schedule for checking into issues:
13. Do you have any locations with solar panels? Yes* No
*If yes: a. Do they produce more than 250 KW (per unit)? Yes No
 b. Please advise the age of the panels:
14. If Umbrella Coverage over Workers Compensation is desired, please provide the following updated information:
Company:
Policy Number: Effective / Expiration Date:
Policy Limits: Premium:

STAFFING

1. Indicate total staff: Annual Payroll: \$ Turnover Ratio:
of Full Time: # of Part Time: # of Volunteers: # of Board Members: # of Drivers:
Please breakout total staff by job duties below:
Staff Breakout
Full Time Part Time Contracted
Para-Professional Social Worker / Treatment Coordinator / Treatment Assistant / Peer Support Specialist
Homemaker / Home Health Nurse / Aide / Sitter / Companion / Direct Support Professional / Bereavement Therapist / Treatment Technician / Certified Nursing Assistant
Dietitian / Nutritionist / Resident Manager
LPN / Dental Hygienist / Pharmacy Assistant / Laboratory Technician / EKG or Ultrasound Technician / X-Ray Technician / Radiologist Technician / Certified Medical Assistant / Medical Technician
Nurse / Dialysis Technician / Enterostomal Therapist
Social Worker / Therapist / Counselor / Case Manager
Speech Pathologist / Occupational Therapist
Medical Director
Pharmacist
Respiratory Therapist / Physical Therapist / Phlebotomist / Nuclear Medicine Technician / Radiation Therapist
Clergy
Psychologist
Nurse Practitioner / Physician Assistant
Paramedic / EMT
Psychiatrist
Other: Maintenance, Custodial, Security Worker, Clerical, Administrative, Route Drivers

SECURITY & PRIVACY

- | | | | |
|---|-----|-----|----|
| 1. Do you and your subsidiaries comply with the requirements detailed in the statement of Fact below? | Yes | No | |
| <ul style="list-style-type: none">• You have antivirus software installed and enabled on all desktops, laptops and server (excluding database servers) and it is updated on a regular basis.• You have firewalls installed on all external gateways.• You take regular back-ups (at least weekly) of all critical data and store the same offsite or in a fireproof safe, or your outsourced service provider meets this requirement. | | | |
| 2. If you store medical records or Protected Health Information (PHI), do you comply with the following? | Yes | No | |
| <ul style="list-style-type: none">• You have conducted a review of the business to ensure compliance with all relevant HIPAA legislation.• You ensure that all PHI transmitted over open networks and/or stored on portable devices is encrypted. | | | |
| 3. Do you accept credit cards and if yes are you PCI compliant (Payment Card Industry, Data Security Standard)? | n/a | Yes | No |
| 4. Has the Applicant, or any other person or entity proposed for this insurance, received any complaints or claims, or been the subject in litigation, involving matters of privacy injury, identity theft, denial or service attacks, computer virus infections, theft of information, damage to third party networks, or the ability of customers to rely on the Applicant's network? | Yes | No | |
| 5. Does the Applicant, or any other person or entity proposed for this insurance, have knowledge of any act, events, circumstances or incidents that may give rise to complaints or claims involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or the ability of customers to rely on the Applicant's network? | Yes | No | |

FRAUD STATEMENTS

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 ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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 OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR 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.

FRAUD STATEMENTS - CONTINUED

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.

SIGNED:

(applicant)

SIGNED:

(agent)

DATE:

DATE:

TITLE:

(must be signed by authorized officer)

TITLE:

(agent)

ORGANIZATION:

(Organization's Seal)

ATTEST:

PRODUCER:

LICENSE NUMBER:

ADDRESS:

SUBMIT VIA EMAIL

PRINT FORM