

# HUMAN SERVICE MIDDLE MARKETS PROGRAM QUESTIONNAIRE

Applicant/Organization Name (Named insured as it reads on policy):

Federal ID #:

Mailing Address:

County:

City:

State:

Zip:

Phone:

Fax:

Email:

Website:

Is the Applicant's organization owned by a private equity fund structure?

Yes

No

If yes, provide name of private equity firm:

Operating as:

Individual

Partnership

Corporation

Other:

For Profit

Non-Profit

Govt Facility

Executive Director:

Email:

Contact Person for:

Human Resources:

Boiler Inspection:

Safety:

Current Operating Budget:

Years of Operation:

Annual Budget for each of the past two (2) years:

Primary Funding Source:

Revenue Sources:

Donations:

%

Federal, State, Local Funding:

%

Have you ever filed for protection under Chapter 11 or Chapter 7 of Bankruptcy code (title 11 US Code)?:

Yes

No

State Agency(ies) in which license(s) are held:

Expiration dates of current State Licenses:

Residential:

Day Programs:

Others:

Are there any Serious Deficiencies noted in most recent Re-Certifications/Compliance Audits?:

Yes\*

No

\*If yes, please attach list and describe.

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

2. Is your agency accredited? (i.e. CARE, ACO, JCAHO, etc.):

Yes\*

No

\*If yes, what agency/program, level, and expiration date(s):

3. Does your agency have any Subsidiaries/Holding Corps/Related Organizations with equity interest?:

Yes\*

No

\*If yes, please list and describe:

4. List Special Events (i.e. Special Olympics, Fundraising, Annual Banquet, etc.):

## INSURANCE INFORMATION

1. Has any policy or coverage been declined, cancelled, or non-renewed during the last three (3) years?: Yes No  
*\*Missouri applicants need not reply\**
2. Has a lead abatement been performed since 1971?: Yes No
3. Have asbestos materials been: determined **not** to be present removed, or protected to prevent flaking
4. Do you have any buildings with EIFS (Exterior Insulation and Finishing Systems)?: Yes\* No  
*\*If yes, please provide the addresses of those buildings:*

- a. What is the age of the installation?:
- b. What are the qualifications of the installation contractor?:
- c. Describe the maintenance schedule for checking into issues:

5. 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:
6. Does your agency have any of the following?:  
 Swimming Pools Diving Boards Trampolines Horses
7. Do you have any Claims-Made Coverage?: Yes\* No  
*\*If yes, which policies?:*
8. Does your current insurance program provide Abuse/Molestation coverage?: Yes\* No  
*\*If yes, what limits?:*

*Please submit the following with this application:*

- \* A complete ACORD submission must accompany this application
- \* Please provide five (5) years Hard Copy Loss Runs
- \* Please include any Agency descriptive or brochures
- \* A current list of Vehicles must accompany this application
- \* MVRs on all drivers
- \* Drivers list
- \* Driver eligibility guidelines
- \* Schedule of any EDP/Equipment
- \* Financials, if Agency is For Profit

## VOCATIONAL PROGRAMS

Please provide the following information for the applicant's Vocational Exposures:

Vocation	Description	Exposure
Offsite Janitorial	# of Contracts:	Annual Payroll: \$
Offsite Landscaping	# of Contracts:	Annual Payroll: \$
Restaurant / Cafeteria	Type:	Annual Receipts: \$
Retail / Store	Type:	Annual Receipts: \$
Documentation Destruction	Type:	Annual Receipts: \$
(Shredding) Other	Type:	Annual Receipts: \$
Other	Type:	Annual Receipts: \$

Indicate the type of work performed at onsite workshops:

- Do you provide Workers' Compensation for workshop employees?: Yes No

# STAFFING

1. Indicate total staff: Annual Payroll: \$ Turnover Ratio:  
 # of Full Time: # of Part Time: # of Volunteers: # of Board Members:

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

2. a. Do you have any employed or contracted general medical physicians?: Yes No  
 b. Do you have any employed or contracted psychiatrists?: Yes No  
 3. a. Are your physicians/psychiatrists required to carry professional liability insurance?: Yes\* No  
 \*If yes, what are the minimum limits required?:  
 b. Are your physicians/psychiatrists required to provide a certificate of insurance annually?: Yes No

4. Do you employ Attorneys?: Yes No If yes, in what capacity?:  
 5. Do your employed Attorneys carry their own E&O insurance?: Yes No

6. Indicate staff In-Services: Safety Patient Rights Behavior Management  
 Medical Administration Other:

7. Does your screening/hiring process include the following?:
- |  |      |    |  |     |    |
|--|------|----|--|-----|----|
| Personal Reference Checks                  | Yes  | No | Fingerprinting   | Yes | No |
| Employment Related Reference Checks        | Yes* | No | National Child Abuse Registry Checks                   | Yes | No |
| *If yes, by telephone                      | Yes  | No | Primary source verification of licensing/certification | Yes | No |
| Comprehensive Personal Interviews          | Yes  | No | Primary source verification of educational status      | Yes | No |
| National Criminal Record Checks (50 State) | Yes  | No | Drug Testing   | Yes | No |

8. Do volunteers follow the same training and screenings as staff?: Yes No  
 9. Do you verify Employment Related references?: Yes\* No

\*If yes, In Person By Telephone

10. Do you conduct a personal interview for each prospective employee?: Yes No

11. What is the prior training of the Executive Director?:
- a. Does the Executive Director have knowledge of child welfare issues via prior work experience or relevant educational background?: Yes No  
 b. Is the Executive Director on site?: Yes No  
 c. How long has Senior Management been in place?:

## 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**