

HUMAN SERVICES RENEWAL APPLICATION

irwin siegel agency
INSURANCE PROGRAMS & RISK MANAGEMENT

| | | | |
|--|-----------------------------|---------------------------|--|
| 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 For Profit | Partnership Non-Profit | Corporation Govt Facility Other: Other: |
| Executive Director: | | | Email: |
| Contact Person for: | Human Resources: Safety: | Boiler Inspection: | |
| 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. CARF, 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. Does your agency have a Pension/Welfare Plan? | | Yes* | No |
| *If yes, please name: | | | |
| 5. Does your agency act as a Managed Care Organization or Gatekeeper? | | Yes | No |
| 6. List Special Events (i.e. Special Olympics, Fundraising, Annual Banquet, etc.): | | | |

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

Crisis Intervention
Early Intervention
Clinic
Counseling

Annual Outpatient Visits

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

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
Off-site 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: \$

Summer Camps

Year Round Summer Only
of Campers Served:

- | | | | |
|----|---|------|----|
| 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 Pool(s) Diving Board(s) Trampoline(s) Horse(s) | | |

LIABILITY & PROFESSIONAL (continued)

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 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. Do you have any vacant buildings? Yes* No

*If yes: a. Provide location:

b. How long has the building been vacant?

c. What are the future plans for the location?

d. How often is the building checked inside and outside?

15. If Umbrella Coverage over Workers Compensation is desired, please provide the following updated information:

Company:

Policy Number:

Policy Limits:

Effective / Expiration Date:

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

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