

# RENEWAL QUESTIONNAIRE

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

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

Expiration dates of current State Licenses:

Residential:

Day Programs:

Others:

Is the Applicant's organization owned by a private equity fund structure? Yes No

If yes, provide name of private equity firm:

Mailing Address:

County:

Policy #:

Effective Date:

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

### 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: \$

## LIABILITY & PROFESSIONAL - *continued*

### Summer Camps

Year Round

Summer Only

# of Campers Served:

### Meals on Wheels

# delivered annually:

Sales: \$

Food Bank

Sales: \$

Home Maker

# of participants:

Payroll: \$

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. 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: 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

## CYBER

1. Please provide the expected Annual Revenues over the next 12 months:

2. Within the last 3 years has Named Insured suffered any cyber incidents resulting in a claim?

Yes

No

a. If so, please explain the incident and the amount paid.

3. Is Named Insured aware of any circumstances that could give rise to a claim under this insurance policy?

Yes

No

4. Does Named Insured implement encryption on all devices?

Yes

No

5. Approximately how many payment card transactions does the insured process annually?

6. Approximately how many Personally Identifiable Information (PII) or Protected Health Information (PHI) records does the Named Insured have access to?

7. Does Named Insured maintain at least weekly backups of all sensitive or otherwise critical data and all critical business systems offline or on a separate network?

Yes

No

8. Does Named Insured require a secondary means of communication to validate the authenticity of funds transfers (ACH, wire, etc) requests before processing a request in excess of \$25,000?

Yes

No

9. Within the last 3 years has Named Insured been subject to any complaints concerning the content of its website, advertising materials, social media or other publications?

Yes

No

10. Does Named Insured enforce procedures to remove content(Including third party content) that may infringe or violate any intellectual property or privacy right?

Yes

No

11. Does Named Insured have Multi-factor Authentication in place for all remote access to the insureds network and for all remote access to email?

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**