SUPPLEMENTAL APPLICATION

Include the following with this completed & signed supplemental application:

- ACORD applications, completed & signed
- Loss runs for current year and 3 years prior which are currently dated
- Statements of value
- If autos, ACORD should include full schedule of vehicles and drivers list with full license numbers and dates of birth
- Photographs of locations
- Descriptive brochures, publications &/or newsletters

In addition to completing the primary Human Services Supplemental Application, you must complete a separate questionnaire for each of the following services your organization provides:

- Daycare Programs
- Special Events
- Youth Center

A. GENERAL APPLICANT INFORMATION

Applicant Name: _____

Website: _____

Contact Person for Inspection: _____

Email: _____ FEIN: _____

1. Full description of all operation(s):

   _____

   _____

   _____

2. Have there been any mergers or operations under another name within the past five (5) years? ☐ Yes ☐ No

   Are any mergers planned/anticipated for the coming year? ☐ Yes ☐ No

   If Yes, to either, explain: _____

3. Type of entity: ☐ Non-Profit ☐ For Profit

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

   ***If new in operation, please send a copy of the director's resume.**

5. Licensed by **: _____

   ****Attach copy of state or governmental license(s)**

6. Has your license ever been suspended or revoked? ☐ Yes ☐ No

   If Yes, attach copy of Authority's report.

7. Have there been any claims that allege negligence or failure to comply with any regulatory/licensing guidelines? ☐ Yes ☐ No

   If Yes, provide details and explanation:

   _____

   _____

8. Primary funding source: ☐ Federal ☐ State ☐ County ☐ Other _____

   Annual operating budget: _____ Annual payroll: _____

   Does the entity have: ☐ Budget Deficit ☐ Operational Reserves

   If budget deficit explain:

   _____

   _____

more

9. Professional organization memberships, affiliations or accreditations: _____

10. Have you ever discontinued any programs? ☐ Yes ☐ No
If Yes, provide details, explanation including dates:

_____

_____

11. Does Applicant have field trips? ☐ Yes ☐ No

If Yes, number per year: _____

What is the maximum distance traveled? _____

Are any overnight? ☐ Yes ☐ No

Are release forms obtained? ☐ Yes ☐ No

Does Applicant provide the transportation? ☐ Yes ☐ No

Ratio of chaperones to participants (if under 18): _____

12. Prior Carrier Information

	No prior coverage	Company	Limits	Coverage Form	Retroactive Date	Annual Premium
Professional Liability	☐			☐ Occurrence ☐ Claims-Made	____/____/____	$
General Liability	☐			☐ Occurrence ☐ Claims-Made	____/____/____	$
Abuse & Molestation	☐			☐ Occurrence ☐ Claims-Made	____/____/____	$
					Or, provide Annual Policy Premium	$

13. Are you aware of ANY claims, allegations, and/or incidents (including abuse & molestation) made against your organization, or against anyone working on your behalf that may give rise to a claim in the past five (5) years? ☐ Yes ☐ No

If Yes, please provide details including dates, current status, amount paid/incurred, and resulting organizational/policy changes implemented as a result (attach additional page if necessary).

_____

_____

B. MANAGEMENT PRACTICES

1. Is the staff required to report to the administrator all incidents that may result in a claim? ☐ Yes ☐ No
2. Are written records of all incidents kept by the administrator? ☐ Yes ☐ No
3. Are all incidents reviewed? ☐ Yes ☐ No
4. Do you have a formal written safety program in place? ☐ Yes ☐ No
5. Does the facility have a written emergency evacuation plan? **If Yes, attach a copy.** ☐ Yes ☐ No
6. Do you have a plan in place for medical emergencies? ☐ Yes ☐ No
7. Is there always someone trained in CPR and first aid on the premises? ☐ Yes ☐ No
8. Do you have a written and enforced Smoking Policy? ☐ Yes ☐ No

   Are "no smoking" signs posted in areas not designated for smoking? ☐ Yes ☐ No
9. Do you have any security provided for protection of your clients/residents? ☐ Guards ☐ Video Cameras ☐ Other
10. Do you have sign in/sign out procedures for: ☐ Staff ☐ Clients/Residents ☐ Visitors/Public

more

C. PROFESSIONAL LIABILITY

1. **Hiring Practices:**

   a. Are formal written procedures in place for staff hiring? ☐ Yes ☐ No

   b. Do you require your staff to complete an employment application? ☐ Yes ☐ No

   c. Do you conduct a personal interview for each prospective staff member? ☐ Yes ☐ No

   d. Do you verify employment related references? ☐ Yes ☐ No

   e. Do you verify licenses and other credentials? ☐ Yes ☐ No

   f. Do you require drug tests on all staff members, including drivers? ☐ Yes ☐ No
   If Yes: ☐ Before Hiring ☐ After Hiring ☐ Random

   g. What actions do you take if any of these reports are unfavorable?:

   _____

   _____

2. Do you share written job descriptions with all staff members? ☐ Yes ☐ No

3. Name of executive director/manager: _____

   Number of years in this field: _____ Number of years at this facility: _____

4. Is there formal staff training? ☐ Yes ☐ No

5. Are files maintained to protect the confidentiality of clients? ☐ Yes ☐ No

6. Do you have volunteer workers? ☐ Yes ☐ No
   If Yes, complete the section below:
   Is a complete background check required for all volunteers the same as for employees? ☐ Yes ☐ No
   If no, explain:

   _____

   _____

   Are any volunteers working-off court-mandated community service? ☐ Yes ☐ No
   If Yes, explain:

   _____

   _____

7. If contracted professionals are used, does the Insured require them to sign a hold harmless or indemnification agreement? **If Yes, attach a copy of the standard agreement.** ☐ Yes ☐ No

   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? _____

8. Are medications dispensed or stored? ☐ Yes ☐ No

   If Yes, answer the following questions:

   a. Where are the medications stored?_____

   b. Who has the authority to dispense medications? _____

   c. Can over-the-counter medicines be dispensed without written permission from a doctor? ☐ Yes ☐ No

   d. Are written records kept as to the time, type of medication, amount of dosage and who dispensed the medications? ☐ Yes ☐ No

more

9. Indicate number of staff: (please complete the following table for Professional Liability)

POSITION	EMPLOYEE		VOLUNTEERS		CONTRACTORS		INTERNS	
	F/T	P/T	F/T	P/T	F/T	P/T	F/T	P/T
Administrator								
Child Care Worker								
Clergy								
Clerical/Office Staff								
Counselor (other)								
Nurse – LPN								
Nurse – RN								
Nutritionist								
Physician								
Resident Manager								
Social Worker – Bachelors (BSW)								
Social Worker – Masters (MSW)								
Teacher/Tutor/Aid								
Therapist – Speech/Hearing								
Other Positions (specify):								
Other Positions (specify):								

D. ABUSE AND MOLESTATION:

1. 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
2. Do you obtain criminal background checks, which check at least 10 years of data from 50 states, on all staff before start date? ☐ Yes ☐ No
   For volunteers? ☐ Yes ☐ No
   For contractors? ☐ Yes ☐ No
3. Do you have written procedure for dealing with physical and sexual abuse? ☐ Yes ☐ No
   If Yes, attach a copy.
4. Do you have a plan of supervision that monitors staff in day-to-day relationships with members/clients both on and off-premises? ☐ Yes ☐ No
5. Are procedures in place to minimize one-on-one situations so that more than one employee/ volunteer is present at all times when a child is in your care? ☐ Yes ☐ No
6. Is there documented formal staff training on abuse, including how to recognize the signs and how to report a known or suspected incident? ☐ Yes ☐ No
7. Indicate annual number of clients in each age range for all programs/services:
   0-8 years: _____ 9-18 years: _____ over 18 years: _____

E. AUTOMOBILE: ☐ **NA**

1. Are all vehicles listed on the ACORD application titled to the applicant? ☐ Yes ☐ No
   If no, please explain: _____
2. Are keys locked and secured away from clients when not in use? ☐ Yes ☐ No
3. Do vehicles with 8 or more seating capacity have an audible backup warning device? ☐ Yes ☐ No
4. Do you require seat belts to be worn by all occupants? ☐ Yes ☐ No
5. Do vehicles equipped for wheelchairs have tie-down belts to stabilize the wheelchair and passengers? ☐ Yes ☐ No
6. Are vehicles checked after passengers disembark to make sure nobody is left behind? ☐ Yes ☐ No
7. Do you transport clients for other human service agencies? ☐ Yes ☐ No
   If Yes, explain: _____

more

8. Are children transported? ☐ Yes ☐ No

   If Yes, do you use a school bus? ☐ Yes ☐ No

   If Yes, does it meet Federal Motor Safety Standards for:

   ☐ Mirrors ☐ Yellow color ☐ Flashing lights ☐ Stop sign arms ☐ Crash survivability

9. Do you obtain written authorization to release driver information for all of your staff upon hiring? ☐ Yes ☐ No

10. Do you obtain MVR's on every driver? ☐ Yes ☐ No
    If Yes, how often?_____

11. Does your organization prohibit employees and volunteers from driving on your behalf if their MVR indicates any of the following:

    a. More than 2 moving violations and/or accidents within a 3 year period? ☐ Yes ☐ No

    b. Reckless driving, DUI or any felony driving conviction within the past 5 years? ☐ Yes ☐ No

12. Are any drivers under 21 or over age 70 years of age? ☐ Yes ☐ No

13. Do drivers have the appropriate license(s) for vehicles driven (i.e. buses, heavy trucks, etc.)? ☐ Yes ☐ No

14. Are clients permitted to drive insured vehicles? ☐ Yes ☐ No
    If Yes, explain:

    _____

    _____

15. Do you allow personal use of your owned vehicles? ☐ Yes ☐ No
    If Yes, by whom and for what reasons?

    _____

    _____

16. Is training provided for new employees/volunteers prior to their transporting clients? ☐ Yes ☐ No

17. Have drivers attended a class or completed a self-study in defensive driving? ☐ Yes ☐ No

PASSENGER VANS ☐ NA

1. Are your 15 passenger vans equipped with Electronic Stability Control (ESC)? ☐ Yes ☐ No
   If no, do you: (check all that apply)
   ☐ Limit passengers to 10 or less ☐ Removed rear seat ☐ Do not allow cargo loaded on roof

2. Is there a pre-trip inspection of the vehicle? ☐ Yes ☐ No
   If Yes, does this include a tire pressure check? ☐ Yes ☐ No
   If no, describe frequency of inspections, tire pressure checks and use of van(s):

   _____

   _____

   _____

3. Are all drivers of 15 passenger vans experienced and trained in the use of this type of vehicle? ☐ Yes ☐ No

4. Is seat belt use enforced in your 15 passenger van(s)? ☐ Yes ☐ No

HIRED AND NONOWNED AUTO ☐ NA

1. Are any vehicles leased or hired? ☐ Yes ☐ No
   If Yes, describe what types, what uses and how often:

   _____

   _____

   _____

2. Do you hire from a transportation company? ☐ Yes ☐ No
   If Yes, with drivers? ☐ Yes ☐ No

3. Total number of hired vehicles: _____ Annual cost of hire: _____

4. How many drive personal vehicles for business use regularly? F/T:_____ P/T:_____ Volunteers:_____

   How many drive personal vehicles for business use occasionally? F/T:_____ P/T:_____ Volunteers: _____

more

5. Do you require your employees/volunteers that use their own autos to carry and provide evidence of personal auto insurance? ☐ Yes ☐ No

   Is proof of personal auto insurance required on a renewal basis? ☐ Yes ☐ No

   Explain what purpose Employees or Volunteers use their own autos on behalf of the organization?

   _____

   _____

   _____

6. Are drivers that transport clients in their own vehicles required to carry personal auto liability insurance with minimum limits of liability of $100,000/$100,000? ☐ Yes ☐ No

DONATED VEHICLES ☐ NA

1. If you sell the donated vehicles yourself, do you sell them "as is" with no guarantees? ☐ Yes ☐ No
2. Do you have dealer plates? ☐ Yes ☐ No
   If Yes, how many? _____
3. Do you repair any donated vehicles? ☐ Yes ☐ No
   If Yes, describe the type, extent of repairs:

   _____

   _____

   _____
4. Do you keep any donated vehicles? ☐ Yes ☐ No
   If Yes, for what purpose _____
5. What are your requirements for donation? (age, condition, etc)

   _____

   _____

   _____
6. Do you accept donations of: ☐ Boats ☐ Aircraft ☐ Other:_____ ☐ NA

F. RESIDENTIAL FACILITIES: ☐ NA
(Note: Substance Abuse Facilities require separate supplemental application)

1. Types of Residential Facilities and Total # of Beds (Check all that apply):

Facility Type:	# of Beds:	Facility Type:	# of Beds:
☐ Acute Skilled Care	_____	☐ Respite Care	_____
☐ Aged	_____	☐ Shelter-Abuse Victims	_____
☐ Group Home	_____	☐ Shelter-Homeless	_____
☐ Hospice	_____	☐ Shelter-Other (describe)	_____
☐ Independent Living	_____	☐ Transitional Housing	_____
☐ Inpatient Crisis Care	_____	☐ Other _____	_____
☐ Low Income Housing	_____	☐ Other _____	_____

2. Annual number of residents by age group: Less than 18: _____ 18-65: _____ Over 65: _____
3. Are males segregated from females (other than family members)? ☐ Yes ☐ No
   If Yes, describe how they are separated:

   _____

   _____
4. Are there non-ambulatory residents? ☐ Yes ☐ No
   If Yes, are their living quarters situated on the ground level? ☐ Yes ☐ No
   If No, explain:

   _____

   _____
5. Do you require signed release forms for the release of records to other individuals or entities? ☐ Yes ☐ No

more

6. Is 24-hour "awake" staff supervision provided? ☐ Yes ☐ No

7. What is the ratio of resident to staff: Day_____ Night_____

8. How often are rooms inspected?_____ Who inspects rooms? _____

   a. Do you have written inspection procedures for staff to follow? ☐ Yes ☐ No

   b. Do you have a checklist to follow and retain documentation of inspection? ☐ Yes ☐ No

9. Are there security cameras monitoring operation? ☐ Yes ☐ No

10. Are fire drills conducted? ☐ Yes ☐ No
    If Yes, how often? _____

11. Are evacuation procedures & floor plans posted & evacuation plan practiced at least monthly? ☐ Yes ☐ No

12. Are residents allowed to cook their own meals? ☐ Yes ☐ No
    If Yes, is the cooking facility in: ☐ Private or ☐ Common cooking area

13. Are residents required to notify the facility when leaving and returning? ☐ Yes ☐ No

14. If this is an abuse shelter, describe controls to maintain secrecy of location:

    _____

    _____

15. Describe types of recreational activities on and off-premises:

    _____

    _____

G. OUTREACH SERVICES: ☐ **NA**

1. Describe outreach services provided:

   _____

   _____

   _____

2. Do you offer group therapy? ☐ Yes ☐ No

   If Yes, what is average size of group?_____ How often does the group meet per week?_____

   Explain nature of problems treated and/or discussed:

   _____

   _____

   _____

3. Do you operate a crisis hotline? ☐ Yes ☐ No

   Type: ☐ Suicide ☐ Drug/Alcohol ☐ Child/Spouse Abuse ☐ Other:_____

   How many calls annually? _____ Monitored by ☐ Professional Staff ☐ Volunteers ☐ Other_____

4. Do you provide any programs for sexual offenders? ☐ Yes ☐ No
   If Yes, provide number of clients and describe typical offenses:

   _____

   _____

   _____

5. Do you provide any services for ex-offenders or incarcerated individuals? ☐ Yes ☐ No
   If Yes, provide number of clients and describe typical offenses:

   _____

   _____

   _____

more

6. Are childcare services available for the children of those receiving services? ☐ Yes ☐ No

   Average number of children: _____ Number of staff: _____ Hours of operation: _____

   (If Full-time Day Care, complete Day Care supplemental application)

   a. Are you licensed as a Day Care provider ☐ Yes ☐ No

      (If Yes, complete Day Care supplemental application)

7. Do you operate a meal delivery service? ☐ Yes ☐ No

   If Yes, number of meals annually: _____ Do you charge a fee for the meals? ☐ Yes ☐ No

   If Yes, what is the total revenue? $_____

8. Do you have a medical clinic? ☐ Yes ☐ No

   a. The facilities are for: ☐ Staff ☐ Clients/Residents ☐ General Public

   b. Do you provide more than immediate care/first aid? ☐ Yes ☐ No

   If Yes, please explain:

_____

_____

H. FOOD BANK: ☐ **NA** **THRIFT STORE:** ☐ **NA**

1. Are aisles kept clear and unobstructed? ☐ Yes ☐ No
2. Are any goods kept outdoors? ☐ Yes ☐ No
   If Yes, explain:

_____

_____

3. Are forklift operators properly trained and supervised? ☐ Yes ☐ No
4. Do you provide pick-up services? ☐ Yes ☐ No
   If Yes, what radius do you drive? _____
5. How many drop off and/or pick up containers do you have? _____
6. Do you have a loading dock or appropriate place to unload goods? ☐ Yes ☐ No
7. Is there a system in place to adequately document all goods? ☐ Yes ☐ No
8. Are expiration dates checked on all items? ☐ Yes ☐ No
9. How are unwanted goods identified and disposed of? _____

_____

10. Is re-stocking done during customer shopping hours? ☐ Yes ☐ No
    If Yes, are those areas off-limits during stocking? ☐ Yes ☐ No
11. Are parking lots and customer walkways and loading areas well-maintained and well-lit? ☐ Yes ☐ No
12. Are empty wood pallets stored in areas away from warehoused goods? ☐ Yes ☐ No
13. Is there sufficient space in the aisles to allow for fire control and firefighter access and easy movement of goods? ☐ Yes ☐ No

I. PLAYGROUND: ☐ **NA**

1. Is the playground area supervised while in use? ☐ Yes ☐ No
2. Who uses the area? ☐ Clients/Residents ☐ Visitors/Public ☐ Staff
3. Is the play area fenced? ☐ Yes ☐ No
4. Describe all equipment including the maximum height of the equipment:

_____

_____

5. Describe surface under the playground equipment:

_____

6. Is the playground equipment properly inspected? ☐ Yes ☐ No
   If Yes, how often? _____

more

J. FITNESS AREA: ☐ **NA**

1. Is the fitness area supervised during all open hours? ☐ Yes ☐ No
2. Who uses the area? ☐ Clients/Residents ☐ Visitors/Public ☐ Staff
3. Describe all fitness equipment and facilities (both indoors and outdoors):

   _____

   _____

   _____

4. How often and by whom is the equipment and area inspected?

   _____

   Are inspection logs kept? ☐ Yes ☐ No

5. Do you require hold harmless/waivers to be signed by all users? ☐ Yes ☐ No
   If Yes, include copy of this document.

COMMENTS

_____

_____

_____

_____

_____

DECLARATION AND SIGNATURE

Authorized Entity Representative Designation
The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all Insureds from the entity or their authorized representative(s) concerning this insurance.

Named Individual: _____

Title/Position: _____ **Date:** _____

Attestation
The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known to any entity official or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind The Hanover Insurance Group, Inc. to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

Signature of Authorized Entity Representative: _____ **Date:** _____

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