

SOCIAL SERVICES SUPPLEMENTAL APPLICATION

APPLICANT'S NAME: _____

DBA, if applicable: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address of primary contact: _____

Website address: _____

Audit contact name: _____ Phone number: _____

First Year in business: _____

Annual Sales/Revenue: _____

Number of Employees: _____

LOCATION INFORMATION

Bldg #	Location Address	City/State/Zip	PC	Building Use	Building Square Footage	Year Built	Type of Roof	Year Roof Updated	Contents Limit	Building Limit

LOSS HISTORY IN PAST FIVE YEARS

Date of Loss	Line of Business	Amount Paid	Amount Reserved	Open/Closed	Description of loss

UNDERWRITING ELIGIBILITY – ALL CLASSIFICATIONS

Are functioning and operational fire extinguishers readily available? Yes No

Are wood-burning stoves, space heaters or temporary heating devices used as the primary heat sources? Yes No

Has any policy or coverage been declined, cancelled or non-renewed during the prior three (3) years for any premises or operations? Yes No

*If marked yes, please provide details _____

Does the applicant own or operate any other businesses? Yes* No

*If marked yes, please provide details _____

*If marked yes, does the business have coverage placed elsewhere? Yes No

Has the applicant, a majority owner, partner or member filed bankruptcy in the past five years? Yes No

Does the applicant have non-profit tax exempt status or is the applicant operating as a non-profit? Yes No

Does the applicant have a 24 hour operations? Yes No

Does the applicant provide a crisis hotline? Yes No

Has the organization or any of its past or present directors, officers, trustees, committee members, employees or anyone acting in a ministerial capacity ever been involved in a lawsuit or claim for sexual abuse, misconduct or molestation, or has any charge or arrest been made against said person for the same? Yes No

COUNSELING/REFERRAL SERVICES – NOT-FOR-PROFIT CLASS ONLY

N/A

- Are any services rendered for a fee? Yes No
Any credit, mortgage or financial counseling provided by the applicant? Yes No
Any overnight patient stays? Yes No
Any psychiatric care or administering/prescribing of medication? Yes No

FOOD BANK OR SOUP KITCHEN – NOT-FOR-PROFIT CLASS ONLY

N/A

- Does applicant repackage or relabeling any food products for distribution? Yes No
Any cooking or food consumption on premises? Yes No

HEALTH CARE CLINIC – NOT-FOR-PROFIT – PREMISES LIABILITY CLASS ONLY

N/A

- Any abortion or adoption services provided? Yes No
Any anesthesia administered? Yes No
Is the clinic open 24 hours or are overnight patient stays permitted? Yes No

HISTORICAL SOCIETIES – NOT-FOR-PROFIT CLASS ONLY

N/A

- Do members or volunteers participate in any construction, reconstruction or repair operations, other than cosmetic improvements? Yes No

HORTICULTURAL SOCIETIES – NOT-FOR-PROFIT CLASS ONLY

N/A

- Is organization involved in any political or activist causes? Yes No
Any farming operations, pesticide application or use of heavy machinery? Yes No
Is organization responsible for more than 5 acres? Yes No

SHELTERS/TRANSITIONAL HOUSING/MISSION – NOT-FOR-PROFIT CLASS ONLY

N/A

- Are more than 30 beds occupied at one time? Yes No
Are men and women housed separately, except for families? Yes No
Is an individual in a supervisory role on premises at all times? Yes No
Is the residential building kept locked after hours? Yes No
Does the operation offer housing to those recently released from incarceration or as a condition of parole? Yes No
Is this an adult day care center, home for the elderly, hospice or similar operation? Yes No
Does the length of the average stay exceed six months? Yes No
Does risk offer a shelter/housing for abused women? Yes No

Number of beds at each location: _____

THRIFT STORE – CLOTHING – NOT-FOR-PROFIT CLASS ONLY

N/A

- Any delivery or pickup of goods? Yes No
Are firearms sold? Yes No
Any products manufactured or relabeled by the applicant? Yes No
Any sale of baby furniture or equipment? Yes No

VOCATIONAL WORKSHOPS – NOT-FOR-PROFIT CLASS ONLY

N/A

- Any manufacturing, repairing, construction, woodworking or installation work being performed on or off-premises? Yes No
Any use of power tools or heavy machinery? Yes No
Any overnight exposures? Yes No
Are any athletic activities offered or provided to students? Yes No

Number of participants: _____

YOUTH COMMUNITY PROGRAM – NOT-FOR-PROFIT CLASS ONLY

N/A

- Are any athletic activities offered or provided to students? Yes No
- Any overnight exposures, including camping? Yes No
- Any off-premises one-on-one youth mentoring? Yes No
- Are permission slips and waivers of liability in favor of the organization obtained from parents or guardians for all field trips? Yes No
- Does organization have formal, written procedures in place to ensure an adequate counselor to child ratio is maintained? Yes No
- Is risk a child day care center or preschool? Yes No
- Is the applicant a public or private school? Yes No

Number of participants: _____

HIRED & NON-OWNED AUTO

- Does the applicant offer delivery service? Yes No
- Does the applicant own any vehicles? Yes No
- Do any employees or owners use personal car for business more than 12 times per year? Yes No
- Does the church own, rent, lease, or borrow vans or buses that can transport 15 or more people? Yes No

MOLESTATION OR ABUSE COVERAGE

Limit Desired:

- \$25,000/\$50,000 \$50,000/\$100,000 \$100,000/\$300,000 \$500,000/\$1,000,000
- \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000

SOCIAL SERVICES PROFESSIONAL

Limit Desired:

- \$100,000/\$100,000 250,000/\$250,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000

- Are fees charged for counseling services? Yes No
- Have there been any prior allegations, claims or suits as a result of counseling services? Yes No
- Has the applicant had a professional liability claim or is the applicant currently aware of a circumstance that may lead to a professional liability claim? Yes No