



Philadelphia Insurance Companies
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**SOCIAL SERVICES ORGANIZATION
 SUPPLEMENTAL APPLICATION**

PLEASE ATTACH THE FOLLOWING (✓)

- ACORD Applications, including Crime & Umbrella
- Statement of Values
- Schedule of Vehicles
- Drivers List with License Numbers and Dates of Birth

- Loss Runs for Current Year and 3 Prior Years
- Brochure and/or Newsletter
- Financial Statement if For Profit
- Photographs – Residential Locations

Named Insured: _____

Insured Contact Name for Billing Information: _____ Phone: _____

Billing Address: _____ City: _____ ST: _____ ZIP: _____

Sic #: _____ Fein #: _____ Website Address: _____

Production Underwriter: _____ Non-Profit For Profit

Number of years this facility has been: _____ In Operation _____ Under Present Management _____

A. LIFE SAFETY SECTION:

Do all of your facilities (buildings) have the following Life Safety Features? **Yes/No** If not, please indicate which location numbers.

- 1) Fire Alarms Yes No _____
- 2) Smoke Detectors Yes No _____
 - Hard Wired Yes No
 - Battery Operated Yes No
- 3) Emergency Lighting Yes No _____
- 4) Sprinklers Yes No _____
- 5) Are evacuation routes posted throughout the building? Yes No _____
- 6) In the event of an evacuation, have you established a central meeting point outside the building? Yes No _____
- 7) Are exit signs illuminated? Yes No _____
- 8) How often are fire drills held? Yes No _____
- 9) Are there at least two exit doors per building? Yes No _____
- 10) Are exit doors equipped with panic hardware? Yes No _____
- 11) Is smoking permitted inside the premises? Yes No _____

GENERAL LIABILITY SECTION:

- 1) Annual Operating Budget _____ 2) Annual Payroll _____
- 3) Number of clients/customers per year _____ 4) Number of Students _____
- 5) If providing residential services, provide number of beds at each location _____
- 6) Do you have sheltered workshops? Yes No Indicate location number _____
 Describe the work being performed _____

Do you have mobile work forces, i.e. janitorial services? Yes No or landscaping services? Yes No Other _____

If yes, please provide payroll: Janitorial _____ Landscaping _____ Other _____

Is Workers Compensation carried for clients? Yes No

7) Do you have a day care program Yes No Indicate location number(s) _____

Maximum number of children supervised _____ Ratio of children to Staff _____ Age Range _____

8) Do you provide any foster care or adoption services? Yes No If Yes, please explain _____

9) Are any locations leased to others? Yes No Indicate location number _____

Square Feet _____

10) Do you have any swimming pools? Yes No Indicate location number _____

Diving Board/Slide? Yes No

- 11) Do you sponsor any special fund-raising events? Yes No Are alcoholic beverages served? Yes No
Provide full details (location, dates, attendance, description of events, etc.)
- 12) Have all buildings built prior to 1971 been inspected for lead paint? Yes No If "No", what is plan for abatement
- 13) Are counseling services/ therapy offered for the following target classes : Sexual Offenders? Yes No Sexual Predators? Yes No

C. ABUSE & MOLESTATION

- 1) Does your 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 request criminal background investigations for all applicants? Yes No If not, please explain:
- 3) Do you verify employment related references? Yes No
- 4) Do you have a plan of supervision that monitors staff in day-to-day relationships with clients both on and off premises? Yes No
- 5) a. Has your organization ever had an incident which resulted in an allegation of sexual abuse? Yes No If yes, please describe
 b. Was a claim made against the organization? Yes No Was a claim made against any employee(s)? Yes No If yes, is that individual still employed with your organization? Yes No
 c. Was the case settled? Yes No If Yes, please explain
- 6) Does your current insurance program exclude Abuse & Molestation coverage? Yes No If not, please indicate the limit of liability provided

D. PROFESSIONAL LIABILITY

Total No. of Full Time Employees Total No. of Part Time Employees Total No. of Volunteers

Does your current insurance program provide Professional Liability coverage? Yes No If Yes, indicate the limit of liability
 Is Professional Liability occurrence claims made Retroactive Date: _____

Position	# of Full Time	# of Part Time	Position	# of Full Time	# of Part Time
Administrators			Clerical		
Counselors (Including Group Home Manager)			Teachers		
Psychologists			Physicians		
Nurses R.N.			Psychiatrists		
Nurses L.P.N.			Therapists		
Home Health Aides			Other:		
Social Workers			Other:		

Do the physicians carry their own malpractice insurance? Yes No N/A
 Indicate Company: _____ Limits of Liability: _____
 Effective dates: ____/____/____ to ____/____/____

E. CONSULTANTS/INDEPENDENT CONTRACTORS:

- Please indicate which of the following contracted service providers are utilized:
- Physicians Nurse Practitioner
 Dentist Optometrist
 Psychiatrist Other _____
- 1) Are there written agreements with independent contractors? Yes No
- 2) Are certificates of malpractice/liability insurance obtained and maintained for all contracted service providers (independent contractors)?
 Yes No
- 3) Please indicate the limits of liability: _____

F. AUTOMOBILE SECTION:

- 1) What percentage of employees/volunteers use their own vehicles regularly (daily/weekly) for agency business?
 % Employees _____ % Volunteers _____
 Describe use: _____
- 2) Do you require employees and volunteers to carry and show evidence of personal insurance? Yes No
- 3) What limits are required? _____
- 4) Do you run MVRs on employees? Yes No If yes, how often? _____
- 5) Do you have a driver safety training program? Yes No Does your Agency transport clients? Yes No
- 6) Is training provided for new employees prior to their transporting clients? Yes No
- 7) Does your agency transport clients/consumers for other private or governmental agencies? Yes No If Yes, please explain _____

G. FLOOD

Do you have a current Flood Policy in force? Yes No If yes, attach a copy of the Declarations sheet.

Fraud Notice

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 INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON 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 KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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 MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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 NEBRASKA AND OKLAHOMA APPLICANTS: 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.

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 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 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 MAINE AND VIRGINIA 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 OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

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 NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE 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."