

This is an optional SHS Questionnaire that replaces all other SHS questionnaires. ACORDS are still required.

Name of organization: _____

Website address: _____ *If you do not have a website, attach brochure and detailed description of daily activities of organization.*

A. Facilities and Operations

1. Indicate number of clients, students or members in each age range: NA ___ 0-5 ___ 6-14 ___ 15-18 ___ 19-62 ___ 62-75 ___ 75-85 ___ 86+
2. Provide all applicable information:
 Payroll: _____ Number of employees: _____ Number of volunteers: _____
 Number of client workers: _____ Number of members: _____
 Are any employees not covered by Workers Compensation? YES NO
3. Years under current management: _____
4. List all accreditations: _____
5. Is your organization a non-profit? YES NO
6. Does your organization have any government contracts? YES NO
 Provide a description of the contracts: _____
7. Do you have any mentoring programs that match youth with mentors? YES NO
If yes, a. Is contact required to be in a group setting? YES NO
 b. Provide a description of program and how many clients are served: _____
8. What security measures are in place at your locations?
 Electronic locks on doors Alarmed doors Wander-guard Unarmed security guards
 Armed security guards Security cameras Other: _____
9. Do you have any buildings that are more than 50% vacant or unoccupied? YES NO
10. Do you routinely receive donations of real property (land or buildings)? YES NO
If yes, describe type of property accepted, condition of property accepted and usage of property:

11. Do you have any plans for renovations or new construction during the next 2 yrs? YES NO
If yes, describe: _____
12. Do any locations have sprinklers? YES NO
If yes, are all sprinklers either recessed or protected by sprinkler head guards? YES NO
13. Does your organization provide accident insurance for members or clients? YES NO
If yes, a. Insurance company name: _____ Policy number: _____
 Policy period: _____ Limits: _____
 b. Accident insurance: applies to all members or clients is optional, at member or clients' expense

B. Organizations in Business Less than 3 Years

SECTION NOT APPLICABLE

Complete this section if your organization has not been in business at least 3 years.

1. Please list all sources of funding or revenue and amount of funding or revenue for the current fiscal year:

2. What are total projected expenses for the current fiscal year? \$ _____
3. Attach copies of executive staff résumés.

C. Facility Rental

SECTION NOT APPLICABLE

Complete this section if your organization rents your premises to others.

1. Number of times a year your premises is rented, either for a fee or at no cost? _____
2. Are all renters required to sign written rental contract? YES NO
If yes, a. Does your rental agreement contain "hold harmless" clause in your favor? YES NO
 b. Does your contract require you to be named as additional insured on the renter's policy? YES NO
 c. Does agreement make the renter responsible for security during rental period? YES NO
3. Are all renters required to submit a certificate of insurance or a copy of the declarations page as proof of liability coverage? YES NO
4. Do you rent premises to those that do not carry liability insurance? YES NO

D. Media Exposures

SECTION NOT APPLICABLE

Complete this section if your organization (check all applicable):

- Creates your own advertising, brochures, pamphlets, websites or other materials using photographs taken by you or someone in your organization.
- Sells music or printed materials created, published or produced by someone within your organization.
- Airs television, radio or internet broadcast segments, public service announcements (PSAs) or shows.

1. Do you always obtain written waivers that specifically release your organization from all liability arising from personal or advertising injury, prior to using the likeness of others (e.g. pictures) or prior to using the work product of others? YES NO
2. Frequency of broadcast segments: N/A Daily Weekly Monthly Infrequently
3. Describe all media created, produced or published by your organization: _____

4. Do you employ a contractor for creation or legal review of any materials? YES NO
If yes, describe materials subject to review and type of review: _____
5. Does your organization carry any type of media liability insurance (broadcasters' liability, publishers' liability etc.)? YES NO
If yes, attach a copy of the declarations page.

E. Abuse. Sensitive Clients, Members, Students

SECTION NOT APPLICABLE

Complete this section if your organization deals directly with minor clients (under age 18), developmentally or physically disabled clients, mentally ill clients or elderly.

1. As respects abuse,
 - a. Have any claims been filed or allegations of abuse been made against your organization or anyone working on behalf of your organization? YES NO
 - b. Are you aware of any occurrences that could lead to a claim? YES NO

If yes to above, explain: _____
2. Does your organization have written policies that require known or suspected abuse incidents be reported to proper authorities? YES NO
3. Does your organization require at least 2 employees or volunteers to be with clients at all times, prohibiting all employees and volunteers from being alone with clients? YES NO

If no, explain _____

4. Indicate all employee and volunteer screening controls used by your organization:

Provide the following information:

	EMPLOYEES		VOLUNTEERS	
	<input type="checkbox"/> NO EMPLOYEES	<input type="checkbox"/> NO EMPLOYEES	<input type="checkbox"/> NO VOLUNTEERS	<input type="checkbox"/> NO VOLUNTEERS
a. Written applications required	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b. Picture ID required	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c. Personal interviews conducted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d. Personal references checked	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
e. At least 5 years of employment history verified	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
f. Education of professionals verified	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
g. Licensing/certification of professionals verified	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Explain any **NO** responses: _____

5. Indicate all background checks which are conducted:

Provide the following information:

	EMPLOYEES		VOLUNTEERS	
	<input type="checkbox"/> NO EMPLOYEES	<input type="checkbox"/> NO EMPLOYEES	<input type="checkbox"/> NO VOLUNTEERS	<input type="checkbox"/> NO VOLUNTEERS
a. No background checks conducted	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b. Name check – local level	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c. Name check – state level	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d. Name check – national level (e.g. using online vendor services)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
e. State level 10-digit fingerprint check	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
f. FBI fingerprint check regardless of time person has resided in the state	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
g. FBI fingerprint check if person has resided in the state less than 5 consecutive years	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

h. FBI fingerprint check – other criteria – describe: _____

i. Description of other screening methods: _____

6. Are all controls indicated in 4 and 5 above completed prior to:

- a. Hiring employee or accepting volunteer? YES NO
- b. Employee or volunteer contact with client? YES NO

Explain any **NO** responses: _____

7. Do applications contain a notice that a criminal background check may be run on all candidates? YES NO
If yes, does application advise applicant that they may be rejected or terminated based on an unacceptable background check? YES NO
8. How long are employee and volunteer records, including record of background checks, retained?
 Number of years: _____ Permanently

F. Automobile Exposures **SECTION NOT APPLICABLE**

Complete this section if your organization has submitted owned, non-owned or hired automobile coverage to us.

1. Does your organization own or lease autos? YES NO
2. Are all autos submitted for coverage titled to the organization? YES NO
If no, describe which autos are not titled to the organization and list the titled owner: _____
3. Do any autos have wheelchair lifts? YES NO
If yes, describe wheelchair lift training provided to drivers: _____
4. Do you provide transportation to any clients, members or the general public? YES NO
If yes, describe: _____
5. Does your organization spend more than \$2,500 on vehicle rentals per year? YES NO
If yes, annual cost: \$ _____
6. Do any employees or volunteers use their **personal automobiles** on behalf of the organization, either on a daily or weekly basis? YES NO
If yes, a. Number that have daily or weekly usage of **personal autos**: _____ employees _____ volunteers
 b. Indicate type of usage:
 Errands
 Delivery of meals or property – average number of deliveries per week: _____
 Transportation of other people – average number of people transported per week: _____
 c. Does your organization require proof of personal auto insurance on vehicles driven for your organization, at each policy renewal? YES NO
 d. Does your organization have a minimum requirement for personal auto policy limits? YES NO
If yes, indicate minimum limits you require: _____
7. Does your organization run annual MVRs on:
 a. Those who drive your autos? YES NO
 b. Those who drive their personal autos on your behalf? YES NO
8. Does your organization have international drivers?
 a. How are the drivers cleared to drive? _____
 b. Are State Licenses required in order to drive on behalf of the organization? _____

G. Facilities and Activities

Complete this section if your organization manages or controls facilities and activities listed below:

Facilities / Activities	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Describe Extent or Use:
1. Trails and Trail Maintenance	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
2. Lake, Ponds, or Reservoirs	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
3. Docents	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
4. Hunting	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
5. Dams or Bridges	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
6. Waterway Diversion	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
7. Fire Fighting	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is the organization responsible for training and certifying fire fighters? YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Fuel Load Control	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes , describe methods used to reduce fuel load. _____ How often are fuel load reductions performed? _____ What type of training is required of the individuals participating in the load reduction? _____ Is the insured providing direction to the group performing the reduction, or are the employees/volunteers/members performing the duties under the direction of another entity? YES <input type="checkbox"/> NO <input type="checkbox"/>

9. Controlled Burns YES NO

Number of annual burns: _____

Number of acres burned: _____

What chemicals are used? By who? _____

Are any other entities involved in the burn? YES NO

If yes, describe relationship. _____

Describe controls in place. _____

10. Search & Rescue YES NO

H. Liquor or Alcohol Served or Sold SECTION NOT APPLICABLE

Complete this section if your organization sells alcohol, either annually or for special events.

1. Gross annual alcohol sales: \$ _____
2. Is any employee or volunteer of your organization responsible for serving alcohol? YES NO
3. What alcohol dispensing controls are in place? _____
4. Type of license you have for sale of alcohol: Permit for event only Annual liquor license Alcohol served by caterer

I. Special Events SECTION NOT APPLICABLE

Complete this section if your organization holds, sponsors or co-sponsors any special events or fundraisers.

1. Total number of events: _____
2. Complete chart below for each event. **If additional space is required, provide information on an attachment.**

Provide the following information:	EVENT 1	EVENT 2	EVENT 3
Name of event:			
Date, time and location of event:			
Total estimated attendance:			
Gross sales from admissions:	\$	\$	\$
Gross sales from food or non-alcoholic beverage sales:	\$	\$	\$
Gross sales from alcohol sales:	\$	\$	\$
Other gross sales:	\$	\$	\$
Annual event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has any claim or incident ever arisen out of this event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Emergency medical personnel present?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Security personnel present?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Golf carts or trams at event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Activities at event (use all applicable activity codes from list below):			

Activity Codes (for use above)

- | | | |
|---------------------------|--|---|
| A. Golf outing | H. Aircraft (motorized or not) | O. Parade (only entry of float into a parade) |
| B. Wine tasting | I. Animals | P. Parade – participation in a parade (no-floats) |
| C. Dinner, gala or picnic | J. Athletic participation | Q. Parade – sponsorship of a parade |
| D. Auction | K. Fireworks sales or show | R. Use of any motorized vehicle(s) |
| E. House tour | L. Haunted house or trail | S. Concert – describe type of music |
| F. Fashion or Art Show | M. Mechanical rides | T. Other – describe in space above |
| G. Bingo | N. Non-mechanical entertainment devices (e.g. bounce houses) | |

3. Do you sponsor or co-sponsor any parades? YES NO

If yes, a. Number of: floats _____ horses _____ participants _____

b. Do you require certificates of insurance, with \$1,000,000 liability limits from all participants? YES NO

4. a. Describe all mechanical or non-mechanical devices used at special events: _____

b. Are devices indicated provided and operated by a contractor? YES NO

If yes, do you obtain or require a certificate of insurance from the contractor? YES NO

J. Camps With Campgrounds or Overnight Camping**SECTION NOT APPLICABLE**

Complete this section if your organization provides overnight camping or campgrounds.

1. What lifesaving skills are required of the counselors? CPR Lifeguard Training First Aid Other _____ ?
2. Do you have a nurse on-site? YES NO
3. Do you keep a medical history on file for each camper? YES NO
4. Is the camp located in a canyon or an area prone to brush or wildfires? YES NO
5. Is camp located in a remote area? YES NO

If yes, describe all available sources of water and fire fighting equipment: _____

6. Does a caretaker live at the camp during the off-season? YES NO

K. Vocational training or sheltered workshops**SECTION NOT APPLICABLE**

Complete this section if your organization provides vocational training or sheltered workshops.

1. Number of: Supervisors/trainers: _____ Total clients per day: _____
2. Number of: Physically disabled: _____ Mentally disabled: _____
3. Number of job coaches you employ: _____ Payroll for job coaches: \$ _____
4. Level of clients' disability – check all applicable: None Mild Moderate Severe/Profound
5. Total annual sales from workshop: \$ _____ Annual sales from recycling: \$ _____
6. Total annual payroll to clients: For janitorial services: \$ _____ For landscaping services: \$ _____
Total payroll to all clients: \$ _____
7. Does your organization pay clients at least minimum wage for their work? YES NO
8. Are all client workers covered under your workers compensation policy? YES NO
- If no,** are clients covered under any other organization's workers compensation? YES NO
9. Do you perform component assembly or manufacturing for other companies? YES NO
- If yes,** a. Are any components assembled or products manufactured for the auto, truck, aircraft or aerospace industry? YES NO
- b. Attach a list of all companies and all products for each company.
- c. Are written contracts in place for all work? YES NO
- d. Do all contracts contain "hold harmless" clause in favor of your organization? YES NO
10. Do you store or warehouse either product components or completed products? YES NO
- If yes,** list all storage locations and area on the GL ACORD application.
11. Indicate all activities your clients participate in:
- | | | |
|--|---|--|
| <input type="checkbox"/> Commercial cooking | <input type="checkbox"/> Laundry services or sewing | <input type="checkbox"/> Silk-screening or spray painting |
| <input type="checkbox"/> Construction trades (framing, roofing, etc.) | <input type="checkbox"/> Light office work, packaging or assembly | <input type="checkbox"/> Use of flammable or corrosive chemicals |
| <input type="checkbox"/> Electrical component wiring | <input type="checkbox"/> Recycling-processing | <input type="checkbox"/> Use of power tools or wood-working |
| <input type="checkbox"/> Heat sealing, shrink-wrapping | <input type="checkbox"/> Recycling-sorting only | <input type="checkbox"/> Use of scaffolding |
| <input type="checkbox"/> Janitorial or landscaping | <input type="checkbox"/> Repair of appliances or vehicles (cars, bikes, etc.) | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Use of bailing machinery, conveyer systems, presses, press brakes or metal shearing machinery | | |
| <input type="checkbox"/> Other: _____ | | |
12. Do you have a safety coordinator? YES NO
13. Do you have an orientation program that all staff and regularly scheduled volunteers complete within their first month at the facility? YES NO
- If yes,** does orientation include:
- a. A review of the facility's safety procedures? YES NO
- b. Training in emergency procedures (including first aid)? YES NO
- c. Job responsibilities? YES NO

L. Equipment & Heavy Equipment Operation**SECTION NOT APPLICABLE**

1. Is any specialty equipment used? Bulldozer Backhoe Grader Cherry Picker Skidder Chainsaw ATV / Four Wheelers
 Snowmobile Other: _____
2. Explain the training required to operate the equipment / tools? YES NO
3. Where are the equipment operations performed? YES NO
4. Is there an equipment maintenance program in place? YES NO
5. Is the equipment serviced by staff? YES NO
- If yes,** does the insured service equipment for others? _____
6. Are volunteers or interns permitted to operate machinery? YES NO

Complete this section if your organization provides any athletic activities.

1. Is a waiver required to be signed by participant, the parent or guardian of the participant prior to participation in all athletic activities? YES NO
If yes, has your waiver form been reviewed by legal counsel? **Attach** copy of waiver. YES NO

2. Indicate all of the following activities that you offer at any location:

- | | | |
|--|--|--|
| <input type="checkbox"/> Acupuncture/acupressure | <input type="checkbox"/> Football – tackle | <input type="checkbox"/> Rollerblading, skating, skateboarding |
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Free weights | <input type="checkbox"/> Scuba classes or training |
| <input type="checkbox"/> Aerobic boxing/kick-boxing | <input type="checkbox"/> Hockey - ice, street, roller or field | <input type="checkbox"/> Skiing (downhill) or snowboarding |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Inflatable devices, eg. bounces | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Baseball/softball/basketball/soccer | <input type="checkbox"/> Lacrosse/rugby | <input type="checkbox"/> Trampolines, mini-trampolines |
| <input type="checkbox"/> Biking, mountain biking, BMX dirt bikes, etc. | <input type="checkbox"/> Obstacle course(s) | <input type="checkbox"/> Use of motorized vehicles, such as ATV, motorcycles |
| <input type="checkbox"/> Boxing/Kickboxing – Contact | <input type="checkbox"/> Outdoor rock climbing, rappelling | <input type="checkbox"/> Water skiing or kayaking |
| <input type="checkbox"/> Circuit training/cardio | <input type="checkbox"/> Paintball | <input type="checkbox"/> Wilderness trips |
| <input type="checkbox"/> Diving | <input type="checkbox"/> Racquetball or squash | |
| <input type="checkbox"/> Football – flag | <input type="checkbox"/> Riflery | |

Describe in detail each activity indicated and safety controls in place: _____

3. Do you offer skateboarding or own or operate a skate park? YES NO
 4. Do you offer whitewater boating or rafting activities? YES NO

If yes, a. Describe whitewater activities including river rating scale or class and number and ages of registrants: _____

- b. Are all boats staffed by an experienced, insured guide? YES NO
 c. Do you require at least one member of the trip to be skilled in life saving techniques? YES NO
 d. Are all rafters required to wear a helmet and life vest with leg straps? YES NO
 e. Are all rafters trained on safety procedures? YES NO

5. Do you offer other boating activities? YES NO

If yes, a. Number of boats you own or operate? ____ boats without motors ____ motorboats

6. Do you offer snow skiing or snowboarding? YES NO

If yes, describe your skiing and snowboarding activities, including styles, age and number of participants and number of instructors: _____

7. Do you offer horseback riding activities of any kind? YES NO

If yes, describe riding activities including locations where riding is done, type of riding, and number of participants registered: _____

8. Do you own or operate any rope courses? YES NO

If yes, describe the course and program, including location, number of elements, height, frequency of use, and number of users annually. Include photos of your rope course. _____

9. Do you own or operate a climbing wall or tower? YES NO

- If yes**, a. Climbing wall or tower is: Located inside a building Located outside
 b. Was the wall or tower designed and installed by a licensed, insured contractor? YES NO
 c. Indicate climbing styles available: Bouldering (maximum height: _____) Top-rope Lead climbing
 d. Are climbers permitted to climb without harness, helmet or other safety equipment? YES NO

If yes, describe under what circumstances: _____

- e. Describe your methods of screening users before allowing them to climb or belay: _____
 f. Are belay system anchors “backed-up”? YES NO
 g. Is the belayer anchored to a secure point? YES NO
 h. What is the minimum age for belayers? _____
 i. Is there a minimum of 6 inches of fall protection beneath the climbing wall or tower out to a distance of 6 feet from the base of the wall(s)? YES NO
 j. Are rules, regulations and emergency procedures clearly posted in the climbing area? YES NO
 k. Describe wall & equipment inspection and maintenance procedures & schedule, including how records are maintained: _____

l. Is there a program in place to identify equipment that needs to be replaced? YES NO

m. How do you control access to the climbing wall or climbing area, both during and after business hours? _____

- n. Are the following always present when the wall is being used:
 1. A staff member who is trained in the safety rules and is certified to belay? YES NO
 2. A full-time staff member who is certified to provide first aid? YES NO
 3. A first aid kit? YES NO

o. Describe your emergency response plan in case of an accident: _____

p. Number of climbers or belayers that have been injured in the past year? _____

10. Do you own or operate any swimming pools? YES NO

If yes, Number of pools on your premises: _____

11. Do you have any water park playground areas? YES NO

If yes, describe surfacing and playground elements: _____

N. Professional Liability

SECTION NOT APPLICABLE

Complete this section if your organization would like a quote for professional liability.

1. Does your organization provide:
- a. Alternative or complementary medical practices (e.g. acupuncture, chiropractic, herbal remedies, hypnotherapy, healing services, etc.)? YES NO
 - b. Prescription of medications? YES NO
 - c. Advocacy (representation of individuals in legal proceedings) or legal services? YES NO
 - d. One-on-one or peer counseling? YES NO
 - e. Program for individuals with infectious or contagious disease? YES NO
- If yes** to any above, provide detailed description of services: _____

2. Indicate if any of the following types of professionals work for your organization. **If your organization employs professionals in these positions, contact your agent before proceeding:**

NAME OF POSITION	EMPLOYEES	VOLUNTEERS	CONTRACTORS
Medical Doctor, Dentist, Psychiatrist	_____	_____	_____
Nurse Practitioner, Physician Assistant	_____	_____	_____
Medical Students	_____	_____	_____

3. List number of employees (full or part-time), volunteers and contractors by position: Check if organization has no degreed professionals.

NAME OF POSITION	EMPLOYEES	VOLUNTEERS	CONTRACTORS
Clergy	_____	_____	_____
Health care professionals (e.g. CNA, LPN, RN, speech therapists, occupational therapists, etc.)	_____	_____	_____
Teachers, daycare workers	_____	_____	_____
Special education teachers, guidance counselors, vocational counselors	_____	_____	_____
Mental health professionals (e.g. psychologists, social workers, counselors)	_____	_____	_____
Student interns under your supervision	_____	_____	_____
Other degreed professionals (Describe degree level and position):	_____	_____	_____
TOTAL NUMBER:	_____	_____	_____

4. Of the employees, volunteers and contractors listed above, do any carry their own professional liability insurance? YES NO
If yes, are procedures in place to verify current insurance is maintained at all times? YES NO
5. Do you maintain copies of licenses for all employed, volunteer and contracted professionals who are required to be licensed? YES NO
If yes, are procedures in place to verify current licenses are maintained? YES NO
6. Does your current insurance program provide professional liability coverage? YES NO
If yes, is your policy claims made? UNKNOWN YES NO
7. Has any organization employee ever been reprimanded, refused admission or suspended by any association or administrative agency? YES NO
8. Has your organization's license ever been suspended, revoked or made conditional by any association, administrative or regulatory agency? YES NO
9. Have there been any allegations of negligence or failure to comply with any regulatory or licensing guidelines within the past 5 years? YES NO
10. **As respects professional liability coverage**, is your organization aware of any circumstances that may result in a claim being made or any claims or suits that have been made during the past five years against your organization or any individual to be covered by this policy? YES NO

Completed by: _____ Date Completed: _____