Autism Family Education and Counseling

GREAT AMERICAN INSURANCE GROUP
Specialty Human Services

Name of organization/applicant _____

Business address *(attach separate sheet if more than one location)* _____

City _____ State _____ Zip _____

Mailing address if different than business address _____

Application Practice is a:
- ☐ Solo Practitioner *(Unincorporated)*
- ☐ Corporation *(For-Profit)*
- ☐ Professional Association
- ☐ Solo Practitioner *(Incorporated)*
- ☐ Corporation *(Non-profit)*
- ☐ Partnership

	N/A	Yes	No
Are you seeking commercial liability insurance for the first time?		☐	☐

Current insurance carrier name _____

	N/A	Yes	No
Has there been a laps in coverage?	☐	☐	☐

Please describe in detail the nature of the organization's/applicant's operation and type of services offered:

Website address _____   FEIN _____

Years in business_____   Years under current management _____

Completed by _____   Title_____

Signature _____   Date Completed_____

Email_____   Phone Number _____

A. General Operations and Facilities

1. Provide all applicable information:

   Number of Employees_____   Number of Volunteers _____   Number of Contractors _____

   Payroll $_____   Projected Annual Revenue $ _____

2. Provide indication of where your services will be provided. *If not yet providing services, please provide your projected exposure.*
   _____

   Service in client home _____%   Service at your facility _____%   Service at school _____%

3. Number of clients or students in each age range:

   <18 _____   19-61 _____   62+ _____   ☐ N/A

4. Please indicate if your organization provides programs or services pertaining to any of the following:

   - ☐ Respite Care
   - ☐ Counseling for individuals with eating disorders
   - ☐ Mentoring programs matching youth with mentors
   - ☐ Medical services *(e.g. skilled nursing, prescription of medications, etc.)*
   - ☐ Individuals with severe mental illness *(e.g. bipolar, schizophrenia, paranoia, etc.)*
   - ☐ Sexual offenders or individuals with sexually abusive behavior
   - ☐ Individuals with suicidal or violent behavior
   - ☐ Assistance with Activities of Daily Living *(e.g. eating, toileting, etc.)*
   - ☐ Advocacy *(representation of individuals in legal proceedings)* or legal services
   - ☐ **None of the above services or programs are applicable**

A. General Operations and Facilities *Continued*

	Yes	No

If yes to any listed above, describe:

5. Are you applying for insurance to obtain your state license? ☐ ☐

   If yes, when do you estimate you will start operations? _____

6. Does your organization utilize chemical or physical restraint or confinement techniques? ☐ ☐

   If yes, please attach a copy of the procedures and training provided to staff.

7. Do you have security guards? ☐ ☐

8. Do parents sign a written agreement that they agree to always be present during services in the home? ☐ ☐

   a. Are there written policies in place that empowers employees to refuse to provide service to a family if the parent/guardian/caretaker are not present during the in-home service at any time? ☐ ☐

9. Complete this section if your organization provides any camps *(summer programs, day camps or overnight)*

Program Type	Summer Programs On Site	Summer Programs Off Site	Day Camps On Site	Day Camps Off Site	Overnight Camps
Number of Attendees per day					
Number of Days					

B. Management Practices

EMPLOYEES ☐ No Employees   VOLUNTEERS ☐ No Volunteers

1. Indicate all employee *(and/or volunteer)* screening controls utilized by your organization

	EMPLOYEES		VOLUNTEERS	
	Yes	No	Yes	No
a. Signed applications and photo identification required	☐	☐	☐	☐
b. Personal interviews conducted and references verified	☐	☐	☐	☐
c. Minimum 5 years of employment history verified	☐	☐	☐	☐
d. Drug testing	☐	☐	☐	☐
e. Professional licensing/certification verification	☐	☐	☐	☐

2. Indicate all employee and/or volunteer background checks utilized by your organization

	Yes	No	Yes	No
a. Name check – state level	☐	☐	☐	☐
b. Name check – national level *(e.g. using online vendor services)*	☐	☐	☐	☐
c. State level 10-digit fingerprint check	☐	☐	☐	☐
d. FBI fingerprint check regardless of time person has resided in the state	☐	☐	☐	☐
e. FBI fingerprint check if person has resided in the state less than 5 consecutive years	☐	☐	☐	☐

   f. Description of other screening methods

	Yes	No
3. Do applications contain a notice that a criminal background check may be run on all candidates?	☐	☐
If yes, does application advise applicant that they may be rejected or terminated based on an unacceptable background check?	☐	☐
4. Do you allow volunteers under the age of 18?	☐	☐

B. Management Practices *Continued*	Yes	No
If yes,		
Do you require a Parent or Guardian sign a volunteer waiver and release for those under the age of 18?	☐	☐
Do you require adult supervision for underage volunteers during volunteer duties?	☐	☐

5. How frequently does your organization run background checks?

   ☐ Once *(Prior to hire)*   ☐ Annually   ☐ Biannually   ☐ Other_____

6. How long are employee and volunteer records, including record of background checks, retained?

   ☐ Number of years_____   ☐ Permanently

	Yes	No
7. Do you have a risk manager on staff?	☐	☐
8. Are all screening controls and background clearance controls completed prior to:		
a. Hiring employee or accepting volunteer?	☐	☐
b. Employee or volunteer contact with student?	☐	☐

Explain any **NO** responses:

9. How long do you retain incident reports for injuries and documentation of actions taken?

   ☐ Number of years_____   ☐ Permanently

C. Organizations in Business Less than 3 Years

1. Describe your relevant experience here or provide your business plan and/or resume when you submit this application.

	Yes	No
2. Do you have a financial plan in place to cover projected expenses?	☐	☐

D. Abuse/Molestation Liability	Yes	No
1. Are you aware of any situations, occurrences, or allegations of abuse that could lead to an abuse claim being made against your organization *(or any individual covered by this policy)*?	☐	☐

If yes to above, explain _____

2. How long do you retain reports of allegations of abuse and the actions taken?

   ☐ Number of years_____   ☐ Permanently

3. Does your organization have written abuse policies?	☐	☐
If yes, do your policies and procedures:		
a. Communicate a zero-tolerance approach to inappropriate behaviors	☐	☐
b. Define appropriate and inappropriate behavior and contact	☐	☐
c. Communicate the organization will investigate and cooperate with law enforcement	☐	☐
4. Do you conduct regular sex offender registry screening on all employees, independent contractors, and volunteers?	☐	☐
If yes, do applications contain a notice that applicant may be rejected or terminated if a sex offender match occurs?	☐	☐

D. Abuse/Molestation Liability *Continued*

	Yes	No
5. Does your organization enforce the 3-person rule, prohibiting all employees and volunteers from being alone with students/clients, including during transportation?	☐	☐

If no, explain:

	Yes	No
6. Do you enforce the 3-person rule during toileting assistance *(or require that parents always be present)*?	☐	☐

7. How does your organization monitor client areas?

☐ Closed Circuit Monitors   ☐ Staff Tours/Detours   ☐ Office Windows   ☐ Open Doors

☐ Surveillance Cameras   ☐ Other_____

8. Indicate abuse or molestation prevention training provided:

	None	Orientation	Formal training	Annual training	Training documented and retained Yes	No	Number of years records are retained?
Employees					☐	☐	
Volunteers					☐	☐	
Students					☐	☐	

E. Professional Liability   ☐ **Not Applicable**

1. 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
Teachers, daycare workers			
Special education teachers, guidance counselors, vocational counselors			
Health care *(e.g. LPN, RN, speech therapists, occupational therapists, Dietician, etc.)*			
Mental health *(e.g. BCBA, psychologists, social workers, counselors)*			
Medical Doctor, Dentist, Psychiatrist			
Nurse Practitioner, Physician Assistant			
RBTs, BTs			
Other degreed professionals *(Describe degree level and position)*: _____			

Please describe the responsibilities of any medical staff:

	Yes	No
2. Of the employees, volunteers and contractors listed above, do any carry their own professional liability or medical malpractice insurance?	☐	☐
If yes, are procedures in place to verify current insurance is maintained at all times?	☐	☐
3. Do you maintain copies of licenses and/or certifications for all employed, volunteer and contracted professionals who are required to be licensed and/or certified?	☐	☐
If yes, are procedures in place to verify current licenses and/or certifications are maintained?	☐	☐
4. Has any organization employee ever been reprimanded or suspended by any association or administrative agency?	☐	☐
5. Has your organization's license ever been suspended, revoked or made conditional by any association, administrative or regulatory agency?	☐	☐
6. Have there been any allegations of negligence or failure to comply with any regulatory or licensing guidelines within the past 5 years?	☐	☐
7. **Regarding professional liability coverage,**		

E. Professional Liability *Continued*

	Yes	No
a. Is your organization aware of any professional claims or suits made during the past five years against the organization or any individual?	☐	☐
b. Is your organization aware of any situations or circumstances that may result in a claim being made against your organization or any individual to be covered by this policy?	☐	☐

If yes, please provide details.

F. Auto Coverage

☐ **Not Applicable**   Yes   No

Scheduled Auto Questions *(If no scheduled autos, skip to question F.6)*

	Yes	No
1. Are all autos submitted for coverage titled to the organization?	☐	☐

If no, describe which autos are not titled to the organization and list the titled owner:

	Yes	No
2. Do you lease or loan your vehicles out to others for use outside of your operations?	☐	☐
3. Do you have a routine maintenance program in place for all autos and do you retain all maintenance records?	☐	☐

4. What types of driver training do you provide your drivers?

Training Methods: ☐ Document Distribution   ☐ Classroom Training   ☐ Road Testing
☐ Other_____

Training Types: ☐ Defensive Driving   ☐ Distracted Driving   ☐ Passenger Van Training
☐ Wheelchair Lift Training   ☐ Other _____

Frequency of Training: ☐ Semi-annually   ☐ Annually   ☐ Randomly *(based on incidents)*
☐ Other_____

	Yes	No
5. Do you utilize telematics *(data sensors, integrated GPS navigation, wireless mobile communications, etc.)*?	☐	☐

If yes, on how many vehicles? _____

Auto Coverage Hired and/or Non-Owned Questions

	Yes	No
6. Does your organization hire or borrow vehicles?	☐	☐

If yes,

a. Number of vehicles _____   Total annual cost $_____

	Yes	No
b. Do you hire or borrow any autos for non-bussing purposes?	☐	☐

Please describe the types of vehicles and length of time:

	Yes	No
7. Do you provide transportation to any students, clients, or the general public?	☐	☐

If yes, describe services:

8. Provide the total number of employees, volunteers, and contractors using their personal auto for your business needs:
_____

a. Indicate type of usage *(select all that apply)*:

☐ Errands. ☐ Daily or ☐ Weekly; Average Number of trips per week_____

F.   Auto Coverage *Continued*

☐   Delivery of meals or property.

☐   Daily or ☐   Weekly; Average Number of trips per week _____

☐   Transportation of others.

				Yes	No
		☐ Daily or ☐ Weekly; Average Number of trips per week _____			
	b.	Does your organization require proof of personal auto insurance annually?		☐	☐
	c.	Does your organization require at least 100,000 personal auto policy limits?		☐	☐
9.		Does your organization have written Motor Vehicle Reports procedures and guidelines in place?		☐	☐
	a.	Are the procedures communicated to all drivers *(including drivers of non-owned autos when applicable)*?		☐	☐
	b.	Do you Run Motor Vehicle Reports (MVRs) for all drivers?		☐	☐
		Indicate frequency: ☐ At the Time of Hire ☐ Annually ☐ Randomly *(based on incidents)* ☐ Other_____			
	c.	Does your organization restrict/suspend driver eligibility if:			
		a.	Driver has more than 2 moving violations/accidents within past three years?	☐	☐
		b.	Driver has a major violation in last 5 years *(driving while intoxicated, reckless driving, leaving the scene, etc.)*?	☐	☐
		c.	Driver has a suspended, expired, or revoked license?	☐	☐

G.   Data Compromise

	☐ **Not Applicable**	Yes	No
1.	Does your organization accept electronic payments/donations or electronically store employee, volunteer, student, or third party's Personally Identifiable Information?	☐	☐
2.	Has your organization suffered a breach of personal information in the last 12 months?	☐	☐
	If yes, please explain.		
3.	Do you post your document retention and destruction policy?	☐	☐
4.	Do you maintain regularly updated computer security measures? *(e.g. fire wall, secured connectivity, virus protection)*	☐	☐
5.	Are your employee, student, and other physical records maintained in a secured environment with limited access?	☐	☐
6.	If you responded **NO** to question 3, 4, or 5, please explain:		

H.   Media Exposures *(Service brochures, Websites, Social Media, etc.)*

	☐ **Not Applicable**	Yes	No
1.	Does your organization create your own advertising, brochures, pamphlets, websites or other materials using photographs taken by you or someone in your organization?	☐	☐
2.	Does your organization sell music or printed materials created, published or produced by someone within your organization?	☐	☐
3.	Does your organization air television, radio or internet broadcast segments *(podcasts/blogs/etc.)*, public service announcements (PSAs) or shows?	☐	☐
4.	**If yes to 1, 2, or 3 above:**		

H. Media Exposures *Continued*   Yes   No

a. 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?   ☐   ☐

b. Frequency of broadcast segments: ☐ N/A   ☐ Daily   ☐ Weekly   ☐ Monthly   ☐ Infrequently

c. Describe all media created, produced or published by your organization:

d. Do you contract with a third party for creation or legal review of any materials?   ☐   ☐

If yes, describe materials subject to review and type of review _____

e. Does your organization carry any type of media liability insurance *(broadcasters' liability, publishers' liability etc.)*?   ☐   ☐

If yes, attach a copy of the declarations page.

I. Owned Property *(Complete if you seek building coverage)*   ☐ **Not Applicable**   Yes   No

1. Is your electrical panel or circuit breaker manufactured by Zinsco or Federal Pacific Stab-Lok?   ☐   ☐

a. Does your facility have aluminum wiring?   ☐   ☐

b. Does the electrical have knob and tube wiring?   ☐   ☐

2. Do you have any solar panels?   ☐   ☐

If yes, please advise wattage (kW)_____   Number of panels_____   Age of panels _____

3. Do you have any air-supported or tension supported buildings?   ☐   ☐

If yes, please advise address _____

Age of building _____   Manufacturer_____

4. Indicate all protective systems:

☐ **Sprinklers:**   If not 100%, indicate areas that are equipped with functioning sprinklers:

Are all sprinkler heads either recessed or protected by sprinkler head guards?   ☐   ☐

☐ **Smoke detectors:**   ☐   Battery Operated   ☐   Hard Wired   ☐   Hard Wired With Battery Back-Up

☐   Carbon Monoxide Detectors

5. Is the property located in an area prone to brush or wildfires?   ☐   ☐

If yes, what controls/risk management are in place to reduce brush, control burn exposure?

6. Do you have any plans for renovations or new construction during the next 2 yrs?   ☐   ☐

If yes, describe:

7. What percentage of your building(s) is vacant, under renovation, unoccupied *(including temporarily)*, or for sale?   ☐ **Not Applicable**   ☐   ☐

If applicable, provide address of building(s).