GREAT AMERICAN INSURANCE GROUP
Specialty Human Services

Autism Family Education and Counseling

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)*
- ☐ Solo Practitioner *(Incorporated)*
- ☐ Corporation *(For-Profit)*
- ☐ Corporation *(Non-profit)*
- ☐ Professional Association
- ☐ Partnership
- ☐ Limited Liability Company (LLC)

	N/A	Yes	No
Is your organization seeking commercial liability insurance for the first time?		☐	☐
Current insurance carrier name _____			
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 _____

A. General Operations and Facilities

1. Provide all applicable information:

   Number of Employees _____ Number of Volunteers _____ Number of Contractors _____

   Annual 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 _____ 18-61 _____ 62+ _____ ☐ **N/A**

	Yes	No
4. Is your organization more than 25% owned by a private equity structure?	☐	☐

   If yes, provide the name of the private equity company _____

5. 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 behavior
- ☐ Individuals with 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**

If yes to any listed above, describe:

A. General Operations and Facilities *Continued*

		Yes	No
6.	Are you applying for insurance to obtain your state license?	☐	☐
	If yes, when do you estimate you will start operations? _____		
7.	Does your organization utilize chemical or physical restraint or confinement techniques?	☐	☐
	a. Do you have policies in place to implement additional safety measures or to refer a client to another provider *(such as a client who is overly aggressive or is diagnosed with a more severe mental disorder which might require more specialized care)*?	☐	☐
	If yes, please explain:		
	Please attach a copy of the procedures and training provided to staff.		
8.	Do parents sign a written agreement that they will 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.	Does your organization have security guards for regular operations?	☐	☐

10. 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.	Does your organization have a risk manager on staff?			☐	☐
2.	Indicate all employee *(and/or volunteer)* screening controls utilized by your organization	**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	☐	☐	☐	☐
	Explain any **No** response _____				
3.	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. 10-digit fingerprint check - State level	☐	☐	☐	☐
	d. 10-digit FBI fingerprint check	☐	☐	☐	☐
	e. Description of other screening methods:				
	Explain any **No** response _____				
4.	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?			☐	☐

B. Management Practices *Continued*

		Yes	No
5.	Does your organization allow volunteers under the age of 18?	☐	☐
	If yes,		
	Does your organization require a Parent or Guardian sign a volunteer waiver and release for those under the age of 18?	☐	☐
	Does your organization require adult supervision for underage volunteers during volunteer duties?	☐	☐
6.	Are all screening controls and background clearance controls completed prior to:		
	a. Hiring employee or accepting volunteer?	☐	☐
	Explain any **NO** responses:		
7.	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

		Yes	No
1.	Describe your relevant experience here or provide your business plan and/or resume when you submit this application.		
2.	Does your organization have a financial plan in place to cover projected expenses?	☐	☐

D. Abuse Section

		Yes	No
1.	Does your organization have written abuse policies?	☐	☐
	If yes, do the policies:		
	a. Communicate a Zero-tolerance approach to inappropriate behaviors	☐	☐
	b. Define appropriate and inappropriate behaviors	☐	☐
	c. Communicate the organization will investigate and cooperate with law enforcement	☐	☐
2.	Does your organization require that employees sign that they have read the organization's written abuse policies and retain the record?	☐	☐
3.	Does your organization enforce the 3-person rule? *This means requiring at least 2 adult employees or volunteers to be with clients at all times and prohibiting any employees and volunteers from being alone with vulnerable clients, including during transportation.*	☐	☐
	If no, explain and include details on controls in place:		
4.	How does your organization monitor client areas? ☐ Surveillance Cameras ☐ Live Stream Cameras ☐ Closed circuit monitors ☐ Staff tours/detours ☐ Office windows ☐ Doors with windows ☐ Not applicable ☐ Other_____		
5.	Does your organization routinely conduct sex offender screening on all employees, volunteers, and contractors?	☐	☐
	If yes, do you collect signed acknowledgements that advise that the individual may be rejected or terminated if a sex offender match occurs?	☐	☐
6.	Does your organization screen employees *(and volunteers)* through a validated criminal data base *(including both background and sex-offender)* prior to:		
	a. Employee or Volunteer contact with client?	☐	☐
	Explain any **NO** responses:		

D. Abuse Section *Continued*

		Yes	No
7.	How frequently does your organization screen employees *(and volunteers)* through a validated criminal data base *(including both background and sex-offender)*? Check all that apply. ☐ Prior to hire ☐ Annually ☐ Biennially ☐ Other_____ ☐ Not applicable		
8.	Does your organization retain employee and volunteer records, including records of background checks?	☐	☐
	If yes, do retain records permanently?	☐	☐
9.	Are you aware of any situations, occurrences, or allegations of abuse that could lead to an abuse claim being made your organization or anyone working on behalf of your organization?	☐	☐
	If yes, explain_____		
10.	Does your organization retain reports of situations, occurrences, and allegations of abuse and the actions taken?	☐	☐
	If yes, does your organization retain records permanently?	☐	☐
11.	Does your organization have a procedure in place for when an employee or volunteer has an allegation or claim made against them for misconduct?	☐	☐
	If yes, what is your procedure for misconduct?		
	If there is an allegation made,		
	a. Does your organization retain the individual on staff?	☐	☐
	b. What corrective action is taken?		
12.	Does your organization have a procedure in place for when a child or client has an allegation or incident of misconduct?	☐	☐
	If yes, what is your procedure for misconduct?		
	If there is an allegation made,		
	a. Does your organization allow the individual to remain in the program?	☐	☐
	b. What additional controls are put in place?		

13. Indicate abuse or molestation prevention training provided:

	No Training Provided	Orientation Training Upon Hire/Affiliation	Annual Awareness Training Provided	Is training documented and retained? Yes	No
Employees	☐	☐	☐	☐	☐
Volunteers	☐	☐	☐	☐	☐
Other_____	☐	☐	☐	☐	☐

14.	Is your organization considered a “Mandated Reporter” by regulatory authorities?	☐	☐
15.	Does your organization work with Praesidium for abuse risk management? ☐ **Not Applicable**	☐	☐
16.	Is your organization contractually obligated to carry abuse and molestation coverage?	☐	☐
	If yes, what limits are required by contract? _____		
	Please attach a copy of the contract.		
17.	Please add any further detail to clarify abuse controls or answers to the above.		

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.	Does your organization 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,**		
	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. Hired and Non-Owned Auto

☐ **Not Applicable**

		Yes	No
	Scheduled Hired and Non-Owned Auto Questions		
1.	Does your organization spend more than $2,500 on vehicle rentals per year? ☐ **Not Applicable**	☐	☐
	If yes, annual cost $ _____		
	a. Are the vehicles leased with a driver *(chartered)*?	☐	☐
	b. Please describe the types of vehicles _____		
2.	Does your organization contract with a third-party bus contractor to transport clients?	☐	☐

F. Hired and Non-Owned Auto *Continued*

		Yes	No
	If yes,		
a.	Does your organization require a certificate of insurance from the bus contractor?	☐	☐
b.	Is your organization named as an additional insured on the bus contractor's insurance policy?	☐	☐
c.	Does the contract contain hold harmless and/ or indemnification wording in your organization's favor?	☐	☐
3.	Provide the total number of employees, volunteers, and contractors using their personal auto for your business needs _____ ☐ **Not Applicable**		
a.	Indicate type of usage *(select all that apply and provide description)*:		
	☐ Errands: ☐ Daily or ☐ Weekly Average Number of trips per week _____		
	☐ Delivery of meals or property: ☐ Daily or ☐ Weekly Average Number of trips per week _____		
	☐ Transportation of others: ☐ Daily or ☐ Weekly Average Number of trips per week _____		
	**If transportation of others is provided, respond to Question #4 in the Owned Auto section.*		
b.	Does your organization require proof of personal auto insurance annually?	☐	☐
c.	Does your organization require at least 100,000 personal auto policy limits?	☐	☐
4.	Does your organization run Motor Vehicle Reports (MVRs) at the time of hire and annually, for all drivers *(including employees and volunteers driving either non-owned vehicles or owned vehicles)*?	☐	☐
5.	Regarding MVR acceptability, 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?	☐	☐
6.	Does your organization have a distracted driver policy in place for all drivers *(including employees and volunteers driving either non-owned vehicles or owned vehicles)*?	☐	☐
	If yes, how is it enforced _____		
7.	Does management have and enforce a written policy restricting use of electronic devices *(including cellphones, smart phone technology)* for all drivers while driving for business purposes?	☐	☐

G. Owned Auto

☐ **Not Applicable**

		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 _____		
2.	Please indicate the types of vehicles used by your organization *(select all applicable)*		
	☐ Owned _____ ☐ Long-term Leased _____		
3.	Does your organization lease or loan owned vehicles out to other entities?	☐	☐
4.	Does your organization provide transportation to any clients, employees, or the general public?	☐	☐
	If yes, describe services _____		
a.	Are strict routes and timetables enforced?	☐	☐
b.	When transporting passengers younger than 18 years of age, are 2 adults present?	☐	☐
c.	Is your organization following all applicable state and federal licensing laws?	☐	☐
d.	Does your organization maintain driver files on CDL licensed drivers?	☐	☐
e.	Do any autos have wheelchair lifts?	☐	☐
f.	How many 12-15 passenger vans are owned? _____		
5.	What types of driver training does your organization provide for drivers?		
	Training Methods: ☐ Document Distribution ☐ Classroom Training ☐ Road Testing ☐ Other _____		

G. Owned Auto *Continued*

		Yes	No
	Training Topics: ☐ Defensive Driving ☐ Distracted Driving ☐ Passenger Van ☐ Weather-Related ☐ Wheelchair lifts ☐ Other_____		
	Training Frequency: ☐ At time of hire ☐ Monthly ☐ Semi-annually ☐ Annually ☐ Randomly *(as needed)* ☐ Other_____		
6.	Does your organization have a dashboard camera installed in all owned vehicles?	☐	☐
	If yes, please indicate the type(s): ☐ Forward facing ☐ Rear cameras		
7.	Does your organization utilize telematics?	☐	☐
	a. **If yes**, on how many vehicles?_____		
	b. Who is the telematics provider? _____		
	c. What types of telematics programs are utilized? ☐ Data Sensors ☐ Integrated GPS Navigation ☐ Wireless Mobile Devices ☐ Other _____		

H. Cyber Suite

☐ **Not Applicable**

		Yes	No
1.	Total number of Employees _____ Number of Total Records _____		
2.	Have you, at any time during the past 36 months, experienced a cyber incident *(hacking, intrusion, malware infection, fraud loss, breach of personal information, extortion, etc.)* that cost you more than $10,000 or experienced a lawsuit or other formal dispute *(with either a private party or government agency)* arising from a cyber incident?	☐	☐
3.	Do you use up-to-date anti-virus and anti-malware protection on all of your endpoints *(desktop, laptops, servers, etc.)*?	☐	☐
4.	Are all of your internet access points secured by firewalls?	☐	☐
5.	Do you restrict employees' and external users' IT systems privilege and access to personal information on a business-need-to-know basis?	☐	☐
6.	Do you perform backups of business critical data on at least a weekly basis?	☐	☐
7.	Do you encrypt all of your mobile devices *(laptops, flash drives, mobile phones, etc.)* and confidential data?	☐	☐

I. Advertising 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:**		
	a. Does your organization 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. Does your organization contract with a third party for creation or legal review of any materials?	☐	☐
	If yes, describe materials subject to review and type of review _____		

I. Advertising Exposures *Continued*

		Yes	No
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.

J. Owned Property *(Complete if you seek building coverage)*

☐ **Not Applicable**

		Yes	No
1.	Please provide the following electrical information:		
a.	Make & manufacturer of electrical panels and breakers _____		
b.	Does your facility have aluminum wiring?	☐	☐
c.	Does your facility have knob and tube wiring?	☐	☐
d.	Please indicate type of panel: ☐ Federal Pacific Electric "Stab-Lock"(FPE) ☐ Zinsco ☐ Challenger ☐ Split-bus ☐ Pushmatic Bulldog ☐ Other _____		
2.	Does your organization have any solar panels?	☐	☐

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

3.	Does your organization 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.	Does your organization have any plans for renovations or new construction during the next 2 yrs?	☐	☐

If yes, describe:

7.	Does your organization have any buildings that are more than 25% vacant, unoccupied *(including temporarily)*, or for sale?	☐	☐

If applicable, provide address of building(s).

Completed by _____ Title _____

Signature _____ Date Completed _____

Email _____ Phone Number _____

Fraud Warning Statement

This Statement is provided to you with the insurance application that you are filing. READ the applicable Fraud Warning Statement for the state in which your application is being made before executing and submitting the attached document to the insurer or your insurance agent.

Applicable in AL, AR, LA, NM, RI, and WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and/or confinement in prison. In Alabama, a person may also be subject to restitution.

Applicable in CO, ME, TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and/or a denial of insurance benefits. In Colorado, penalties may also include civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy- holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in CA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in DC: 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.

Applicable in FL: 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.

Applicable in KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Applicable in MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NY: 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.

Applicable in OH: Any person who, with intent to defraud or knowing that he 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.

Applicable in OK: WARNING: 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.

Applicable in PA: 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.