

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: \_\_\_\_\_
3. Years under current management: \_\_\_\_\_
4. List all accreditations: \_\_\_\_\_
5. Is your organization a non-profit? YES  NO
6. Is your organization or any location operated by you licensed by any regulatory authority? YES  NO   
**If yes,** a. Attach copies of all licenses and most recent inspection reports.  
 b. When were your facilities last inspected? \_\_\_\_\_  
 c. Were any violations or deficiencies noted on your most recent inspection? YES  NO
7. Does your organization:
  - a. Provide adoption or foster placement services? YES  NO
  - b. Provide methadone or detoxification services? YES  NO
  - c. Provide services to sex offenders or those who have acted out sexually? YES  NO
  - d. Provide services to bi-polar, schizophrenic, paranoid, psychotic or severely mentally ill clients? YES  NO
  - e. Provide services to clients that are suicidal or violent? YES  NO
  - f. Provide services to those with alzheimer's or dementia? YES  NO
  - g. Provide alternative sentencing, incarceration or lock-down programs? YES  NO
  - h. Provide medical services (e.g. skilled nursing, medical treatment, etc.)? YES  NO
  - i. Ever use chemical or physical restraints, or restraint techniques on clients or students? YES  NO
  - j. Provide respite care? YES  NO
  - k. Have employed doctors, dentists, psychiatrists or nurse practitioners? YES  NO
  - l. Sponsor rallies, civil demonstrations or protests? YES  NO
  - m. Own or operate tanning beds? YES  NO
  - n. Provide commercial lending services or handle clients' money? YES  NO
  - o. Only provide referrals to other organizations (no direct services)? YES  NO

**If yes** to any listed above, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. 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: \_\_\_\_\_  
 \_\_\_\_\_
9. Does your organization provide services in private homes (e.g. meal delivery, chore assistance, respite care, etc.)? YES  NO   
**If yes,** provide a description of services and how many clients are served: \_\_\_\_\_  
 \_\_\_\_\_
10. Do you accept donations of vehicles of any type? YES  NO   
**If yes,** how are vehicles used?  
 a.  Used in daily operations of organization  Sold directly to the public as a fundraiser  
 Vehicle is titled to an independent broker, when sold, profits are returned to the organization  
 b. How many vehicles do you receive in an average year? \_\_\_\_\_
11. Do you operate a bingo? YES  NO   
**If yes,** provide annual number of attendees: \_\_\_\_\_ and gross revenue: \_\_\_\_\_

12. 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: \_\_\_\_\_
13. If armed security officers are indicated:  
 a. Officers are (indicate all that apply):  Employed  Contracted  
 b. Is insurance in place for the security force (either employed or contracted)? YES  NO   
**If yes**, attach a full copy of insurance policy.
14. Do you have any buildings that are more than 50% vacant or unoccupied? YES  NO
15. 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:  
 \_\_\_\_\_
16. Do you have any plans for renovations or new construction during the next 2 yrs? YES  NO   
**If yes**, describe: \_\_\_\_\_
17. Are portable heaters used in any buildings? YES  NO   
**If yes**, describe type of heater and safety controls: \_\_\_\_\_
18. Do any locations have sprinklers? YES  NO   
**If yes**, are all sprinklers either recessed or protected by sprinkler head guards? YES  NO
19. 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. All Camps

SECTION NOT APPLICABLE

Complete this section if your organization provides any camps (day camps or overnight).

1. Number of days the camp operates per year: \_\_\_\_\_ Average number of campers per day: \_\_\_\_\_  
 2. Number of campers in each age range: \_\_\_\_\_ under 12    \_\_\_\_\_ age 13–16    \_\_\_\_\_ over age 16  
 3. Total number of: \_\_\_\_\_ adult counselors    \_\_\_\_\_ youth counselors

### D. 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

### E. 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

**F. Special Events**

**SECTION NOT APPLICABLE**

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

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

<b>Provide the following information:</b>	<b>EVENT 1</b>	<b>EVENT 2</b>	<b>EVENT 3</b>
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) |   |

- 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
- 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

**G. Liquor or Alcohol Served or Sold**

**SECTION NOT APPLICABLE**

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

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

**H. Athletic Activities**

**SECTION NOT APPLICABLE**

Complete this section if your organization provides any athletic activities.

- 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 organize any or offer league or team sports? YES  NO

**If yes,** total number of registrants and description of sports: \_\_\_\_\_

4. Do you sponsor competitions or teams that participate in competitions? YES  NO

**If yes,** describe: \_\_\_\_\_

5. Do you offer martial arts programs? YES  NO

**If yes,** a. Martial arts are (check all applicable):  Non-contact  Partial contact  Full contact

b. Are any bladed weapons ever used? YES  NO

c. Describe specific types of martial arts offered and safety equipment required: \_\_\_\_\_

6. Do you offer gymnastics programs? YES  NO

**If yes,** a. Describe your gymnastics program, including levels, type of equipment used, number of registered participants: \_\_\_\_\_

b. Describe the mats and crash pads around all equipment and how they are secured in place: \_\_\_\_\_

7. Do you offer skateboarding or own or operate a skate park? YES  NO

**If yes,** a. Describe your skateboarding program and activities, including facility and number of registered participants. Include photos of the skateboarding area. \_\_\_\_\_

b. Is the skateboard facility supervised by your adult employees or volunteers? YES  NO

c. Are all skateboarders required to wear helmets, wrist guards, elbow pads, knee pads, appropriate shoes and clothing? YES  NO

8. 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

9. Do you offer other boating activities? YES  NO

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

b. Are all boaters and skiers required to wear life vests with leg straps? YES  NO

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

**If yes,** a. Describe your skiing and snowboarding activities, including styles, age and number of participants and number of instructors: \_\_\_\_\_

b. Are all ski activities conducted at a commercially operated ski facility? YES  NO

c. Are all skiers required to wear helmets and goggles? YES  NO

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

**If yes,** a. Describe riding activities including locations where riding is done, type of riding, and number of participants registered: \_\_\_\_\_

b. Is jumping or racing prohibited? YES  NO

c. Is riding restricted to an arena or enclosed area? YES  NO

d. Are all riders required to wear riding helmets, appropriate clothing, and shoes? YES  NO

e. Number of horses owned by your organization? \_\_\_\_\_

f. Are all riding activities provided by independent contractors? YES  NO

12. Do you own or operate any rope courses? YES  NO
- If yes,** a. 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. \_\_\_\_\_
- b. Describe the qualifications and training program of your course operators or supervisors: \_\_\_\_\_
- c. Describe safety controls in place: \_\_\_\_\_
- d. Are all participants required to wear a helmet? YES  NO
- e. Is all safety equipment inspected prior to every use? YES  NO
- f. Was course designed, built, and inspected by an ACCT Professional Vendor Member? YES  NO
13. 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? \_\_\_\_\_

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

- If yes,** a. Number of pools on your premises: \_\_\_\_\_  
 b. Provide information on all pools below. If more than 3 pools, please provide information on an attachment.

	POOL 1	POOL 2	POOL 3
Size, location and description:	_____	_____	_____
Indicate number of drains:	_____	_____	_____
Indicate shallow-end depth:	_____	_____	_____
Indicate deep-end depth:	_____	_____	_____
How is depth marked (e.g. painted markers on pool bottom, life line)?	_____	_____	_____
Describe any diving boards, diving platforms, slides or water trampolines:	_____	_____	_____
Indoor?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Enclosed by "child proof" gate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Slip resistant surfacing?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Pool chemicals kept in a dry, ventilated, locked storage area?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does pool have a pump safety shutoff?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Always a certified lifeguard on duty?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Safety equipment easily accessible within the pool area (i.e. hooks, life preservers, kick boards)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone in the pool area with emergency phone numbers posted nearby?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Suspended ceilings above pool?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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

**If yes,** describe surfacing and playground elements: \_\_\_\_\_

16. Do you own or operate any hot tubs or whirlpools? YES  NO

- If yes,** a. Do all hot tubs or whirlpools have at least 2 drains? YES  NO   
 b. Is there a clearly marked emergency pump shutoff switch nearby? YES  NO   
 c. Are temperatures always kept at 104° or less? YES  NO   
 d. Is the hot tub operated on an automatic timer? YES  NO   
 e. Are unsupervised minors prohibited? YES  NO

17. Have all pools and spas been equipped with anti-entrapment drain covers or systems? YES  NO

**If yes,** describe systems installed and date for each pool or spa: \_\_\_\_\_

**I. 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:**

	<b>EMPLOYEES</b>	<b>VOLUNTEERS</b>
	<input type="checkbox"/> NO EMPLOYEES	<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:**

	<b>EMPLOYEES</b>	<b>VOLUNTEERS</b>
	<input type="checkbox"/> NO EMPLOYEES	<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 <b>regardless of time person has resided in the state</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
g. FBI fingerprint check <b>if person has resided in the state less than 5 consecutive years</b>	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

**J. 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

**K. 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. Catheterization, feeding tube maintenance or injection of prescribed medications? YES  NO
  - c. Obstetrical/gynecological services? YES  NO
  - d. Prescription of medications? YES  NO
  - e. Advocacy (representation of individuals in legal proceedings) or legal services? YES  NO
  - f. Crisis intervention (hotline, inpatient, etc.)? YES  NO
  - g. Counseling for those with eating disorders? YES  NO
  - h. One-on-one or peer counseling? YES  NO
  - i. 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):	_____	_____	_____
<b>TOTAL NUMBER:</b>	_____	_____	_____

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 which 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: \_\_\_\_\_