

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. 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.
13. 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: _____
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. Sale or Distribution of Food or Merchandise

SECTION NOT APPLICABLE

1. Does your organization provide services in private homes (e.g. meal delivery, chore assistance, respite care, etc.)? YES NO
2. Goods distributed or sold by the organization: Food New merchandise Used merchandise
3. Food is: Sold – Gross sales: \$ _____ Distributed to individuals – value distributed: \$ _____ pounds distributed: _____
- Distributed to other organizations – value distributed: \$ _____ pounds distributed: _____
4. Merchandise is: Sold – Gross sales: \$ _____ Distributed to individuals – value distributed: \$ _____
- Distributed to other organizations – value distributed: \$ _____
5. Goods arrive at your premises by Other organizations deliver Picked up in owned autos Picked up in personally owned autos
6. Goods are distributed by Picked up at your location by individuals/families Delivered in your owned auto
- Picked up by an organization Delivered in personally owned autos
7. Do you provide any warranties of quality or safety on any food or merchandise? YES NO
8. Do you refurbish, repair, repackage, re-label, remove labels or in any other way modify items (excluding cosmetic changes)? YES NO
9. Are all sales indicated to be "as is?" YES NO
- If yes,** this is indicated by: Signs Receipts Other: _____
10. Does the value of any item for sale exceed \$500? YES NO
- If yes,** describe items: _____
11. Are forklifts used? YES NO
- If yes:** a. Do forklifts have back-up alarms? YES NO b. Are forklift drivers certified to operate forklifts? YES NO
12. Do you publish and enforce housekeeping guidelines? **If yes,** attach copy of housekeeping rules. YES NO

C. 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.

D. 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.**

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) | |

- 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

E. 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

F. Automobile Exposures

SECTION NOT APPLICABLE

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

- Does your organization own or lease autos? YES NO
- 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: _____
- 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

Completed by: _____ Date Completed: _____