

Name of organization: _____ FEIN: _____

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

1. Provide all applicable information:

Payroll: _____ Number of employees: _____ Number of volunteers: _____

Number of client workers: _____ Number of members: _____

2. Years under current management: _____

3. List all accreditations: _____

4. Is your organization a non-profit? YES NO

5. 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

6. 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. Provide commercial lending services or handle clients' money? YES NO

l. Only provide referrals to other organizations (no direct services)? YES NO

m. Provide alternative or complementary medical practices (e.g. acupuncture, chiropractic, herbal remedies, hypnotherapy, healing services, etc.)? YES NO

n. Provide catheterization, feeding tube maintenance or injection of prescribed medications? YES NO

o. Provide obstetrical/gynecological services? YES NO

p. Provide prescription of medications? YES NO

q. Provide advocacy (representation of individuals in legal proceedings) or legal services? YES NO

r. Provide crisis intervention (hotline, inpatient, etc.)? YES NO

s. Provide counseling for those with eating disorders? YES NO

t. Provide one-on-one or peer counseling? YES NO

u. Provide programs for individuals with infectious or contagious disease? YES NO

If yes to any above, provide detailed description of services:

7. 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 Doctors, Dentists, Psychiatrists			
Nurse Practitioners, Physician Assistants			
Medical Students			

8. List number of employees (full or part-time), volunteers and contractors by position: 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:			

9. 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
10. 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
11. Does your current insurance program provide professional liability coverage? YES NO
If yes, is your policy claims made? UNKNOWN YES NO
12. Has any organization employee ever been reprimanded, refused admission or suspended by any association or administrative agency? YES NO
13. Has your organization's license ever been suspended, revoked or made conditional by any association, administrative or regulatory agency? YES NO
14. Have there been any allegations of negligence or failure to comply with any regulatory or licensing guidelines within the past 5 years? YES NO
15. **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: _____