

Specialty Human Services Division RESIDENTIAL QUESTIONNAIRE

	site address:	ities of organiza	ation.				
Α.	Facilities and Operations						
	Indicate number of clients, students or members in each age range: NA0-56-1415-1819-6262-75	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 🗖				
	I. 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)?						
	If yes to any listed above, describe:						
0							
0.	Do you have any mentoring programs that match youth with mentors?	YES 🗖	NO L				
	If yes, a. Is contact required to be in a group setting? b. Provide a description of program and how many clients are served:	YES 🗖	NO 🛄				
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 Used in daily operations of organization 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 🗅 Con	ntracted		
	b. Is insurance in place for the security force (either employers)	yed 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 ☐	Nander-guard ☐ Unarmed security guards		
	☐ Armed security guards ☐ Security cameras ☐ ☐	Other:		
14.	Do you have any buildings that are more than 50% vacant o	r unoccupied?	YES 🖵	NO 🗆
15.	Do you routinely receive donations of real property (land or I	ouildings)?	YES 🖵	NO 🗆
	If yes, describe type of property accepted, condition of pro	perty accepted and usage of property:		
16.	Do you have any plans for renovations or new construction of	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 spri	nkler head guards?	YES 🖵	NO 🗆
19.	Does your organization provide accident insurance for mem	bers or clients?	YES 🖵	NO 🗆
	If yes, a. Insurance company name:	Policy number:		
	Policy period:			
		r clients		
R.	Organizations in Business Less than 3 Years		ION NOT APPLICABL	F
	Complete this section if your organization has not been in business a			
1.	Please list all sources of funding or revenue and amount of f			
	What are total projected expenses for the current fiscal year Attach copies of executive staff résumés.	(p		
C.	Residential or Overnight Housing – All Types	SECT	ION NOT APPLICABL	LE 🗆
	Complete this section if your organization provides overnight housing	g of any type.		
1.	Is property subject to HUD inspection?		YES 🗖	NO 🗆
0	If yes, attach copy of REAC report.			
	Is smoking permitted inside any location?			
٥.	Are all units equipped with smoke detectors?	ested. It havely ired with better pheeless	YES 🗖	NO 🗆
1	If yes, indicate all that apply: hardwired battery oper	-	VEC D	NO E
↔.	Do you have any locations with sleeping areas above the se If yes, are all such buildings 100% sprinklered (including sle		YES 🛄	NO 🗆
5.	Are all units equipped with carbon monoxide detectors?	oping areas):		
	Do you allow grills or fire-pits on patios or balconies?			
	Residential other than Apartments	SECT	ION NOT APPLICABL	
	Complete this section if your organization provides residential or over			
1.	What is your staff to client ratio?			
2.	Are male and female residents separated unless they are pa	irt of the same family?	YES 🗔	NO 🗔
3.				
	TYPE OF CLIENTS NO. OF CLIENTS	TYPE OF CLIENTS NO. OF C	LIENTS	
	Assisted living- seniors or	Respite care		
	developmentally disabled	Shelter – homeless or battered families		
	Half-way house or transitional housing	Shelter – victims of sexual abuse		
	Hospice	Skilled care		
	Independent living – seniors or			
	developmentally disabled	Sober living (post detox)		
	Inpatient crisis center	Other (specify)		
	Residential therapeutic treatment			

4.	Are any residents mentally ill or mentally disordered? If yes, complete chart:	YES 🗖	NO 🗔
	DISORDER TOTAL PERCENTAGE OF RESIDENTS WITH DISORDER		
	□ Autism or related disorders%		
	☐ Cognitive disorders: e.g. delirium, dementia, Alzheimers, or memory problems%		
	☐ Conduct disorders: e.g. vandalism, aggression, truancy, problems with impulse control%		
	☐ Eating disorders: bulimia, anorexia%		
	☐ Mood disorders: e.g. bi-polar, mania, manic depressive, depression%		
	☐ Psychotic disorders: e.g. schizophrenia or schizoaffective disorder, paranoia%		
	☐ Pyromania or fire-starting%		
	☐ Sexual acting out or pedophilia%		
	□ Suicidal or self-injurious%		
	□ Other – describe:		
5.	Number of residents that have eloped, disappeared or gone absent without permission from any of your facilities during the current year and prior two years:		
6.	Do you prohibit acceptance of residents who have been convicted of a violent or sexual crime?	YES 📮	NO 🗖
7.	Does your organization provide assistance with activities of daily living (ADL)?	YES 📮	NO 🗖
	If yes, total number of clients:		
	a. Number of non-ambulatory residents at each location (residents that cannot walk or move without the assistance of a wheelchair, walker or cane): Location 1: Location 2: Location 3: Additional locations:		
	b. Indicate number of clients' by level of functionality in each ADL in the chart below:		
	NUMBER OF CLIENTS THAT PERFORM NUMBER OF CLIENTS THAT PERFORM NUMBER OF CLIENT ADL – ACTIVITIES OF DAILY LIVING WITH NO PHYSICAL ASSISTANCE WITH MINIMAL PHYSICAL ASSISTANCE PERFORM WITHOUT		
	Bathing (sponge, bath or shower)		
	Dressing		
	Toileting		
	Transferring (in/out of bed or chair)		
	Assisting with incontinence		
	Eating		
F.	Pools and Hot Tubs SECTION NOT APP	LICARI	F
	Do you own or operate any swimming pools?	YES 🗖	
	If yes, a. Number of pools on your premises:		

		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 🗖	NO 🗖	YES 🖵	NO 🗔	YES 🔲 NO 🛄		
	Enclosed by "child proof" gate?	YES 🖵	NO 🗖	YES 🖵	NO 🗖	YES 🔲 NO 🖫		
	Slip resistant surfacing?	YES 🖵	NO 🗖	YES 🖵	NO 🗖	YES 🔲 NO 🖫		
	Pool chemicals kept in a dry, ventilated, locked storage area?	YES 🖵	NO 🗖	YES 🗔	NO 🗖	YES 🗋 NO 🗖		
	Does pool have a pump safety shutoff?	YES 🖵	NO 🗖	YES 🖵	NO 🗖	YES 🔲 NO 🖫		
	Always a certified lifeguard on duty?	YES 🗖	NO 🗖	YES 🗖	NO 🗖	YES 🔲 NO 🛄		
	Safety equipment easily accessible within the pool area (i.e. hooks, life preservers, kick boards)?	YES 🗔	NO 🗔	YES 🖵	NO 🗖	YES 🗋 NO 🗋		
	Phone in the pool area with emergency phone numbers posted nearby?	YES 🖵	NO 🗔	YES 🗖	NO 🗖	YES 🔲 NO 🖫		
	Suspended ceilings above pool?	YES 🗔	NO 🗔	YES 🗖	NO 🗔	YES 🗋 NO 🗋		
2.	Do you have any water park playground areas: If yes, describe surfacing and playground eler						YES 🗖	NO 🗖
3.	Do you own or operate any hot tubs or whirlpo						YES 📮	NO 🗖
	If yes, a. Do all hot tubs or whirlpools have a	nt least 2 drai	ns?				YES 🖵	NO 🗖
	b. Is there a clearly marked emergend		off switch ne	arby?			YES 🖵	NO 🗖
	c. Are temperatures always kept at 10						YES 🖵	NO 🗖
	d. Is the hot tub operated on an autore. Are unsupervised minors prohibite						YES 🗖	NO ☐ NO ☐
4.	Have all pools and spas been equipped with a		nt drain cove	rs or systems?			YES 🛄	NO 🗖
	If yes, describe systems installed and date for	•					_	_
F.	Abuse Sensitive Clients, Members, St	udents				SECTION NOT APP	LICABI	LE 🗆
1.	Complete this section if your organization deals direct As respects abuse,	tly with minor o	clients (under a	ge 18), developmei	ntally or physica	lly disabled clients, mentally ill clien	ts or eldei	rly.
	a. Have any claims been filed or allegations of all	ouse been ma	de against yo	ur organization or	anyone workin	g on behalf of your organization?	YES 🖵	NO 🗖
	b. Are you aware of any occurrences that cou	uld lead to a d	claim?				YES 🖵	NO 🗖
	If yes to above, explain:							
2.	Does your organization have written policies th		-		•		YES 🖵	NO 🗖
3.	Does your organization require at least 2 employolunteers from being alone with clients?	oyees or volu	nteers to be	with clients at all	times, prohibi	ting all employees and	YES 🗖	NO 🗖
	If no, explain							

4.	Inc	licate all employee and volunteer screening controls used by your organization	:					
	Pı	rovide the following information:	EMPLOYEES NO EMPLOYEES	VOLUNTEERS ☐ NO VOLUNTEERS				
	a.	Written applications required	YES 🗋 NO 🗋	YES 🗋 NO 🗋				
	b.	Picture ID required	YES 🔲 NO 🖫	YES 🗋 NO 🗋				
	C.	Personal interviews conducted	YES 🔲 NO 🖵	YES 🔲 NO 🗋				
	d.	Personal references checked	YES 🔲 NO 🗖	YES 🔲 NO 🖫				
	e.	At least 5 years of employment history verified	YES 🔲 NO 🗖	YES 🔲 NO 🖫				
	f.	Education of professionals verified	YES 🗋 NO 🗋	YES NO D				
	g.	Licensing/certification of professionals verified	YES NO	YES NO				
Ехр	-	any NO responses:						
 5.	Inc	licate all background checks which are conducted:						
		rovide the following information:	EMPLOYEES NO EMPLOYEES	VOLUNTEERS ☐ NO VOLUNTEERS				
	a.	No background checks conducted	YES 🗖 NO 🗖	YES 🔲 NO 🖫				
	b.	Name check – local level	YES 🗋 NO 🗋	YES 🗋 NO 🗖				
	C.	Name check – state level	YES 🗋 NO 🗖	YES 🗖 NO 🗖				
	d.	Name check – national level (e.g. using online vendor services)	YES 🗋 NO 🗋	YES 🗋 NO 🗋				
	e.	State level 10-digit fingerprint check	YES 🗋 NO 🗋	YES 🗋 NO 🗋				
	f.	FBI fingerprint check regardless of time person has resided in the state	YES 🔲 NO 🗖	YES 🗋 NO 🗋				
	g.	FBI fingerprint check if person has resided in the state less than 5 consecutive years	YES 🗖 NO 🗖	YES 🗓 NO 🖟				
	h.	FBI fingerprint check – other criteria – describe:						
	i.	Description of other screening methods:						
0		•						
6.		e all controls indicated in 4 and 5 above completed prior to:						
	a.	Hiring employee or accepting volunteer?			YES 🗖			
	b.	Employee or volunteer contact with client?			YES 🗖	NO 🗖		
_	_	Explain any NO responses:						
7.		applications contain a notice that a criminal background check may be run or			YES 🗖	NO 🗖		
8.		res, does application advise applicant that they may be rejected or terminated w long are employee and volunteer records, including record of background c		ceptable background check?	YES 🗋	NO 🛄		
		Number of years: Permanently						
G.		ofessional Liability		SECTION NOT A	PPLICABI	LE 🗆		
		mplete this section if your organization would like a quote for professional liability.						
١.		es your organization provide:	atio barbal ramas	line bypnethereny beeling				
	 Alternative or complementary medical practices (e.g. acupuncture, chiropractic, herbal remedies, hypnotherapy, healing services, etc.)? 							
	b.	Catheterization, feeding tube maintenance or injection of prescribed medicat	ions?		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	6?		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? If yes to any above, provide detailed description of services:			YES 🛄	NO 🛄		
2.		licate if any of the following types of professionals work for your organization.	f your organizati	on employs professionals in				
	th	ese positions, contact your agent before proceeding:						
		NAME OF POSITION EMPLOYEES Madical Deptar Deptist Psychiatrist	VOLUNTEERS	S CONTRACTORS				
		Medical Doctor, Dentist, Psychiatrist Nurse Practioner, Physician Assistant						
		Medical Students						

Name or Position Search Open	3.	List number of employees (full or part-time), volunteers and of	contractors by p	oosition: 🗅 Check if o	organization has no degre	ed profession	nals.	
Health care professionals (ag. CNA, LPN, RN, speech throughts, could) on throughts, could on the hope to the country of the co		NAME OF POSITION	EMPLOYEES	VOLUNTEERS	CONTRACTORS			
special trianglets, occupations theraplets, otc) Teachers, disysters workers Special extraction treachers, guidence counselors worklined transports of counselors Mental health profits professionals (e.g., psychologists, social workers, pursuance) Student interns under your supervision Other degreed professionals (Describe degree lovel and postionals) TOTAL NUMBER: 1. Of the employees, volunteers and contractors listed above, do any carry their own professional liability insurance? 1. Of the employees, volunteers and contractors listed above, do any carry their own professional liability insurance? 2. Of the employees, volunteers and contractors listed above, do any carry their own professional liability insurance? 3. Do you mark fain copies of licenses for all employed, volunteers and contracted professionals who are required to be licensed? 4. Of the employees, volunteers in place to verify current insurance is maintained at all times? 5. Do you mark fain copies of licenses for all employed, volunteers and contracted professionals who are required to be licensed? 5. Do you professional insurance is maintained and contracted professionals who are required to be licensed? 6. Head you professional section to verify current insurance is maintained? 7. Head you professional section to verify current insurance is maintained? 8. Head your professional section to verify current licenses are maintained? 9. Head there can any allogation of professional distributions of insurance and conditionally any association and animistrative or requisitory agency? 9. No. 9. Have there been any objection of insurance on the professional and insurance and conditionally agency or licensing guideline within the past agency? 9. No. 9. Have there been any objection of insurance and professional and professional liability coverage, is your organization aware of any orounstances that may require any included to be covered by this policy? 9. An all allocation and professional liability coverage, is your organization of a		Clergy						
Special extraction treachers, guidance courselors courselors vocalisation treachers, guidance courselors vocalisation (courselors) Mental health professionals (e.g. psychologists, social volutions, courselors) Student interns under your supervision Other degreed professionals (Bescribe degree level and positions) TOTAL NUMBER; 1. Of the employees, voluntieers and contractors listed above, do any carry their own professional flability insurance? 1. Of the employees, voluntieers and contractors listed above, do any carry their own professional flability insurance? 1. On the employees, voluntieers and contractors listed above, do any carry their own professional flability insurance? 1. On the employees, voluntieers and contractors insurance is maintained at all times? 2. Do you maintain copies of licenses for all employed, voluntiers and contractors professionals who are required to be licensed? 3. Do you maintain copies of licenses for all employed, voluntiers and contractors professionals who are required to be licensed? 4. Has your corporation's litenses ever been suspended, evolved or make conditional by any association or administrative agency? 5. Has your operation's litenses ever been suspended, evolved or make conditional by any association or administrative agency? 6. Has your operation in the past of registers or incoming guidelines within the past Syears? 7. Has any organization's litenses ever been analysed to comply with any regulatory or licensing guidelines within the past Syears? 8. Has your operation professions of negligence or failure to comply with any regulatory or licensing guidelines within the past Syears? 8. Has your operation professions of negligence or failure to comply with any regulatory or licensing guidelines within the past Syears? 9. Has understands a section of the past of the versa against your organization or any individual to be covered by this policy? 1. Does your organization in cliens a submitted owned, non-owned or hired automobile coverage to as. 1. Doe								
Counselors, vocational counselors Mental health professionals (e.g. psychologists, social workers, counselors) Student interior under your supervision Other dagreed level and position; TOTAL Humser. 4. Of the employees, volunteers and contractors listed above, do any carry their own professional liability insurance? 4. Of the employees, volunteers and contractors listed above, do any carry their own professional liability insurance? 4. Of the employees, volunteers and contractors listed above, do any carry their own professional liability processions. The procedures in place to verify current insurance is maintained at all times? 5. Do you maintain copies of icenses for all employed, volunteer and contractor professionals who are required to be licensed? 6. Does your current insurance program provide professional liability coverage? 7. He says in grap policy claims made? 8. If yes, it yes procedures in place to verify current insurance? 9. He yes, it yes profest plains made? 9. Leves provide professional liability coverage? 10. As any organization is certificated, excluded admission or suspended by any association or administrative agency? 11. He say in organization is certificated, excluded admission or suspended by any association administrative agency? 12. He has your organization is certificated, excluded admission or suspended by any association administrative or regulatory agency? 13. He has your organization is certificated, excluded a professional professional professional liability coverage, by your organization is certificated, and the formal professional liability coverage, by your organization or any individual to be covered by the public? 10. As respects professional liability coverage, by your organization or any individual to be covered by the public? 11. Automobile Questionnaire 12. Are all autos submitted for coverage littled to the organization? 13. Proce your organization spend more than \$2,500 on vehicle rentals per year? 14. Yes, and autos submitted for coverage intere		Teachers, daycare workers						
Student inferems under your supervision Other degree level and position; TOTAL NUMBER; TOTAL N								
Other degree level and position): TOTAL NUMBER: 4. Of the employees, volunteers and contractors listed above, do any carry their own professional liability insurance? 19. Op you maintain copies of licenses for all employed, volunteer and contractor professionals who are required to be licensed? 19. Do you maintain copies of licenses for all employed, volunteer and contractor professionals who are required to be licensed? 19. Do you maintain copies of licenses for all employed, volunteer and contractor professionals who are required to be licensed? 19. Does your current linearance program provide professional liability coverage? 19. Hays, is your policy claims made? 19. Hays ary organization employee ever been reprimanded, refused admission or suspended by any association or administrative agency? 19. Has any organization is license ever been reprimanded, refused admission or suspended by any association or administrative agency? 19. Has any organization is license ever been suspended, revixed or made conditional by any association or administrative agency? 19. Have there been any ellegistions of negligence or failure to comply with any regulatory or licenses guidelines within the past if years? 19. Have there been any ellegistions of negligence or failure to comply with any regulatory or licenses guidelines within the past if years? 10. As respects professional liability overage, is your organization aware of any dicturnal and a distribution or any individual to be covered by this policy? 19. Automobile Questionalire 20. Do you provide this excitors if your organization has submitted owned, non-owned or bired automobile coverage to us. 21. Does your organization own or lesse autos? 22. Are all autos submitted for coverage titled to the organization? 23. Do any autob have whiselchair litts? 24. Are all autos submitted for overage titled to the organization and list the titled owner: 25. Do any autob have whiselchair litts? 26. Do any employees or volunteers use their personal automobiles on								
degree level and position): TOTAL NUMBER: 4. Of the employees, volunteers and contractors listed above, do any carry their own professional liability insurance? 4. Of the employees, volunteers in place to verify current insurance is maintained at all times? 5. De you maintain copies of licenses for all employed, volunteer and contracted professionals who are required to be licensed? 4. See you current insurance is place to verify current licenses are maintained? 4. Dees you current insurance program provide professional liability coverage? 4. Place is your policy claims made? 7. Has any organization employee ever been reprimanded, effused admission or suspended by any association or administrative energiagency? 8. Has your organization incorpose ever been suspended, recived or made conditional by any association, administrative or regulatory egency? 9. Have there been any allegations of negligence or failure to comply with any regulatory or licensing guidelines within the past 5 years? 9. Have there been any allegations of negligence or failure to comply with any regulatory or licensing guidelines within the past 5 years? 9. No large the professional liability coverage, is your organization aware of any claims at that my result in sum bring 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? 8. Automobile Questionnaire 8. SECTION NOT APPLICABLE Conglete this section 6 your organization has submitted owned, non-owned or fried automobile coverage to us. 1. Does your organization own or lease autors? 4. Do you provide transportation to any clients, members or the general public? 4. Do you provide transportation to any clients, members or the general public? 4. Do you provide transportation to any clients, members or the general public? 4. Do you provide transportation for the people and provide provided to the organization, either on a daily or weekly basis? 9. Do any employees or volunteers use t		Student interns under your supervision						
4. Of the employees, volunteers and contractors listed above, do any carry their own professional liability insurance? 18 yes, are procedures in place to verify current insurance is maintained at all times? 19 Joy our maintain copies of licenses for all employed, volunteer and contracted professionals who are required to be licensed? 19 Joy our maintain copies of licenses for all employed, volunteer and contracted professionals who are required to be licensed? 19 Joy our current insurance program provide professional liability coverage? 19 Joy our polity claims made? 10 Joy our polity claims made? 10 Joy our polity claims made? 11 Has any organization employee ever been reprimanded, refused admission or suspended by any association or administrative agency? 10 Joy of the separative several polity of the service of made conditional by any association, administrative or regulatory organization peaks of the service of the service of made conditional by any association, administrative or regulatory organization peaks of the service of		· · · · · · · · · · · · · · · · · · ·						
If yes, are procedures in place to verify current insurance is maintained at all times? Yes No Op 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 Yes No Yes No Yes No If yes, is your policy dains made? Unixavown Yes No No Yes No No Yes Yes No Yes No Yes No Yes No Yes Yes No Yes		TOTAL NUMBER:						
5. Do you maintain copies of licenses for all employed, volunteer and contracted professionals who are required to be licensed? If yes, are procedures in place to verify current licenses are maintained? PES No If yes, is your policy claims made? If yes your policy claims made? If yes your policy claims made? If yes, a lattended it is your organization has submitted owned, non-owned or hired automobile coverage to us. If yes, describe which autos are not titled to the organization? If yes, describe wheelchair lift training provided to drivers: If yes, describe wheelchair lifts? If yes, describe wheelchair lifts? If yes, an unual cost: \$ Do any employees or volunteers use their personal automobiles on behalf of the organization, either on a daily or weekly basis? If yes, an unual cost: \$ Do any employees or volunteers use their personal automobiles on behalf of the organization, at each policy renewal? Do any employees or volunteers use their personal automobiles on behalf of the organization, at each policy renewal? Do as your organization require proof of personal autos which your organization, at each policy renewal? Does your organization have a minimum requirement for personal auto policy limits? If yes, included their personal autos on your behalf? Does your organization require proof of persona	4.				ability insurance?			
If yes, are procedures in place to verify current licenses are maintained?	5.				are required to be license			
If yes, is your policy claims made?								
7. Has any organization employee ever been reprimanded, refused admission or suspended by any association or administrative agency? 8. Has your organization's license ever been suspended, revoked or made conditional by any association, administrative agency? 9. Have there been any allegations of negligence or failure to comply with any regulatory or licensing guidelines within the past 5 years? 10. As respects professional liability coverage, is your organization aware of any circumstances that may result in a claim being made or any dalime or sults which have been made during the past five years against your organization or any individual to be covered by this pollor? 11. Does your organization as submitted owned, non-owned or hired automobile coverage to us. 12. Does your organization on or lease autos? 13. Do any autos have wheelchair lifts? 14. Do you provide transportation to any clients, members or the general public? 15. Does your organization spend more than \$2,500 on vehicle rentals per year? 16. Do any amployees or volunteers use their personal automobiles on behalf of the organization, either on a daily or weekly basis? 16. Do any employees or volunteers use their personal automobiles on behalf of the organization, either on a daily or weekly basis? 16. Do any employees or volunteers use their personal automobiles on behalf of the organization, either on a daily or weekly basis? 16. Do any employees or volunteers use their personal automobiles on behalf of the organization, either on a daily or weekly basis? 17. Does your organization require proof of personal autos: 18. Does your organization require personal automobiles on vehicles driven for your organization, at each policy renewal? 28. Do Does your organization have a minimum requirement for personal auto policy limits? 29. Hyes, indicate they are minimum limits you require: 20. Does your organization are required to personal automobiles on vehicles driven for your organization. 29. Does your organization are required to person	6.	Does your current insurance program provide professional li	iability coverage	9?			YES 🖵	NO 🗖
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If yes, a. Number that have daily or weekly usage of personal autos: employees volunteers b. Indicate type of usage: Errands	6	- ,					\/F0 □	NO []
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□ 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? d. Does your organization have a minimum requirement for personal auto policy limits? If yes, indicate minimum limits you require: 7. Does your organization run annual MVRs on: a. Those who drive your autos? b. Those who drive their personal autos on your behalf? YES □ NO □ YES □ NO □ YES □ NO □			onal autos:	employees	volunteers			
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b. Those who drive their personal autos on your behalf?	7.							
		a. Those who drive your autos?					YES 🖵	NO 🗖
		b. Those who drive their personal autos on your behalf?					YES 🖵	NO 🗖
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