

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:
- Officers are (indicate all that apply): Employed Contracted
 - 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. 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. Outdoor Playgrounds or Other Outdoor Property SECTION NOT APPLICABLE

Complete this section if your organization has any outdoor playgrounds or property.

1. Does your organization have outdoor play equipment at any location? YES NO
- If yes,** a. Was all equipment manufactured by a commercial manufacturer? YES NO
- b. Was all equipment installed by an insured contractor? YES NO
2. Does your organization have any other type of outdoor property or equipment? YES NO
- If yes,** describe type of property or equipment, the location and the value below. If additional space is required, provide an attachment or list on the Acord Property application.
- _____
- _____

D. 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,
- Have any claims been filed or allegations of abuse been made against your organization or anyone working on behalf of your organization? YES NO
 - 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:

| | EMPLOYEES | VOLUNTEERS |
|--|--|--|
| | <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:

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

E. Liquor or Alcohol Served or Sold **SECTION NOT APPLICABLE**

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

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

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.**

| 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

G. 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

- 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: _____

H. 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): | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| TOTAL NUMBER: | _____ | _____ | _____ |

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

I. 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

Completed by: _____ Date Completed: _____