

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. 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. Provide all applicable information:
 - Payroll: _____ Number of employees: _____ Number of volunteers: _____
 - Number of client workers: _____ Number of members: _____
7. Number of: Supervisors/trainers: _____ Total clients per day: _____
8. Number of: Physically disabled: _____ Mentally disabled: _____
9. Number of job coaches you employ: _____ Payroll for job coaches: \$ _____
10. Level of clients' disability – check all applicable: None Mild Moderate Severe/Profound
11. Total annual sales from workshop: \$ _____ Annual sales from recycling: \$ _____
12. Total annual payroll to clients: For janitorial services: \$ _____ For landscaping services: \$ _____
Total payroll to all clients: \$ _____
13. Does your organization pay clients at least minimum wage for their work? YES NO
14. Are all client workers covered under your workers compensation policy? YES NO
 - If no,** are clients covered under any other organization's workers compensation? YES NO
15. Do you perform component assembly or manufacturing for other companies? YES NO
 - If yes,** a. Are any components assembled or products manufactured for the auto, truck, aircraft or aerospace industry? YES NO
 - b. Attach a list of all companies and all products for each company.
 - c. Are written contracts in place for all work? YES NO
 - d. Do all contracts contain "hold harmless" clause in favor of your organization? YES NO
16. Do you store or warehouse either product components or completed products? YES NO
 - If yes,** list all storage locations and area on the GL ACORD application.
17. Indicate all activities your clients participate in:

<input type="checkbox"/> Commercial cooking	<input type="checkbox"/> Laundry services or sewing	<input type="checkbox"/> Silk-screening or spray painting
<input type="checkbox"/> Construction trades (framing, roofing, etc.)	<input type="checkbox"/> Light office work, packaging or assembly	<input type="checkbox"/> Use of flammable or corrosive chemicals
<input type="checkbox"/> Electrical component wiring	<input type="checkbox"/> Recycling-processing	<input type="checkbox"/> Use of power tools or wood-working
<input type="checkbox"/> Heat sealing, shrink-wrapping	<input type="checkbox"/> Recycling-sorting only	<input type="checkbox"/> Use of scaffolding
<input type="checkbox"/> Janitorial or landscaping	<input type="checkbox"/> Repair of appliances or vehicles (cars, bikes, etc.)	<input type="checkbox"/> Welding
<input type="checkbox"/> Use of bailing machinery, conveyer systems, presses, press brakes or metal shearing machinery		
<input type="checkbox"/> Other: _____		
18. Do you have a safety coordinator? YES NO
19. Do you have an orientation program which all staff and regularly scheduled volunteers complete within their first month at the facility? YES NO
 - If yes,** does orientation include:
 - a. A review of the facility's safety procedures? YES NO
 - b. Training in emergency procedures (including first aid)? YES NO
 - c. Job responsibilities? YES NO
20. 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: _____

21. 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: _____

22. 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: _____

23. 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? _____

24. Do you operate a bingo? YES NO

If yes, provide annual number of attendees: _____ and gross revenue: _____

25. 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.

26. 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: _____

27. Do you have any buildings that are more than 50% vacant or unoccupied? YES NO

28. 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:

29. Do you have any plans for renovations or new construction during the next 2 yrs? YES NO

If yes, describe: _____

30. Are portable heaters used in any buildings? YES NO

If yes, describe type of heater and safety controls: _____

31. Do any locations have sprinklers? YES NO

If yes, are all sprinklers either recessed or protected by sprinkler head guards? YES NO

32. 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. Sale or Distribution of Food or Merchandise**SECTION NOT APPLICABLE** *Complete this section if your organization sells food or merchandise or donates food or merchandise to others.*

1. Goods distributed or sold by the organization: Food New merchandise Used merchandise

2. Food is: Sold – Gross sales: \$ _____ Distributed to individuals – value distributed: \$ _____ pounds distributed: _____

Distributed to other organizations – value distributed: \$ _____ pounds distributed: _____

3. Merchandise is: Sold – Gross sales: \$ _____ Distributed to individuals – value distributed: \$ _____

Distributed to other organizations – value distributed: \$ _____

4. Goods arrive at your premises by Other organizations deliver Picked up in owned autos Picked up in personally owned autos

5. 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

6. Do you provide any warranties of quality or safety on any food or merchandise? YES NO

7. Do you refurbish, repair, repackage, re-label, remove labels or in any other way modify items (excluding cosmetic changes)? YES NO

8. Are all sales indicated to be “as is?” YES NO

If yes, this is indicated by: Signs Receipts Other: _____

9. Does the value of any item for sale exceed \$500? YES NO

If yes, describe items: _____

10. 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

11. Do you publish and enforce housekeeping guidelines? **If yes**, attach copy of housekeeping rules. YES NO

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,

- 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:**EMPLOYEES****VOLUNTEERS** NO EMPLOYEES 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

- g. Licensing/certification of professionals verified YES NO YES NO

Explain any **NO** responses: _____

5. Indicate all background checks which are conducted:

Provide 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: _____

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. 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

F. 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

G. Special Events

SECTION NOT APPLICABLE

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

1. Total number of events: _____
2. 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) | |

3. 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
4. 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

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

Completed by: _____ Date Completed: _____