

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Application
For
Social Services Organization

1. Name of Applicant _____
 Street Address _____
 City _____ State _____ Zip _____
 Applicant's Web Site Address _____
2. Provide full description of operations: _____

3. Obtain and attach literature, brochures and mission statement.
4. Type of entity: For Profit Non Profit Government Other
5. Number of years in operation: _____ Years under present management: _____
 Licensed by: _____ State licensed in: _____
 Was license ever suspended or revoked? Yes No If yes, provide details: _____
6. Primary funding source: _____ Annual payroll: _____
7. Annual operating budget (non profit): _____ Gross sales (for profit): _____
8. Number of clients/customers per year: _____ What is your annual staff turnover rate? _____
9. Are you accredited? Yes No If yes, by whom? _____
 Has your organization ever lost accreditation? Yes No If yes, provide details: _____
10. Are you a member of any professional organizations? _____
11. Do you sponsor any special funding-raising events? Yes No
 Provide full details (location, dates, attendance, description of events, etc.) _____
12. Are alcoholic beverages served? Yes No If yes, do you have liquor liability coverage? Yes No
13. Have you ever discontinued any programs? Yes No If yes, explain: _____
14. Do you provide 24-hour residential care? Yes No If yes, complete institutional care application.
 Do you provide counseling services? Yes No If yes, complete counseling center application.
 Do you provide childcare services? Yes No If yes, complete daycare application.
 Do you operate a camp? Yes No If yes, complete camp application.
 Do you operate a foster care program? Yes No If yes, complete foster care application.
 Describe the work performed: _____
 Do you perform any adoption services? Yes No If yes, what is the percentage? _____
 Are they domestic or overseas? _____

15. Do you operate or sponsor a rope confidence-building course? Yes No

If yes, provide details: _____

16. Do you operate or sponsor a therapeutic wilderness program for teens that are experiencing emotional/behavioral problems?

Yes No If yes, provide details: _____

17. Are you involved in any contracting operations? Yes No If yes, provide details: _____

18. Do you provide any legal or financial advocacy services? Yes No

19. Do you provide any CASA services? Yes No

20. Do you provide supervised visitation services? Yes No

21. Complete list of staff: # of employees _____ # of Volunteers _____

Positions	Number Employed	Number Contracted	Number of Volunteers
Physicians			
Psychiatrists			
Psychologists			
Administrators			
Counselors			
Nurses			
Social Workers			
Teachers			
Therapists			
Clergy			
Others (list)			

22. Are certificates of malpractice insurance obtained from all contracted service providers? Yes No

23. Do nurses carry their own professional coverage? Yes No

If yes, what are the limits carried _____

24. Provide number of participants:

Category	Number	Category	Number
Mental Retardation		Homeless	
Autistic		Alcohol/Drug	
Cerebral palsy		Others (List)	
Down's Syndrome			
Elderly			
Brain Injury			
Psychiatric Disabilities			
Abuse			

25. Prior insurance carrier and loss history (If none, check here [].)

Year	Insurance Company	Policy Number And Premium	Loss Paid & Reserved	Loss Description

26. During the past three years, have any claims been presented to your current carrier? [] Yes [] No

If yes, provide details including description of claim, amounts paid and reserves: _____

27. Has applicant, or any other person for whom insurance is being requested, result in a claim? [] Yes [] No

If yes, provide full details: _____

28. Is the applicant, or any other person for whom insurance is being requested, had any liability application denied, policy cancelled or policy not renewed in past three years? [] Yes [] No

If yes, provide full details: _____

29. Limits of insurance requested:

- General Aggregate Limit (Other than Products-Completed Operations) \$ _____
- Products-Completed Operations Aggregate Limit \$ _____
- Personal and Advertising Injury Limit \$ _____ any one person or organization
- Each Occurrence Limit \$ _____
- Damage to Premises Rented to You (Up to \$50,000 limit available) \$ _____ any one premise
- Medical Expense Limit (Up to \$5,000 limit available) \$ _____ any one person
- Each Professional Incident Limit (if applicable) \$ _____

30. Effective Dates Desired: From: _____ To: _____

IF SEXUAL MOLESTATION COVERAGE IS DESIRED, PLEASE ANSWER THE FOLLOWING QUESTIONS:

31. Please indicate the Sexual Molestation sublimit wanted:

- [] \$25,000/25,000 [] \$25,000/50,000 [] \$50,000/50,000 [] \$50,000/100,000
- [] \$100,000/100,000 [] \$100,000/300,000 [] \$300,000/300,000

32. Please describe your hiring practices: _____

33. Do you have written guidelines regarding sexual misconduct? [] Yes [] No

34. What steps have you taken to prevent or avoid a sexual misconduct incident? _____

35. Has any employee or volunteer or other person working for you ever been arrested or convicted of a crime? [] Yes [] No

If yes, provide details: _____

36. Has your organization had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct? [] Yes [] No

If yes, provide details: _____

37. Has any organization that you have been associated with in the past ever had any incidents occur or claims brought against it while you were there? [] Yes [] No

If yes, provide details: _____

Notice to applicants: In most states any person who knowingly and with intent to defraud files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material hereto, commits a fraudulent act, which is a crime.

APPLICANT'S SIGNATURE _____ DATE _____

AGENT'S SIGNATURE _____ DATE _____

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.