

This is an optional SHS Questionnaire which replaces all other SHS questionnaires. ACORDS are still required.

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

- 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+
- Provide all applicable information:

Payroll: \_\_\_\_\_ Number of employees: \_\_\_\_\_ Number of volunteers: \_\_\_\_\_

Number of client workers: \_\_\_\_\_ Number of members: \_\_\_\_\_

- Years under current management: \_\_\_\_\_

- List all accreditations: \_\_\_\_\_

- Is your organization a non-profit?  YES  NO

- 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

- Does your organization:

- Provide adoption or foster placement services?  YES  NO
- Provide methadone or detoxification services?  YES  NO
- Provide services to sex offenders or those who have acted out sexually?  YES  NO
- Provide services to bi-polar, schizophrenic, paranoid, psychotic or severely mentally ill clients?  YES  NO
- Provide services to clients that are suicidal or violent?  YES  NO
- Provide services to those with Alzheimer's or dementia?  YES  NO
- Provide alternative sentencing, incarceration or lock-down programs?  YES  NO
- Provide medical services (e.g. skilled nursing, medical treatment, etc.)?  YES  NO
- Ever use chemical or physical restraints, or restraint techniques on clients or students?  YES  NO
- Provide respite care?  YES  NO
- Have employed doctors, dentists, psychiatrists or nurse practitioners?  YES  NO
- Sponsor rallies, civil demonstrations or protests?  YES  NO
- Own or operate tanning beds?  YES  NO
- Provide commercial lending services or handle clients' money?  YES  NO
- Only provide referrals to other organizations (no direct services)?  YES  NO

If yes to any listed above, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 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: \_\_\_\_\_

- 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: \_\_\_\_\_

- Do you accept donations of vehicles of any type?

YES  NO

If yes, how are vehicles used?

- 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
- 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. 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: \_\_\_\_\_
13. 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.
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. Facility Rental

**SECTION NOT APPLICABLE**

*Complete this section if your organization rents your premises to others.*

1. Number of times a year your premises is rented, either for a fee or at no cost? \_\_\_\_\_ YES  NO
2. Are all renters required to sign written rental contract? YES  NO
- If yes**, a. Does your rental agreement contain "hold harmless" clause in your favor? YES  NO   
b. Does your contract require you to be named as additional insured on the renter's policy? YES  NO   
c. Does agreement make the renter responsible for security during rental period? YES  NO
3. Are all renters required to submit a certificate of insurance or a copy of the declarations page as proof of liability coverage? YES  NO
4. Do you rent premises to those that do not carry liability insurance? YES  NO

#### E. Media Exposures

**SECTION NOT APPLICABLE**

*Complete this section if your organization (check all applicable):*

- Creates your own advertising, brochures, pamphlets, websites or other materials using photographs taken by you or someone in your organization.  
 Sells music or printed materials created, published or produced by someone within your organization.  
 Airs television, radio or internet broadcast segments, public service announcements (PSAs) or shows.

- Do you always obtain written waivers that specifically release your organization from all liability arising from personal or advertising injury, prior to using the likeness of others (e.g. pictures) or prior to using the work product of others?  YES  NO
- Frequency of broadcast segments:  N/A  Daily  Weekly  Monthly  Infrequently
- Describe all media created, produced or published by your organization: \_\_\_\_\_
- Do you employ a contractor for creation or legal review of any materials?  YES  NO

If yes, describe materials subject to review and type of review: \_\_\_\_\_

- Does your organization carry any type of media liability insurance (broadcasters' liability, publishers' liability etc.)?  YES  NO

If yes, attach a copy of the declarations page.

#### F. 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.*

- 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: \_\_\_\_\_
- Does your organization have written policies that require known or suspected abuse incidents be reported to proper authorities?  YES  NO
- 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 \_\_\_\_\_

- Indicate all employee and volunteer screening controls used by your organization:

##### Provide the following information:

<b>EMPLOYEES</b>	<b>VOLUNTEERS</b>
<input type="checkbox"/> NO EMPLOYEES	<input type="checkbox"/> NO VOLUNTEERS
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Explain any NO responses: \_\_\_\_\_

- Indicate all background checks which are conducted:

##### Provide the following information:

<b>EMPLOYEES</b>	<b>VOLUNTEERS</b>
<input type="checkbox"/> NO EMPLOYEES	<input type="checkbox"/> NO VOLUNTEERS
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

a. No background checks conducted

YES  NO

b. Name check – local level

YES  NO

c. Name check – state level

YES  NO

d. Name check – national level (e.g. using online vendor services)

YES  NO

e. State level 10-digit fingerprint check

YES  NO

f. FBI fingerprint check **regardless of time person has resided in the state**

YES  NO

g. FBI fingerprint check **if person has resided in the state less than 5 consecutive years**

YES  NO

h. FBI fingerprint check – other criteria – describe: \_\_\_\_\_

i. Description of other screening methods: \_\_\_\_\_

- 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: \_\_\_\_\_

- 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

- How long are employee and volunteer records, including record of background checks, retained?

Number of years: \_\_\_\_\_

Permanently

**G. 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: \_\_\_\_\_  YES  NO
3. Do any autos have wheelchair lifts? \_\_\_\_\_  YES  NO
- If yes, describe wheelchair lift training provided to drivers: \_\_\_\_\_  YES  NO
4. Do you provide transportation to any clients, members or the general public?  YES  NO
- If yes, describe: \_\_\_\_\_  YES  NO
5. Does your organization spend more than \$2,500 on vehicle rentals per year?  YES  NO
- If yes, annual cost: \$ \_\_\_\_\_  YES  NO
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  YES  NO
- 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: \_\_\_\_\_ YES  NO
- 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: \_\_\_\_\_  YES  NO

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

**H. 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

**I. 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

**J. 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.**

<b>Provide the following information:</b>	<b>EVENT 1</b>	<b>EVENT 2</b>	<b>EVENT 3</b>
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<br>(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
- 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

**K. Animal Rescue, Shelter, Humane Society or SPCA****SECTION NOT APPLICABLE** 

Complete this section if your organization provides animal shelter services.

1. Indicate all of the following operations or services you provide:
 

<input type="checkbox"/> Gift Shop – gross sales: \$ _____	<input type="checkbox"/> Pet Training – gross sales: \$ _____
<input type="checkbox"/> Pet Grooming – gross sales: \$ _____	
2. Number of kennels, cages or compartments on your premises: \_\_\_\_\_
3. Does your organization provide shelter for large, wild or exotic animals? YES  NO
4. Total number of: a. Volunteer veterinarians: \_\_\_\_\_ b. Contracted veterinarians: \_\_\_\_\_ c. Employed veterinarians: \_\_\_\_\_
5. What is the annual payroll for employed veterinarians? \$ \_\_\_\_\_
6. Does your organization employ animal control officers?
 

<input type="checkbox"/> If yes, a. Do the officers have arrest authority?	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Officers carry: <input type="checkbox"/> Firearms/guns <input type="checkbox"/> Tasers <input type="checkbox"/> Tranquilizer weapons	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Does separate liability coverage apply to animal control officers?	YES <input type="checkbox"/> NO <input type="checkbox"/>

7. Does your organization train all employees and volunteers in proper animal handling? YES  NO
8. Does your organization test all animals for "adoptability" prior to adopting animals out? YES  NO
9. Do you operate any mobile adoption vehicles? YES  NO
10. Do you have a crematory? YES  NO

#### L. Church or Religious Organization

**SECTION NOT APPLICABLE**

*Complete this section if your organization is a church or other religious organization.*

1. Religious denomination: \_\_\_\_\_
2. Are any dwellings owned by your organization? YES  NO   
**If yes,** is housing provided for clergy only? YES  NO
3. Does any building have either stained glass, statuary or other fine arts affixed to the building? YES  NO   
**If yes,** attach a schedule of fine arts with values for each item.

#### M. Performance Arts Operations

**SECTION NOT APPLICABLE**

*Complete this section if your organization offers performance arts (e.g. theatrical or musical productions).*

1. What type of performances (e.g., ballet, plays, etc.)? \_\_\_\_\_
2. Total number of performances that occur annually: \_\_\_\_\_
3. What is the total annual attendance for all performances? \_\_\_\_\_
4. Do you hold any performances away from premises owned or leased by you? YES  NO   
**If yes,** do you provide ushers, ticket takers or ticket sellers? YES  NO
5. Are any pyrotechnics used during performances? YES  NO   
**If yes,** describe type of pyrotechnics and safety controls in place: \_\_\_\_\_
6. Do you perform at locations owned by or leased to your organization? YES  NO 
  - If yes,** a. What is the seating capacity of the theater? \_\_\_\_\_ f. Are exits lighted? YES  NO
  - b. Is the building fully sprinklered? YES  NO  g. Is there panic hardware on the exits? YES  NO
  - c. Are there curtains on the stage? YES  NO  h. Is there balcony seating? YES  NO
  - If yes,** are curtains fire resistant? YES  NO  i. Is there a lowered pit area near the stage? YES  NO
  - d. Are aisles lighted? YES  NO  j. Do ushers assist patrons to seats during performances? YES  NO
  - e. Is there emergency lighting? YES  NO

#### N. All Camps

**SECTION NOT APPLICABLE**

*Complete this section if your organization provides any camps (day camps or overnight).*

1. Number of days the camp operates per year: \_\_\_\_\_ Average number of campers per day: \_\_\_\_\_
2. Number of campers in each age range: \_\_\_\_\_ under 12 \_\_\_\_\_ age 13–16 \_\_\_\_\_ over age 16
3. Total number of: \_\_\_\_\_ adult counselors \_\_\_\_\_ youth counselors

#### O. Camps With Campgrounds or Overnight Camping

**SECTION NOT APPLICABLE**

*Complete this section if your organization provides overnight camping or campgrounds.*

1. What lifesaving skills are required of the counselors?  CPR  Lifeguard Training  First Aid  Other YES  NO
2. Do you have a nurse on-site? YES  NO
3. Do you keep a medical history on file for each camper? YES  NO
4. Is the camp located in a canyon or an area prone to brush or wildfires? YES  NO
5. Is camp located in a remote area? YES  NO   
**If yes,** describe all available sources of water and fire fighting equipment: \_\_\_\_\_
6. Does a caretaker live at the camp during the off-season? YES  NO

**P. Childcare, Headstart or Latchkey****SECTION NOT APPLICABLE** 

Complete this chart if your organization provides childcare, headstart or latchkey care.

LOCATION(S) (COPY THIS SHEET IF ADDITIONAL SPACE IS NEEDED)	NO. OF CHILDCARE PERSONNEL	AGE RANGE OF CHILDREN	NO. OF CHILDREN LICENSED FOR	AVERAGE DAILY ATTENDANCE FULL-DAY	AVERAGE DAILY ATTENDANCE HALF-DAY*

\*Count each child as one attendee for Average Daily Attendance

**Q. Schools****SECTION NOT APPLICABLE** 

Complete this section if your organization is a licensed school or other educational institution.

1. Is this a charter school? YES  NO
2. Is corporal punishment coverage desired? YES  NO
3. Does school have any stadiums, bleachers or grandstands? YES  NO
4. Your school's primary purpose or mission is to provide the following types of education (check all applicable):
  - Art, dance or music
  - Education to developmentally impaired
  - Education to learning impaired
  - Education to physically impaired
  - Education to emotionally impaired, including mentally ill, suicidal, violent and/or oppositionally defiant

**R. Vocational training or sheltered workshops****SECTION NOT APPLICABLE** 

Complete this section if your organization provides vocational training or sheltered workshops.

1. Number of: Supervisors/trainers: \_\_\_\_\_ Total clients per day: \_\_\_\_\_
2. Number of: Physically disabled: \_\_\_\_\_ Mentally disabled: \_\_\_\_\_
3. Number of job coaches you employ: \_\_\_\_\_ Payroll for job coaches: \$ \_\_\_\_\_
4. Level of clients' disability – check all applicable:  None  Mild  Moderate  Severe/Profound
5. Total annual sales from workshop: \$ \_\_\_\_\_ Annual sales from recycling: \$ \_\_\_\_\_
6. Total annual payroll to clients: For janitorial services: \$ \_\_\_\_\_ For landscaping services: \$ \_\_\_\_\_  
Total payroll to all clients: \$ \_\_\_\_\_
7. Does your organization pay clients at least minimum wage for their work? YES  NO
8. Are all client workers covered under your workers compensation policy? YES  NO
9. If no, are clients covered under any other organization's workers compensation? YES  NO
10. 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?
  - d. Do all contracts contain "hold harmless" clause in favor of your organization?
11. 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.
12. 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: _____		
13. Do you have a safety coordinator? YES  NO
14. 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

**S. Clubs – All Types****SECTION NOT APPLICABLE** 

Complete this section if your organization is a club or membership based organization of any type.

1. Does your organization own, lease, rent or use any buildings or locations?  YES  NO
- If yes, a. What are the hours of operation each day? Mon-Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_  YES  NO   
 b. Are employees always on-site during operating hours?  YES  NO   
 c. Are members allowed to access the facility during non-operating hours?  YES  NO   
 d. Is club access restricted to club members and their guests?  YES  NO   
 e. Are minors required to be accompanied by a parent or guardian?  YES  NO
- If no, explain guidelines applicable to minors: \_\_\_\_\_
2. Indicate all applicable sources of income and gross sales from each:  
 Membership or initiation fees: \$ \_\_\_\_\_  Food or beverage sales: \$ \_\_\_\_\_  
 Other sales or income: \$ \_\_\_\_\_ Describe source of other sales or income: \_\_\_\_\_

**T. Health or Exercise Clubs****SECTION NOT APPLICABLE** 

Complete this section if your organization operates a health or exercise club.

1. Has your facility or part of your facility been inspected by any regulatory or health authority within the past five years?  YES  NO
- If yes, attach a copy of your most recent inspection.
  - a. Were any violations or deficiencies found in your most recent inspection?  YES  NO
  - b. How often are you subject to inspection and by what authority? \_\_\_\_\_
2. How often do you inspect your premises and equipment? \_\_\_\_\_  YES  NO
3. Do you maintain an inspection log to document inspections?  YES  NO
4. Are signs posted throughout the facility indicating how to properly use the equipment?  YES  NO
5. Are ground fault interrupters (GFI) used on all outlets in all wet areas (e.g. showers)?  YES  NO
6. Are all wet areas (e.g. showers, locker rooms, etc.) equipped with slip resistant flooring?  YES  NO
7. Do you require at least one CPR and First Aid certified employee to be on duty at all times?  YES  NO
8. Are there written medical emergency and evacuation procedures in place?  YES  NO
- If yes, are all employees and contractors trained in emergency procedures?  YES  NO
9. Are incident reports completed and maintained for all injuries, regardless of severity?  YES  NO
10. Indicate all services or programs offered:  
 Babysitting (while parent(s) exercise)  Body wrapping  Nutritional counseling  Weight loss competition(s)  
 Beauty salon/hair services  Diet center/weight loss  Physicals/stress testing  
 Blood analysis  Massage  Sports medicine/rehab
11. Do you sell any dietary supplements or herbal remedies?  YES  NO   
 If yes, do you manufacture or re-label any products as your own?  YES  NO
12. Do you employ any certified athletic trainers?  YES  NO   
 If yes, please describe daily activities of CAT: \_\_\_\_\_
13. Do you offer any services where there are not at least two staff members present?  YES  NO   
 If yes, describe services: \_\_\_\_\_
14. Do you run criminal background checks on employees?  YES  NO

**U. Athletic Activities****SECTION NOT APPLICABLE** 

Complete this section if your organization provides any athletic activities.

1. 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
2. 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

<p>g. Is the belayer anchored to a secure point? _____</p> <p>h. What is the minimum age for belayers? _____</p> <p>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)? _____</p> <p>j. Are rules, regulations and emergency procedures clearly posted in the climbing area? _____</p> <p>k. Describe wall &amp; equipment inspection and maintenance procedures &amp; schedule, including how records are maintained:</p> <p>l. Is there a program in place to identify equipment that needs to be replaced? _____</p> <p>m. How do you control access to the climbing wall or climbing area, both during and after business hours? _____</p> <p>n. Are the following always present when the wall is being used:</p> <p>1. A staff member who is trained in the safety rules and is certified to belay? _____</p> <p>2. A full-time staff member who is certified to provide first aid? _____</p> <p>3. A first aid kit? _____</p> <p>o. Describe your emergency response plan in case of an accident: _____</p> <p>p. Number of climbers or belayers that have been injured in the past year? _____</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>																																																
<p>14. Do you own or operate any swimming pools? _____</p> <p><b>If yes,</b> a. Number of pools on your premises: _____</p> <p>b. Provide information on all pools below. If more than 3 pools, please provide information on an attachment.</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">POOL 1</th> <th style="text-align: center;">POOL 2</th> <th style="text-align: center;">POOL 3</th> </tr> </thead> <tbody> <tr> <td>Size, location and description: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Indicate number of drains: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Indicate shallow-end depth: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Indicate deep-end depth: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>How is depth marked (e.g. painted markers on pool bottom, life line)? _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Describe any diving boards, diving platforms, slides or water trampolines: _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Indoor? 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<p>15. Do you have any water park playground areas? _____</p> <p><b>If yes,</b> describe surfacing and playground elements: _____</p> <p>16. Do you own or operate any hot tubs or whirlpools? _____</p> <p><b>If yes,</b> a. Do all hot tubs or whirlpools have at least 2 drains? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>b. Is there a clearly marked emergency pump shutoff switch nearby? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>c. Are temperatures always kept at 104° or less? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>d. Is the hot tub operated on an automatic timer? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>e. Are unsupervised minors prohibited? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>17. Have all pools and spas been equipped with anti-entrapment drain covers or systems? _____</p> <p><b>If yes,</b> describe systems installed and date for each pool or spa: _____</p>																																																	

**V. Residential or Overnight Housing – All Types****SECTION NOT APPLICABLE** 

Complete this section if your organization provides overnight housing of any type.

1. Is property subject to HUD inspection?  YES  NO
- If yes, attach copy of REAC report.
2. Is smoking permitted inside any location?  YES  NO
3. Are all units equipped with smoke detectors?  YES  NO
- If yes, indicate all that apply:  hardwired  battery operated  hardwired with battery backup
4. Do you have any locations with sleeping areas above the second floor?  YES  NO
- If yes, are all such buildings 100% sprinklered (including sleeping areas)?  YES  NO
5. Are all units equipped with carbon monoxide detectors?  YES  NO
6. Do you allow grills or fire-pits on patios or balconies?  YES  NO

**W. Residential other than Apartments****SECTION NOT APPLICABLE** 

Complete this section if your organization provides residential or overnight facilities, other than apartments.

1. What is your staff to client ratio? \_\_\_\_\_  YES  NO
2. Are male and female residents separated unless they are part of the same family?  YES  NO
3. Type of clients or residents in your care overnight – complete chart:

TYPE OF CLIENTS	NO. OF CLIENTS	TYPE OF CLIENTS	NO. OF CLIENTS
Assisted living– seniors or developmentally disabled	_____	Respite care	_____
Half-way house or transitional housing	_____	Shelter – homeless or battered families	_____
Hospice	_____	Shelter – victims of sexual abuse	_____
Independent living – seniors or developmentally disabled	_____	Skilled care	_____
Inpatient crisis center	_____	Sober living (post detox)	_____
Residential therapeutic treatment	_____	Other (specify) _____	_____

4. Are any residents mentally ill or mentally disordered?  YES  NO

If yes, complete chart:

DISORDER	TOTAL PERCENTAGE OF RESIDENTS WITH DISORDER
<input type="checkbox"/> Autism or related disorders	_____ %
<input type="checkbox"/> Cognitive disorders: e.g. delirium, dementia, Alzheimers, or memory problems	_____ %
<input type="checkbox"/> Conduct disorders: e.g. vandalism, aggression, truancy, problems with impulse control	_____ %
<input type="checkbox"/> Eating disorders: bulimia, anorexia	_____ %
<input type="checkbox"/> Mood disorders: e.g. bi-polar, mania, manic depressive, depression	_____ %
<input type="checkbox"/> Psychotic disorders: e.g. schizophrenia or schizoaffective disorder, paranoia	_____ %
<input type="checkbox"/> Pyromania or fire-starting	_____ %
<input type="checkbox"/> Sexual acting out or pedophilia	_____ %
<input type="checkbox"/> Suicidal or self-injurious	_____ %
<input type="checkbox"/> 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: \_\_\_\_\_  YES  NO

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:

ADL – ACTIVITIES OF DAILY LIVING	NUMBER OF CLIENTS THAT PERFORM WITH NO PHYSICAL ASSISTANCE	NUMBER OF CLIENTS THAT PERFORM WITH MINIMAL PHYSICAL ASSISTANCE	NUMBER OF CLIENTS UNABLE TO PERFORM WITHOUT ASSISTANCE
Bathing (sponge, bath or shower)	_____	_____	_____
Dressing	_____	_____	_____
Toileting	_____	_____	_____
Transferring (in/out of bed or chair)	_____	_____	_____
Assisting with incontinence	_____	_____	_____
Eating	_____	_____	_____

**X. 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: \_\_\_\_\_