



SOCIAL SERVICES GENERAL/PROFESSIONAL LIABILITY SUPPLEMENTAL APPLICATION

IMPORTANT: ALL OPERATIONS MUST BE DECLARED AND THE APPROPRIATE SECTION OF THE SUPPLEMENTAL APPLICATION COMPLETED WHERE APPLICABLE. THIS IS NOT A BINDER.

PLEASE COMPLETE ALL SECTIONS THAT PERTAIN TO YOUR OPERATIONS.

I. SHELTERED WORKSHOP

Not Applicable

1. Maximum number of clients on any one day: _____ Supervisor to client ratio: _____ to _____
2. Indicate type of client(s) working at workshop, by percentages: Developmentally Disabled _____%
Mentally Ill _____% Physically Handicapped _____% Other _____% (describe) _____
Complete description of activities and nature of products: _____
3. a. How is the product sold? Wholesale Jobber Direct Other _____
b. If direct, are quality and inventory controls in place? Yes No
4. Are any hold harmless agreements given to others in connection with products manufactured or assembled by you? Yes No
5. Estimated annual receipts: \$ _____
6. a. Is Workers Compensation carried on clients? Yes No
b. Carrier and effective dates: _____
7. Are clients covered by a separate accident/medical policy? Yes No
8. a. Do clients work with power equipment? Yes No
b. If Yes, is protective gear worn? Yes No
9. Do you perform spray painting? Yes No
10. Do your products, or the materials used to manufacture or assemble your products, produce any discharge of fumes, dust, acids or wastes? Yes No
11. a. Do any of your clients go off premises for jobs? Yes No
b. If Yes, please describe and indicate payroll amount: _____

II. CAMPS/ADVENTURE COURSE

Not Applicable

1. Type of Camp: Day Camp Summer Camp Sport Camp Residential
2. Type of Campers: Physically Handicapped Mentally Ill Developmentally Disabled
 Other _____
3. Is the camp co-ed? Yes No
4. Number of campers per day _____ Total number of camp days _____
Total number of counselors per year _____
5. Average age of: Campers _____ Counselors _____
6. Number of: Cabins _____ Beds/cots per cabin _____ Acres camp is on _____
7. Check all applicable activities: Swimming Gun Range Horseback Riding Boats Archery
 Hiking Survival Training Rock Climbing Adventure Course Other _____

8. a. Indicate the construction and number of cabins:

CONSTRUCTION	NUMBER	CONSTRUCTION	NUMBER	CONSTRUCTION	NUMBER
<input type="checkbox"/> Frame		<input type="checkbox"/> Brick		<input type="checkbox"/> Stone	

b. How are cabins heated? _____

c. Do cabins have heat/smoke detectors? Yes No

9. Distance to nearest water source or fire department? _____

10. Nearest medical facility: _____

11. Specify any medical professionals on staff: _____

12. Are campers covered for injury under an Accident Policy? Yes No

III. DAY CARE Not Applicable

1. Number of children/clients licensed for: _____

2. a. Check types of children/clients cared for: Developmentally Disabled Healthy Aged
 Physically Handicapped Dementia/Alzheimers Other – Describe: _____

3. Number of children/clients at the location at any one time: _____

4. Is a medical examination or medical certificate required before children/clients are enrolled? Yes No

5. Are emergency phone numbers for all children/clients' physicians, parents, guardians maintained and updated? Yes No

6. Does facility have a written pick-up procedure for all children/clients? Yes No

7. Is medication dispensed to children/clients? Yes No

8. Are medical records maintained on children/clients? Yes No

9. Are fire drills conducted at least quarterly? Yes No

10. Age of Building: _____ Number of Rooms: _____ Number of Floors: _____

11. Day care facility located in a: Condominium Church Apartment Private Home
 Commercial Building

12. Number of years you have been in the day care business: _____

13. What are the other occupancies in the same building? _____

14. What are the businesses and/or residences adjacent to the day care center? _____

15. Please indicate the number of each that exists at your facility:

SPECIALTY	NUMBER	SPECIALTY	NUMBER	SPECIALTY	NUMBER
<input type="checkbox"/> Therapists		<input type="checkbox"/> RNs		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Counselors		<input type="checkbox"/> LPNs			

16. Describe the in-house training given to all staff in day care operations: _____

17. a. Are there any staff members under eighteen (18) years of age? Yes No

b. Do any children/clients stay overnight? Yes No

c. Is any weekend or holiday care provided? Yes No

d. Are field trips taken? Yes No

18. Are there any plans to change the operations or offer educational or special training programs? Yes No

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

FRAUD STATEMENT: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

Applicant's Signature _____ Date _____

Agent _____

Agent's Signature _____ Date _____