



**Philadelphia Insurance Companies**  
 One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004  
 610-617-7900 Fax: 610-617-7940

**SOCIAL SERVICES ORGANIZATION  
 SUPPLEMENTAL APPLICATION**

PLEASE ATTACH THE FOLLOWING (✓)

ACORD Applications, including Crime & Umbrella  
 Statement of Values  
 Schedule of Vehicles  
 Drivers List with License Numbers and Dates of Birth

Loss Runs for Current Year and 3 Prior Years  
 Brochure and/or Newsletter  
 Financial Statement if For Profit  
 Photographs – Residential Locations

Named Insured: \_\_\_\_\_

Insured Contact Name for Billing Information: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Sic #: \_\_\_\_\_ Fein #: \_\_\_\_\_ Website Address: \_\_\_\_\_

Production Underwriter: \_\_\_\_\_ Non-Profit For Profit

Number of years this facility has been: \_\_\_\_\_ In Operation \_\_\_\_\_ Under Present Management \_\_\_\_\_

**A. LIFE SAFETY SECTION:**

Do all of your facilities (buildings) have the following Life Safety Features? **Yes/No** If not, please indicate which location numbers.

- 1) Fire Alarms  Yes  No
- 2) Smoke Detectors  Yes  No
  - Hard Wired  Yes  No
  - Battery Operated  Yes  No
- 3) Emergency Lighting  Yes  No
- 4) Sprinklers  Yes  No
- 5) Are evacuation routes posted throughout the building?  Yes  No
- 6) In the event of an evacuation, have you established a central meeting point outside the building?  Yes  No
- 7) Are exit signs illuminated?  Yes  No
- 8) How often are fire drills held?  Yes  No
- 9) Are there at least two exit doors per building?  Yes  No
- 10) Are exit doors equipped with panic hardware?  Yes  No
- 11) Is smoking permitted inside the premises?  Yes  No

**GENERAL LIABILITY SECTION:**

- 1) Annual Operating Budget \_\_\_\_\_ 2) Annual Payroll \_\_\_\_\_
- 3) Number of clients/customers per year \_\_\_\_\_ 4) Number of Students \_\_\_\_\_
- 5) If providing residential services, provide number of beds at each location \_\_\_\_\_
- 6) Do you have sheltered workshops?  Yes  No Indicate location number \_\_\_\_\_  
 Describe the work being performed \_\_\_\_\_

Do you have mobile work forces, i.e. janitorial services?  Yes  No or landscaping services?  Yes  No Other \_\_\_\_\_

If yes, please provide payroll: Janitorial \_\_\_\_\_ Landscaping \_\_\_\_\_ Other \_\_\_\_\_

Is Workers Compensation carried for clients?  Yes  No

7) Do you have a day care program  Yes  No Indicate location number(s) \_\_\_\_\_

Maximum number of children supervised \_\_\_\_\_ Ratio of children to Staff \_\_\_\_\_ Age Range \_\_\_\_\_

8) Do you provide any foster care or adoption services?  Yes  No If Yes, please explain \_\_\_\_\_

9) Are any locations leased to others?  Yes  No Indicate location number \_\_\_\_\_

Square Feet \_\_\_\_\_

10) Do you have any swimming pools?  Yes  No Indicate location number \_\_\_\_\_ Diving Board/Slide?  Yes  No

Provide full details (location, dates, attendance, description of events, etc.)

12) Have all buildings built prior to 1971 been inspected for lead paint?  Yes  No If "No", what is plan for abatement

13) Are counseling services/ therapy offered for the following target classes : Sexual Offenders?  Yes  No Sexual Predators?  Yes  No

**C. ABUSE & MOLESTATION**

- 1) Does your employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child abuse related offenses?  Yes  No
- 2) Do you request criminal background investigations for all applicants?  Yes  No If not, please explain:
- 3) Do you verify employment related references?  Yes  No
- 4) Do you have a plan of supervision that monitors staff in day-to-day relationships with clients both on and off premises?  Yes  No
- 5) a. Has your organization ever had an incident which resulted in an allegation of sexual abuse?  Yes  No If yes, please describe  
 b. Was a claim made against the organization?  Yes  No Was a claim made against any employee(s)?  Yes  No If yes, is that individual still employed with your organization?  Yes  No  
 c. Was the case settled?  Yes  No If Yes, please explain
- 6) Does your current insurance program exclude Abuse & Molestation coverage?  Yes  No If not, please indicate the limit of liability provided

**D. PROFESSIONAL LIABILITY**

Total No. of Full Time Employees                      Total No. of Part Time Employees                      Total No. of Volunteers

Does your current insurance program provide Professional Liability coverage?  Yes  No If Yes, indicate the limit of liability

Is Professional Liability  occurrence                       claims made

Position	# of Full Time	# of Part Time	Position	# of Full Time	# of Part Time
Administrators			Clerical		
Counselors (Including Group Home Manager)			Teachers		
Psychologists			Physicians		
Nurses R.N.			Psychiatrists		
Nurses L.P.N.			Therapists		
Home Health Aides			Other:		
Social Workers			Other:		

Do the physicians carry their own malpractice insurance?  Yes  No  N/A

Indicate Company: \_\_\_\_\_ Limits of Liability: \_\_\_\_\_

Effective dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**E. CONSULTANTS/INDEPENDENT CONTRACTORS:**

- Please indicate which of the following contracted service providers are utilized:
- Physicians     Nurse Practitioner
  - Dentist     Optometrist
  - Psychiatrist     Other
- 1) Are there written agreements with independent contractors?  Yes  No
  - 2) Are certificates of malpractice/liability insurance obtained and maintained for all contracted service providers (independent contractors)?  Yes  No
  - 3) Please indicate the limits of liability:

**F. AUTOMOBILE SECTION:**

- 1) What percentage of employees/volunteers use their own vehicles regularly (daily/weekly) for agency business?  
 % Employees \_\_\_\_ % Volunteers  
 Describe use:
- 2) Do you require employees and volunteers to carry and show evidence of personal insurance?  Yes  No
- 3) What limits are required?
- 4) Do you run MVRs on employees?  Yes  No If yes, how often?
- 5) Do you have a driver safety training program?  Yes  No Does your Agency transport clients?  Yes  No
- 6) Is training provided for new employees prior to their transporting clients?  Yes  No
- 7) Does your agency transport clients/consumers for other private or governmental agencies?  Yes  No If Yes, please explain

**G. FLOOD**

Do you have a current Flood Policy in force?  Yes  No If yes, attach a copy of the Declarations sheet.

