



Instructions

Please answer all questions. If the answer to any question is NONE, please print NONE. Attach separate sheets if necessary.

I. General Information

1. Name of Applicant: _____

2. Type of Organization: (Check all that apply)

Healthcare

Nonprofit

Religious Organization

Transportation

Education

Other: _____

II: Applicant Details

Complete the employee grid below (add rows as needed for other roles):

Role/Position	Number Employed	Number Contracted	Number Volunteer	% Male
Doctors/Physician Assistants				
Nurses				
Teachers				
Substitute Teachers				
Coaches				
Priests/Clergy				
Counsellors				
Office Staff				
Drivers				
Missionaries				
Other (describe):				
Totals				

III: Organization Details

Type of school (if applicable): _____

Public, private, or charter (if applicable): _____

Number of vehicles (if applicable): _____

Types of vehicles (if applicable): _____

IV: Services Provided

Check Yes or No for each service offered:

Service	Yes	No
Foster care		
Group homes		
Counselling		
Rehab services		
Shelters		
Adoption services		
Mentoring programs		
Child care services		
Recreation centers		
Detention centers		
Museums/libraries		
Day camps		
Overnight camps		
Home care		
Nursing homes/assisted living		
Independent living		
Mental institutions		
Dialysis centers		
Blood donations		
Family planning		
Alternative medicine		
Physical therapy		
Doctors office		
Hospital		
Third party usage of site/campus		
Religious education		

Athletics programs/facilities		
Clubs/extracurricular activities		
After school care		
Dormitory services		
Transportation provided		
Cabs		
School buses		
Charter buses		
Small group transfer		
Ambulatory		
Paratransit		
Non-emergency medical		
Other (describe):		

V: Loss Prevention & Risk Management Efforts

Check Yes or No for each method in place:

Method/Protocol	Yes	No
Security guards/on-site security		
Secure access to facility/campus		
Cameras		
Matron on board (transportation)		
GPS tracking (transportation)		
One-on-one encounters allowed		

Detail any other methods of loss prevention/risk management:

For transportation:

- Procedures for first client in/last client out: _____

- Protocol for drivers in the event of an incident: _____



VI: Attestation

THE APPLICANT WARRANTS TO THE BEST OF ITS KNOWLEDGE AND BELIEF THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND INCLUDE ALL MATERIAL INFORMATION.

THE APPLICANT FURTHER WARRANTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY PERIOD, IT WILL IMMEDIATELY NOTIFY US OF SUCH CHANGE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER NOR THE APPLICANT TO ACCEPT INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE AND WILL BE ATTACHED AND MADE PART OF THE POLICY SHOULD A POLICY BE ISSUED. IF AN EXCESS POLICY IS ISSUED THE APPLICATION WILL BECOME A PART OF THE EXCESS POLICY.

Date: _____

Applicant's Authorized Signature (Principal/Partner/Officer): _____

Title: _____

Applicant's Authorized Signature (HR/Personnel): _____

Title: _____

Fraud Warning:

Any person who, with intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.