



Please read carefully, fully answer all questions, and submit all requested information. The term "Applicant" shall mean the parent organization and all subsidiaries. The Applicant is required to provide a complete response to all questions (attach additional pages if necessary) and submit all requested materials.

I. Company Information

1. Name of Applicant: _____

2. Principal Address of Applicant: _____

City: _____ State: _____ Zip Code: _____

List all branch/office locations on a separate page

3. Website: _____

4. Risk Manager/HR Manager Contact: _____ Title: _____

Email: _____ Phone Number: _____

5. Description of Operations with commentary on any material change in the last 12 months (including any changes to locations and/or operations:

6. Financial Information

Based on Financial Statements Dated:	Most Recent FYE (Month/Year) (__/__)	Prior FYE (Month/Year) (__/__)
Annual Revenues	\$	\$
Net Income (loss) / Net Assets	\$	\$

7. In the next 12 months, or in the past 12 months is the Applicant contemplating or has the Applicant completed or been in the process of completing any of the following: *If "Yes", please attach a full description.*

a. any actual or proposed merger, acquisition, divestiture, or consolidation of another entity? Yes No

b. addition of any new / additional care programs? Yes No

II. Staff and Client Breakdown

8. Please complete staff grid below:

	Number of Employees	Number of Independent Contractors	Number of Volunteers	% of males	% of females
Individuals with client contact					
Individuals without client contact					
Totals					

9. How many minors, acting in any capacity, are currently on staff? _____ None

a. If any, what are their roles? (Interns, volunteers, etc.) _____

Type of client served	Total number of clients served annually	% Percentage served annually by age			
Children/Youth		0-10 yrs	%	11-18 yrs	%
Vulnerable Adults		19-65 yrs	%	65+ yrs	%
Other		19-65 yrs	%	65+ yrs	%

III. Policies

10. Have any changes been made to Screening, Training and/or Incident Reporting & Response policies or procedures in the last 12 months? *If 'Yes', check the corresponding box and provide details below:*

Screening Training Incident Reporting & Response

IV. Loss Prevention & Claims History

11. Has the applicant used any of the provided ePlace risk management services in the last 12 months? Yes
No

12. Has the applicant had an allegation or incident of sexual abuse or molestation? Yes No

13. Has the applicant knowledge of any Claims that have not been reported to Underwriters or Underwriters' representatives? Yes No

VII. SIGNATURE SECTION AND FRAUD STATEMENTS

The undersigned declares that to the best of his/her knowledge, after reasonable inquiry, the statements herein are true. It is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached to and become a part of such Policy, if issued. Insurer hereby is authorized to make any investigation and inquiry in connection with this Application as they may deem necessary. The Company will have relied upon such Application, attachments, and such other information submitted therewith in issuing such policy.

***A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.
ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.***

Signature: _____ Title: _____

Date: _____