



Social Services Supplemental Application

| | | | |
|------------------------|----------------------|--------------------|-----|
| Applicant's Name | | DBA, if applicable | |
| Mailing Address | City | State | Zip |
| Email of Primary | | Website | |
| Audit Contact Name | | Phone | |
| First Year in business | Annual Sales/Revenue | # of Employees | |

LOCATION INFORMATION

| Bldg # | Location Address | City/State/Zip | PC | Building Use | Building Sq. Ft. | Year Built | Type of Roof | Year Roof Updated | Contents Limit | Building Limit |
|--------|------------------|----------------|----|--------------|------------------|------------|--------------|-------------------|----------------|----------------|
| | | | | | | | | | | |
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| | | | | | | | | | | |

LOSS HISTORY IN PAST FIVE YEARS

| Date of Loss | Line of Business | Amount Paid | Amount Reserved | Open/Closed | Description of Loss |
|--------------|------------------|-------------|-----------------|-------------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |

UNDERWRITING ELIGIBILITY – ALL CLASSIFICATION

| | YES | NO |
|--|--------------------------|--------------------------|
| Are functioning and operational fire extinguishers readily available? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are wood-burning stoves, space heaters or temporary heating devices used as the primary heat sources? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has any policy or coverage been declined, canceled or non-renewed during the prior three (3) years for any premises or operations? | <input type="checkbox"/> | <input type="checkbox"/> |
| If marked yes , please provide details _____ | | |
| Does the applicant own or operate any other businesses? | <input type="checkbox"/> | <input type="checkbox"/> |
| If marked yes , please provide details _____ | | |
| If marked yes , does the business have coverage placed elsewhere? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the applicant, a majority owner, partner or member filed bankruptcy in the past five years? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the applicant have non-profit tax exempt status or is the applicant operating as a non-profit? | <input type="checkbox"/> | <input type="checkbox"/> |



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| | YES | NO |
|---|------------------------------|--------------------------|
| Does the applicant have a 24 hour operations? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the applicant provide a crisis hotline? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the organization or any of its past or present directors, officers, trustees, committee members, employees or anyone acting in a ministerial capacity ever been involved in a lawsuit or claim for sexual abuse, misconduct or molestation, or has any charge or arrest been made against said person for the same? | <input type="checkbox"/> | <input type="checkbox"/> |
| COUNSELING/REFERRAL SERVICES – NOT-FOR-PROFIT CLASS ONLY | <input type="checkbox"/> N/A | |
| Are any serves rendered for a fee? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any credit, mortgage or financial counseling provided by the applicant? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any overnight patient stays? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any psychiatric care or administering/prescribing of medication? | <input type="checkbox"/> | <input type="checkbox"/> |
| FOOD BANK OR SOUP KITCHEN – NOT-FOR-PROFIT CLASS ONLY | <input type="checkbox"/> N/A | |
| Does applicant repackage or relabeling any food products for distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any cooking or food consumption on premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| HEALTH CARE CLINIC – NOT-FOR-PROFIT – PREMISES LIABILITY CLASS ONLY | <input type="checkbox"/> N/A | |
| Any abortion or adoption services provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any anesthesia administered? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the clinic open 24 hours or are overnight patient stays permitted? | <input type="checkbox"/> | <input type="checkbox"/> |
| HISTORICAL SOCIETIES – NOT-FOR-PROFIT CLASS ONLY | <input type="checkbox"/> N/A | |
| Do members or volunteers participate in any construction, reconstruction or repair operations, other than cosmetic improvements? | <input type="checkbox"/> | <input type="checkbox"/> |
| HORTICULTURAL SOCIETIES – NOT-FOR-PROFIT CLASS ONLY | <input type="checkbox"/> N/A | |
| Is organization involved in any political or activist causes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any farming operations, pesticide application or use of heavy machinery? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is organization responsible for more than 5 acres? | <input type="checkbox"/> | <input type="checkbox"/> |
| SHELTERS/TRANSITIONAL HOUSING/MISSION – NOT-FOR-PROFIT CLASS ONLY | <input type="checkbox"/> N/A | |
| Are more than 30 beds occupied at one time? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are men and women housed separately, except for families? | <input type="checkbox"/> | <input type="checkbox"/> |



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|---|--------------------------|--------------------------|
| Is an individual in a supervisory role on premises at all times? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the residential building kept locked after hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the operation offer housing to those recently released from incarceration or as a condition of parole? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is this an adult day care center, home for the elderly, hospice or similar operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the length of the average stay exceed six months? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does risk offer a shelter/housing for abused women? | <input type="checkbox"/> | <input type="checkbox"/> |
| Number of beds at each location: _____ | | |

THRIFT STORE – CLOTHING – NOT-FOR-PROFIT CLASS ONLY

N/A

| | | |
|--|--------------------------|--------------------------|
| Any delivery or pickup of goods? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are firearms sold? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any products manufactured or relabeled by the applicant? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any sale of baby furniture or equipment? | <input type="checkbox"/> | <input type="checkbox"/> |

VOCATIONAL WORKSHOPS – NOT-FOR-PROFIT CLASS ONLY

N/A

| | | |
|--|--------------------------|--------------------------|
| Any manufacturing, repairing, construction, woodworking or installation work being performed on or off-premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any use of power tools or heavy machinery? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any overnight exposures? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any athletic activities offered or provided to students? | <input type="checkbox"/> | <input type="checkbox"/> |
| Number of participants: _____ | | |

YOUTH COMMUNITY PROGRAM – NOT-FOR-PROFIT CLASS ONLY

N/A

| | | |
|--|--------------------------|--------------------------|
| Are any athletic activities offered or provided to students? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any overnight exposures, including camping? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any off-premises one-on-one youth mentoring? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are permission slips and waivers of liability in favor of the organization obtained from parents or guardians for all field trips? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does organization have formal, written procedures in place to ensure an adequate counselor to child ratio is maintained? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is risk a child day care center or preschool? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the applicant a public or private school? | <input type="checkbox"/> | <input type="checkbox"/> |
| Number of participants: _____ | | |



Social Services Supplemental Application

HIRED & NON-OWNED AUTO

YES NO

Does the applicant offer delivery service? YES NO

Does the applicant own any vehicles? YES NO

Do any employees or owners use personal car for business more than 12 per year? YES NO

Does the church own, rent, lease, or borrow vans or buses that can transport 15 or more people? YES NO

MOLESTATION OR ABUSE COVERAGE

Limit Desired:

\$25,000/\$50,000

\$50,000/\$100,000

\$100,000/\$300,000

\$1,000,000/\$1,000,000

\$1,000,000/\$2,000,000

\$500,000/\$1,000,000

SOCIAL SERVICES PROFESSIONAL

N/A

Limit Desired:

\$100,000/\$100,000

\$250,000/\$250,000

\$500,000/\$5,000,000

\$1,000,000/\$1,000,000

Are fees charged for counseling services? YES NO

Have there been any prior allegations, claims or suits as a result of counseling services? YES NO

Has the applicant had a professional liability claim or is the applicant currently aware of a circumstance that may lead to a professional liability claim? YES NO

Name (Please Print)

Applicant's Signature

Date