



SUBSTANCE ABUSE - EARLY INTERVENTION & COMMUNITY EDUCATION PROGRAMS OR RECOVERY SUPPORT GROUPS (AA)

Applicant's Name:

Mailing Address:

City:

State:

Zip:

Total Staff (including office, janitorial, maintenance, etc.):

FullTime:

Part Time:

SIC #:

FEIN #:

Website Address: www.

Business Type: Non-Profit For-Profit

Annual Revenue: \$

Is the Applicant's organization more than 25% owned by a private equity fund structure? Yes No

If yes, provide name of private equity firm:

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

Risk Management Contact: Phone Number:

Email:

SUBMISSIONS REQUIREMENTS

- ACORD Applications, including Crime & Umbrella
- Statement of Values
- Copies of current licenses
- Loss runs for current year and three (3) prior years
- Brochure, newsletter and website information
- Financial Statement (if For-Profit)

SECTION I - EARLY INTERVENTION

1. Annual Operating Budget: \$ Annual Payroll: \$
2. Primary Funding Source:
3. Description of services provided:
4. Number of meetings/ gatherings annually:
5. Average attendance per meeting/ gathering:
6. Where do the meetings/ gatherings take place:
Schools Owned Premises Other: (describe)
7. Does the Applicant provide any medical services? Yes No
8. Does the Applicant provide its clients with referral services to health care professionals, if necessary? Yes No

SECTION II - RECOVERY SUPPORT

1. Annual Operating Budget: \$ Annual Payroll: \$
2. Description of services:
3. Number of meetings per week: Average attendance per meeting:
4. If the Applicant owns the building, are there other tenants? Yes No
If yes, what are the occupancies:

2. Annual Staffing – Employees, Independent Contractors and Volunteers

Total number of:

Full Time Employees:

Part Time Employees:

Volunteers:

Contracted Intellectually/ Developmentally Disabled (IDD) Shared Living-Host Homes:

Staffing	# of Employees		# of Contracted		Total Annual Volunteer Hours Worked
	FT	PT	FT	PT	
Psychologist					
Medical Director (Admin Only)					
Nurse Practitioner					
Physician Assistant					
Pharmacist					
Paramedic EMT					
Psychiatrist					
Physician-Hospice					
Pediatrician					
Physician-No Surgery					
Dentist					
Optometrists/Ophthalmologist					
Licensed Social Worker					
Sociologist					
Registered Nurse (RN)					
Licensed Practical Nurse (LPN)					
Physical Therapist					
Optician					
Orthotics & Prosthetics (O&P) Certified Practitioner					
Counselor (Guidance, Vocational)					
Social Worker					
Occupational Therapist					
Speech Therapist					
Clergy / Rabbi / Pastor					
O&P Certified Technician					
Teacher					
Nutritionist / Dietician					
Residential Manager					
Home Health Aide					
IDD In-Home Companion Care Provider					
Day Care Worker					
O&P Certified Fitter					
O&P Certified Assistant					
Adoptions					
Foster Care					
*Other (describe):					
*Other (describe):					

F/ T = Full Time – over 20 hours per week/ P/ T = Part Time – up to 20 hours per week.

*Please describe “other” staff positions not listed in the above chart in the provided area.

SECTION VI – RECREATIONAL ACTIVITIES

1. Is a waiver required to be signed by the participant, or the parent or guardian of the participant prior to participation in all athletic activities? Yes No
 If yes, has the Applicant's waiver been reviewed by legal counsel? **Please attach copy of waiver.** Yes No
2. Please indicate all of the recreation activities offered by the Applicant's program.

Aerobics and other aerobic activities	Horse Back Riding	Rock Climbing/ Rappelling
Archery	Kayaking	Scuba
Baseball/softball/basketball/soccer	Motorized vehicles (ATVs, etc.)	Shooting Ranges
Bicycling	Obstacle Course(s)	Skiing
Football -- Flag / Tackle	Paintball	Snorkeling
Other:	Other:	Other:
3. Please describe each of the activities indicated above the safety controls in place:

SECTION VII – ABUSE OR MOLESTATION

1. Does the Applicant's current insurance program provide Professional Liability coverage? Yes No
 - a. If yes: Occurrence or Claims-Made – Retroactive Date:
 - b. Limit of Liability: \$
 - c. Carrier:
 - d. Effective Date:
2. Does the Applicant's employment process include verification of whether the individual has ever been convicted of any crime, including sex related or child-abuse related offenses, before an offer of employment is made? Yes No
3. Does the Applicant have a written crisis plan in place for dealing with employees, victims, parents, authorities, and the media if the Applicant has incident of abuse? Yes No
4. Are there written complaint procedures and are they displayed prominently? Yes No
 If yes, please explain:

5. Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises? Yes No
6. Are formal written procedures in place for hiring? Yes No
7. Do volunteers work directly with clients? Yes No
8. Is there formal staff training for volunteers and staff on child/ sexual abuse, including how to recognize the signs? Yes No
 If yes, how often is formal training conducted?
9. What procedures are in place to make sure no relationship occurs between staff and clients?

10. Are there procedures prohibiting closed door one-on-one meetings/ counseling? Yes No
11. Is there more than one person responsible for the welfare of any single patient? Yes No
12. Have any incidents resulted in an allegation of sexual abuse? Yes No
 - a. Was the case settled? Yes No
 - b. Was the case taken to trial? Yes No
 - c. Amount paid for damages to the victim: \$
13. Does the Applicant run criminal background checks on employees? Yes No
14. Does the Applicant run criminal background checks on volunteers? Yes No

SECTION VIII - PLANNED EVENTS / FUND RAISERS**

N/A

** If Insured has more than ten (10) events planned for upcoming policy period, copy this page and add additional events.

QUESTIONS	EVENT #1	EVENT #2	EVENT #3	EVENT #4	EVENT #5
Describe the type of event*					
* Insert letter for type of event: A = Wine tasting B = Golf outing C = Other sporting event (specify) D = Picnic E = Banquet F = House tour G = Bingo H = Walkathon I = Fashion show J = Concert (specify) K = Other (specify)					
Date(s) the event is held.					
Daily hours of operation.					
Total anticipated revenue.	\$	\$	\$	\$	\$
Held at Applicant's premises? If not, specify where it is held.					
Number of participants.					
Number of staff members.					
Are certificates of insurance obtained from everyone providing products / services?					
If there will be drinking at the event, how does the Applicant control the amount allowed?					
Who provides / serves the alcohol? Liquor license required?					
Are the bartenders hired by the Applicant or by the place where the event is held?					
Do the bartenders know TIPS?					
If applicable, list all sporting activities to be a part of this event.					
What safeguards are in place to prevent spectator injury?					
Do participants sign a waiver?					
Do participants show proof of personal health insurance?					
QUESTIONS	EVENT #6	EVENT #7	EVENT #8	EVENT #9	EVENT #10
Describe the type of event*					
* Insert letter for type of event: A = Wine tasting B = Golf outing C = Other sporting event (specify) D = Picnic E = Banquet F = House tour G = Bingo H = Walkathon I = Fashion show J = Concert (specify) K = Other (specify)					
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WINTER WEATHER FREEZE PROTECTION

The Winter Weather Freeze Section is mandatory on all risks that have a prior winter freeze loss greater than \$25,000 or 10% of the building TIV in the past 5 years OR a location in states commonly experiencing freezing temperatures.

These states include but are not limited to: AL, AR, AZ, CO, CT, DE, DC, GA, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

- | | | | |
|--|-----|----|-----|
| <p>1. Can the Applicant reliably confirm that all areas of the Applicant's building with fire sprinkler piping and/ or domestic water lines can be maintained at 45° F or higher?
This includes exterior accessed sprinkler riser rooms, as well as attics, crawl spaces, and stairwells if they have water lines in them.</p> <p>a. If not, select all freeze protection measures currently in place:
 Temperature monitoring and remote heating control system (Wi-Fi temperature controls)
 PHLYSense
 Other water detection/ notification/ alarm system
 Backup electrical generator, ensuring building heat at all times
 Insulation around water pipes in cold areas*
 Heat tracing for water pipes in cold areas*
 Antifreeze fire sprinkler system in cold areas*
 Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers
 Other:</p> | Yes | No | N/A |
| <p>* Cold areas are defined as portions of a building that cannot be maintained at all times reliably at or above 45° F.</p> | | | |
| <p>2. Fire Protection and Testing</p> <p>a. Is the building provided with an Automatic Fire Sprinkler System (AS)?</p> <p style="margin-left: 20px;">i. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe Both</p> <p style="margin-left: 20px;">ii. If yes, approximately what percentage (%) of the building is sprinklered? %</p> <p style="margin-left: 20px;">iii. If yes, has the system been tested & inspection by qualified sprinkler contractor within past 12 months & includes a formal winterization review?</p> <p style="margin-left: 20px;">iv. If yes, are the alarms tied to a 24 hour UL listed monitoring company?</p> | Yes | No | N/A |
| <p>3. Emergency Water Response (domestic and AS water lines)</p> <p>a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible?</p> <p>b. Are water shutoff valves exercised (closed and reopened) at least annually?</p> <p>c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours?</p> | Yes | No | N/A |
| <p>4. Automatic Water Shutoff Devices</p> <p>a. For domestic water lines, is there a water flow detection, notification and automatic shutoff?</p> | Yes | No | N/A |
| <p>5. Unused/ Vacant Spaces</p> <p>a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces?</p> | Yes | No | N/A |
| <p>6. Seasonal Occupancies ONLY:</p> <p>a. Is there a full-time caretaker/ maintenance personnel on the premise?
If yes, select required duties of the caretaker:</p> <p style="margin-left: 20px;">Regular walkthroughs of the building</p> <p style="margin-left: 40px;">i. How often each day?</p> <p style="margin-left: 20px;">Trained in the location(s) of water shut off valve(s)
 Inspects taps and leaves them dripping in freeze weather events
 Shuts off or drains pipes during freezing temperatures
 Monitors building temperatures ensuring heat is maintained at required levels
 Responds to power outages</p> <p style="margin-left: 40px;">i. List of required procedures</p> | Yes | No | N/A |
| <p>b. If no caretaker is present, has the building been properly winterized including water turned off, pipes drained, heat maintained, proper pipe insulation, etc.?</p> | Yes | No | N/A |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, LA, MD, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

APPLICABLE IN CALIFORNIA: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN COLORADO: 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 AGENCIES.

APPLICABLE IN DISTRICT OF COLUMBIA: 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.

APPLICABLE IN FLORIDA 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 OF THE THIRD DEGREE.

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS 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.

APPLICABLE IN MAINE: 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.

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

APPLICABLE IN NEW MEXICO: 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 CIVIL FINES AND CRIMINAL PENALTIES.

APPLICABLE IN OHIO: 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.

APPLICABLE IN OKLAHOMA: 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.

APPLICABLE IN PENNSYLVANIA: 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.

APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON: 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.

APPLICABLE IN VERMONT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

APPLICABLE IN NEW YORK: 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. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)