Patriot Insurance Agency, Inc.
DBA: Arizona Patriot Insurance Agency, Inc. in CA, NC, MA
P.O. Box 1298
Sonoita, AZ 85637-1298
Phone: 520 455-9252
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Toll Free Number: 800 859-2724
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COMMUNITY SERVICE INSURANCE PROGRAM APPLICATION

2005 to 06/30/2006 Term

APPLICANT INFORMATION SECTION

Organization's Legal Name:	
Name of Director/Contact:	
Mailing Address: *(Including City, State and Zip)*	
Physical Location Address: *(Including City, State and Zip)*	
Telephone Number:	
Fax Number:	
Email Address:	
Web Page Address:	

WARRANTY

Please understand that your answers and responses throughout this application serves as a warranty. Your completed application will become part of the wording and conditions of your organization's policy. Therefore, any misrepresentation or omissions made on this application may void any or all coverage benefits under these policies. Your signature below acknowledges that you understand this warranty and certifies your responses to be true and correct.

Applicant's Signature ______________________________ Date: ____________________

Applicant's Name *(printed)* ______________________________ Title: ____________________

LOSS EXPERIENCE SECTION

Over the last four years have any claims, incidents or lawsuits been brought against your organization or affiliated organization? **YES*** ☐ **NO** ☐

**If yes, please attach detailed claim information with the date of loss or occurrence, the status, the amount reserved or paid and a description of the claim or allegation.*

This application form duly completed, together with any supplementary information must be signed in ink by the Executive Director or Board President. **ALL QUESTIONS MUST BE COMPLETED, SIGNED AND ANY APPLICABLE INFORMATION PRESENTED BEFORE A QUOTE CAN BE OFFERED.**

COMMUNITY SERVICE INSURANCE PROGRAM APPLICATION

2005 TO 2006 TERM

DESCRIPTIONS OF OPERATIONS SECTION

Please describe your organization's operation, purpose, and daily functions.
(Please use a separate sheet of paper if more space is required.)

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1. Are you affiliated with a National Organization? If yes, please indicate ______________________
2. Do you have a maternity home or operate an overnight facility? YES ☐ NO ☐
   a. ** If yes, Are you licensed by the state(s) in which you operate? YES ☐ NO ☐
   (Please attach copy of license and latest inspection.)
   b. Is it renewed: ☐ Annually ☐ Semi-Annually ☐ Other: ______________________
3. Are you a multi-location organization? YES* ☐ NO ☐
   ****If Yes, please attach (on a separate sheet of paper) a schedule which will contain the following information for each location: (1) the physical location address, (2) the hours of operation per week including weekends if applicable (3) a description of the services provided to your clients.***
4. Average number of hours per week the main location is open: ______________
5. Average number of Employees: ________ Average number of Volunteers: ________
6. Average number of those providing counseling ________ (Counselors)
7. How many new personnel were added + ________ or left - ________ your staff last year.
8. Are you organized as a 501(c)(3) nonprofit organization? YES ☐ NO ☐

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9. Name of present insurance carrier for General Liability and Professional Liability:

____

Expiration Date: ____________

Effective Date Organization Began Service: ____________

Premium: ____________

Date of Incorporation of your Organization: ____________

COMMUNITY SERVICE INSURANCE PROGRAM APPLICATION

2005 TO 2006 TERM

PROFESSIONAL LIABILITY SECTION

1. Is there an established training and continuing education program provided for all counselors? **YES** ☐ **NO** ☐
   If Yes, does the training and education provided to your counselors teach counseling with a loving/factual approach to your clients? Specifically, are the harsh techniques of employing the pressures of guilt or mental anguish rejected as an appropriate counseling procedure? **YES** ☐ **NO** ☐

2. How often does the Director conduct a performance review with the individual counselors? ____________________
   Is this review done in writing? **YES** ☐ **NO** ☐

3. Do you make referrals to an adoption agency? **YES** ☐ **NO** ☐
   If Yes, do you have a Hold Harmless Agreement signed by your client? **YES** ☐ **NO** ☐

4. Do you have a licensed physician practicing at your location? **YES** ☐ **NO** ☐

5. Do the physicians you refer your clients to carry their own Professional Liability Insurance? **YES** ☐ **NO** ☐
   If Yes, do you require proof of coverage? **YES** ☐ **NO** ☐

6. Do you provide rape, sex abuse, suicide, spouse abuse, substance abuse, or other extensive social service counseling?
   YES** ☐ **NO** ☐
   ***If so, this Insurance Program **does not** cover the exposures associated with operating these extensive social service operations as described above. We have a separate program available to cover these exposures. (Please call for information.)*

7. Are you a Pregnancy Care Medical Clinic? **YES**** ☐ **NO** ☐
   **A Pregnancy Care Medical Clinic provides sonograms, physical examinations, and other select medical services.
   ***If Yes, this Insurance Program **does NOT** cover these exposures. A separate policy may be added to cover these additional exposures. (Please call for information.)*

8. Please provide the annual number of client contacts (visits, call-in etc.) for the following services:

	# of Visits
Pregnancy counseling: Individual	________________
Pregnancy counseling: Group	________________
Family/Independent Living Skills Training	________________
Adoption / Foster care counseling	________________
Adoption / Foster Care Referrals	________________
Other types of counseling (describe)	________________

____

COMMUNITY SERVICE INSURANCE PROGRAM APPLICATION

2005 TO 2006 TERM

GENERAL LIABILITY SECTION

1. Does your location maintain dry floors, unobstructed walkways and halls during operating hours in order to reduce the exposure to accidental slip and fall claims?
   YES ☐ NO ☐

2. Many landlords require General Liability limits of $1,000,000 per location. Does this amount adequately meet the requirements of your lease?
   YES ☐ NO* ☐ ***If not, what Liability Limit is required?** ____________________

***Program automatically includes $1,000,000 General Liability Limit. Additional excess Umbrella limits may be purchased. Please call for an application.*

3. **YOUR ADDITIONAL INSUREDS**: Insurable Interest – check the box that applies:

   Name: ________________________________ ☐ Funding/Placement ☐ Landlord
   ☐ Contract/Service
   Address: ________________________________ ☐ Other: Please Describe: ________________
   ____

   Name: ________________________________ ☐ Funding/Placement ☐ Landlord
   ☐ Contract/Service
   Address: ________________________________ ☐ Other: Please Describe: ________________
   ____

4. Do you lease or sub-lease to others any portion of the locations scheduled on the application? YES ☐ NO ☐
   a. If yes, do you require that your tenant carry liability insurance for the Occupancy? YES ☐ NO ☐
   b. If yes, how do you make sure the coverage is maintained? ________________________________

5. Is care taken in planning and coordinating your fund raising activities? Specifically, do you require all vendors or equipment suppliers to provide a Certificate (proof) of Insurance, prior to remitting payment for their services? YES ☐ NO ☐

6. In the past have you safely planned and managed crowd control, movement, and overflow parking during your events?
   YES ☐ NO ☐

7. When you hold a meeting or event is care taken when using property of a Third Party (such as: church, school, etc?)
   Yes ☐ No ☐

8. Are volunteers, employees, or those working at your center covered by Workers Compensation Insurance or Personal Health Insurance or Group Medical Insurance?
   YES ☐ NO ☐

COMMUNITY SERVICE INSURANCE PROGRAM APPLICATION

2005 TO 2006 TERM

ADVERTISING LIABILITY SECTION

1. Do you advertise in the newspapers, yellow pages, church bulletins or other print media?

   YES* ☐ **NO** ☐

   *If Yes, what classified heading(s) are used for your ads?

   ☐ 1. Abortion
   ☐ 2. Abortion Services
   ☐ 3. Clinics
   ☐ 4. Family Planning/Birth Control
   ☐ 5. Social Services
   ☐ 6. Abortion Alternatives
   ☐ 7. Pregnancy Counseling
   ☐ 8. Other – please describe: ____________________

2. Do you advertise on the radio ☐ or television ☐ ? ** **YES** ☐ **NO** ☐

   If either media is utilized, does the script include any ambiguous terminology while describing exactly what services you provide? **YES** ☐ **NO** ☐

*****PLEASE INCLUDE A COPY OR SCRIPT OF YOUR RADIO OR TELEVISION ADVERTISEMENT.***

NON-OWNED AUTO LIABILITY SECTION

(Subject to Underwriting Approval)

1. Do you provide transportation for your clients? **YES** ☐ **NO** ☐
2. Do employees, workers, or volunteers use their vehicles on behalf of the organization? **YES** ☐ **NO** ☐

It is management's responsibility to establish and enforce drive selection criteria

3. Do you order Motor Vehicle Reports (MVR) annually for all employees and volunteers driving their vehicles on your behalf? **YES** ☐ **NO** ☐
4. Do you have a procedure for evaluating MVR's to identify unacceptable/marginal drivers? **YES** ☐ **NO** ☐
5. Does the Organization verify that the employees or volunteers have their own vehicles properly insured? **YES** ☐ **NO** ☐

PLEASE NOTE: Evidence of adequate insurance must be updated annually.

OPTIONAL: PHYSICAL & SEXUAL ABUSE SECTION

(Subject to Underwriting Approval & Additional Premium)

1. Does your state permit you to do criminal background investigations on prospective employees/volunteers? YES ☐ NO ☐

   a. If yes, do you routinely request and receive such background investigations? YES ☐ NO ☐

   b. If yes, how often? ______________________________

2. Do you verify employment related references? YES ☐ NO ☐

3. Do you verify educational requirements? YES ☐ NO ☐

4. Do you conduct a personal interview? YES ☐ NO ☐

5. Are professional licenses checked for employees/volunteers? YES ☐ NO ☐

6. Do you provide new employee orientation? YES ☐ NO ☐

7. Do you discuss at staff orientations, physical and sexual abuse issues, how to recognize the signs and what to do if a client reports someone molested him/her? YES ☐ NO ☐

8. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients? YES ☐ NO ☐

9. Do you have a crisis management plan for dealing with staff, victim, parents, authorities and media if you have an incident of abuse? YES ☐ NO ☐

10. Have you ever had an incident which resulted in an allegation of sexual abuse? YES ☐ NO ☐

11. Was a claim ever made against you? YES ☐ NO ☐