



Named Insured: Phone Number:
Mailing Address: City: State: Zip:
Website Address: Email:

General Information

1. Describe your operations, clients served, and mission statement:

Please attach separate document or brochures if available.

2. Type of entity: ☐ For Profit ☐ Not For Profit ☐ Governmental ☐ Other

3. Contact person:

4. Number of years in operation:

5. Is this facility licensed? ☐ Yes ☐ No *If yes, please provide a copy of all licenses*

6. Has any license ever been suspended or revoked? ☐ Yes ☐ No

If yes, please explain:

7. Has any staff member ever had their professional license revoked or suspended? ☐ Yes ☐ No

If yes, please provide the name of the staff member(s), reason for and the date of revocation/suspension, and the length of time the employee(s) has been with your facility:

8. Is the facility accredited? ☐ Yes ☐ No

If yes, by whom?

9. What is your annual operating budget?

10. What is the age range of your clients?

11. Do you provide residential care? ☐ Yes ☐ No

If yes, please advise the number of beds licensed for:

If professional services are out-patient (no overnight stays), please list the annual number of client contacts, that is the total number of client meetings annually:

12. Do you provide childcare? ☐ Yes ☐ No *If yes, please attach Childcare Questionnaire*

13. Do you provide adult daycare? ☐ Yes ☐ No

If yes, what is the average number of clients?

14. Do you provide alcohol/drug rehab? ☐ Yes ☐ No

15. Do you provide services for the mental/physically disabled? ☐ Yes ☐ No

16. Do you provide a sheltered workshop? ☐ Yes ☐ No

If yes, please describe:

If yes, please supply pamphlets/literature describing the sheltered workshop.

17. Do you operate any camps? ☐ Yes ☐ No

If yes, please advise:

18. Are boats used? ☐ Yes ☐ No

19. Are motorized boats used? ☐ Yes ☐ No

If yes, please describe:

20. Are life jackets supplied? ☐ Yes ☐ No

21. Do you have proper signage on docks and piers? ☐ Yes ☐ No

If yes, please describe:

22. Is there swimming allowed? ☐ Yes ☐ No

If yes, is there a lifeguard? ☐ Yes ☐ No

If yes, is swimming area marked to keep boats out? ☐ Yes ☐ No

Staff Information

Classification Employees

Contractors

Volunteers

Full-Time

Part-Time

Part-Time

Part-Time

Aides				
Attorneys				
Chiropractors				
Counselors				
Dental Hygienists				
Dentists				
Emergency Medical Technicians				
Financial Advisors				
LPN				
Nurse Practitioners				
Occupational Therapists				
Pharmacists				
Physical Therapists				
Physicians				

If there is an employed physician or if services are provided in the capacity of a physician, coverage is not available

Classification Employees**Contractors****Volunteers****Full-Time****Part-Time****Part-Time****Part-Time**

Psychiatrists

Psychologists

R.N.

Social Workers

Technicians

Other: Other: **Total****Liability Information**1. Does your present policy include Professional Liability? ☐ Yes ☐ No2. Does your present policy provide Abuse & Molestation coverage? ☐ Yes ☐ No3. Have you had any lawsuits, mediations, arbitrations, or negotiated settlements in the past five years? ☐ Yes ☐ No

4. Are you aware of any circumstances which may give rise to a General Liability and/or professional Liability Claim?

☐ Yes ☐ No

If yes, please explain:

5. Does the applicant verify employment-related references? ☐ Yes ☐ No

If yes, how?

6. Does the applicant perform a criminal background investigation, including sexual abuse or child abuse-related offenses:

a. On prospective employees and volunteers? ☐ Yes ☐ No

How often?

7. Does the applicant discuss the following items at staff orientation?

a. Abuse and Molestation? ☐ Yes ☐ Nob. How to recognize the signs of abuse? ☐ Yes ☐ Noc. What to do if an individual reports someone molested them? ☐ Yes ☐ No

8. Does the applicant have knowledge of any incident which would give rise to, or result in, an allegation of sexual abuse?

☐ Yes ☐ No

If yes, please explain:

9. Has there ever been an allegation of sexual abuse made against the insured? ☐ Yes ☐ No10. Does your facility provide treatment, care, or services for convicted sexual offenders? ☐ Yes ☐ No

If yes, please explain the program:

Auto Information

1. Do employees use their own vehicles for work purposes? ☐ Yes ☐ No

If yes, please explain:

2. What is the average distance that an employee will drive their vehicle for work purposes per week?

3. Do employees transport clients in employee vehicles? ☐ Yes ☐ No

If yes, please explain how often and how far:

Optional Coverages

☐ Abuse & Molestation coverage (limits within the GL limits)

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL ARE COMPLETE AND TRUE

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits a supplemental or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to criminal and civil penalties. Any changes in your operation must be reported to your agent. (Not applicable in MN, NY, OR, or WA)

Minnesota: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or state claim for each violation.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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.

Insured's Signature:

Date:

Agents's Signature:

Date:

PRINT

Please submit completed application to your Independent Insurance Agent in electronic or printed format.

Western National Insurance Group
Central Region
 4700 West 77th Street, Edina, MN, 55435
Western Region
 9706 4th Ave NE, Suite 200 Seattle, WA 98115
www.wnins.com

Umialik Insurance Company
 725 E. Firewood Lane, Ste. 500
 Anchorage AK 99503
www.umialik.com

Michigan Millers Insurance
 2425 E. Grand River Avenue, Lansing, MI 48912
Specialty Insurance Solutions
 1600 Aspen Commons Ste 520, Middleton, WI 53562
www.mimillers.com