

This is an optional SHS Questionnaire which replaces all other SHS questionnaires. ACORDS are still required.

Name of organization: _____

Website address: _____ *If you do not have a website, attach brochure and detailed description of daily activities of organization.*

A. Facilities and Operations

1. Indicate number of clients, students or members in each age range: ☐ NA ____0-5 ____6-14 ____15-18 ____19-62 ____62-75 ____75-85 ____86+
2. Provide all applicable information:
 Payroll: _____ Number of employees: _____ Number of volunteers: _____
 Number of client workers: _____ Number of members: _____
3. Years under current management: _____
4. List all accreditations: _____
5. Is your organization a non-profit? YES ☐ NO ☐
6. Is your organization or any location operated by you licensed by any regulatory authority? YES ☐ NO ☐
If yes, a. Attach copies of all licenses and most recent inspection reports.
 b. When were your facilities last inspected? _____
 c. Were any violations or deficiencies noted on your most recent inspection? YES ☐ NO ☐
7. Does your organization:
 - a. Provide adoption or foster placement services? YES ☐ NO ☐
 - b. Provide methadone or detoxification services? YES ☐ NO ☐
 - c. Provide services to sex offenders or those who have acted out sexually? YES ☐ NO ☐
 - d. Provide services to bi-polar, schizophrenic, paranoid, psychotic or severely mentally ill clients? YES ☐ NO ☐
 - e. Provide services to clients that are suicidal or violent? YES ☐ NO ☐
 - f. Provide services to those with Alzheimer's or dementia? YES ☐ NO ☐
 - g. Provide alternative sentencing, incarceration or lock-down programs? YES ☐ NO ☐
 - h. Provide medical services (e.g. skilled nursing, medical treatment, etc.)? YES ☐ NO ☐
 - i. Ever use chemical or physical restraints, or restraint techniques on clients or students? YES ☐ NO ☐
 - j. Provide respite care? YES ☐ NO ☐
 - k. Have employed doctors, dentists, psychiatrists or nurse practitioners? YES ☐ NO ☐
 - l. Sponsor rallies, civil demonstrations or protests? YES ☐ NO ☐
 - m. Own or operate tanning beds? YES ☐ NO ☐
 - n. Provide commercial lending services or handle clients' money? YES ☐ NO ☐
 - o. Only provide referrals to other organizations (no direct services)? YES ☐ NO ☐

If yes to any listed above, describe: _____

8. Do you have any mentoring programs that match youth with mentors? YES ☐ NO ☐
If yes, a. Is contact required to be in a group setting? YES ☐ NO ☐
 b. Provide a description of program and how many clients are served: _____

9. Does your organization provide services in private homes (e.g. meal delivery, chore assistance, respite care, etc.)? YES ☐ NO ☐
If yes, provide a description of services and how many clients are served: _____

10. Do you accept donations of vehicles of any type? YES ☐ NO ☐
If yes, how are vehicles used?
 - a. ☐ Used in daily operations of organization ☐ Sold directly to the public as a fundraiser
☐ Vehicle is titled to an independent broker, when sold, profits are returned to the organization
 - b. How many vehicles do you receive in an average year? _____

11. Do you operate a bingo? YES ☐ NO ☐
If yes, provide annual number of attendees: _____ and gross revenue: _____
12. What security measures are in place at your locations?
☐ Electronic locks on doors ☐ Alarmed doors ☐ Wander-guard ☐ Unarmed security guards
☐ Armed security guards ☐ Security cameras ☐ Other: _____
13. If armed security officers are indicated:
a. Officers are (indicate all that apply): ☐ Employed ☐ Contracted
b. Is insurance in place for the security force (either employed or contracted)? YES ☐ NO ☐
If yes, attach a full copy of insurance policy.
14. Do you have any buildings that are more than 50% vacant or unoccupied? YES ☐ NO ☐
15. Do you routinely receive donations of real property (land or buildings)? YES ☐ NO ☐
If yes, describe type of property accepted, condition of property accepted and usage of property:

16. Do you have any plans for renovations or new construction during the next 2 yrs? YES ☐ NO ☐
If yes, describe: _____
17. Are portable heaters used in any buildings? YES ☐ NO ☐
If yes, describe type of heater and safety controls: _____
18. Do any locations have sprinklers? YES ☐ NO ☐
If yes, are all sprinklers either recessed or protected by sprinkler head guards? YES ☐ NO ☐
19. Does your organization provide accident insurance for members or clients? YES ☐ NO ☐
If yes, a. Insurance company name: _____ Policy number: _____
Policy period: _____ L imits: _____
b. Accident insurance: ☐ applies to all members or clients ☐ is optional, at member or clients' expense

B. Organizations in Business Less than 3 Years

SECTION NOT APPLICABLE ☐

Complete this section if your organization has not been in business at least 3 years.

1. Please list all sources of funding or revenue and amount of funding or revenue for the current fiscal year:

2. What are total projected expenses for the current fiscal year? \$ _____
3. Attach copies of executive staff résumés.

C. Outdoor Playgrounds or Other Outdoor Property

SECTION NOT APPLICABLE ☐

Complete this section if your organization has any outdoor playgrounds or property.

1. Does your organization have outdoor play equipment at any location? YES ☐ NO ☐
If yes, a. Was all equipment manufactured by a commercial manufacturer? YES ☐ NO ☐
b. Was all equipment installed by an insured contractor? YES ☐ NO ☐
2. Does your organization have any other type of outdoor property or equipment? YES ☐ NO ☐
If yes, describe type of property or equipment, the location and the value below. If additional space is required, provide an attachment or list on the Acord Property application.

D. Facility Rental

SECTION NOT APPLICABLE ☐

Complete this section if your organization rents your premises to others.

1. Number of times a year your premises is rented, either for a fee or at no cost? _____
2. Are all renters required to sign written rental contract? YES ☐ NO ☐
If yes, a. Does your rental agreement contain "hold harmless" clause in your favor? YES ☐ NO ☐
b. Does your contract require you to be named as additional insured on the renter's policy? YES ☐ NO ☐
c. Does agreement make the renter responsible for security during rental period? YES ☐ NO ☐
3. Are all renters required to submit a certificate of insurance or a copy of the declarations page as proof of liability coverage? YES ☐ NO ☐
4. Do you rent premises to those that do not carry liability insurance? YES ☐ NO ☐

E. Media Exposures

SECTION NOT APPLICABLE ☐

Complete this section if your organization (check all applicable):

- ☐ Creates your own advertising, brochures, pamphlets, websites or other materials using photographs taken by you or someone in your organization.
☐ Sells music or printed materials created, published or produced by someone within your organization.
☐ Airs television, radio or internet broadcast segments, public service announcements (PSAs) or shows.

1. Do you always obtain written waivers that specifically release your organization from all liability arising from personal or advertising injury, prior to using the likeness of others (e.g. pictures) or prior to using the work product of others? YES ☐ NO ☐
2. Frequency of broadcast segments: ☐ N/A ☐ Daily ☐ Weekly ☐ Monthly ☐ Infrequently
3. Describe all media created, produced or published by your organization: _____

4. Do you employ a contractor for creation or legal review of any materials? YES ☐ NO ☐

If yes, describe materials subject to review and type of review: _____

5. Does your organization carry any type of media liability insurance (broadcasters' liability, publishers' liability etc.)? YES ☐ NO ☐

If yes, attach a copy of the declarations page.

F. Abuse Sensitive Clients, Members, Students

SECTION NOT APPLICABLE ☐

Complete this section if your organization deals directly with minor clients (under age 18), developmentally or physically disabled clients, mentally ill clients or elderly.

1. As respects abuse,
 - a. Have any claims been filed or allegations of abuse been made against your organization or anyone working on behalf of your organization? YES ☐ NO ☐
 - b. Are you aware of any occurrences that could lead to a claim? YES ☐ NO ☐

If yes to above, explain: _____

2. Does your organization have written policies that require known or suspected abuse incidents be reported to proper authorities? YES ☐ NO ☐
3. Does your organization require at least 2 employees or volunteers to be with clients at all times, prohibiting all employees and volunteers from being alone with clients? YES ☐ NO ☐

If no, explain _____

4. Indicate all employee and volunteer screening controls used by your organization:

Provide the following information:

	EMPLOYEES <input type="checkbox"/> NO EMPLOYEES	VOLUNTEERS <input type="checkbox"/> NO VOLUNTEERS
a. Written applications required	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Picture ID required	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Personal interviews conducted	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Personal references checked	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
e. At least 5 years of employment history verified	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
f. Education of professionals verified	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
g. Licensing/certification of professionals verified	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Explain any **NO** responses: _____

5. Indicate all background checks which are conducted:

Provide the following information:

	EMPLOYEES <input type="checkbox"/> NO EMPLOYEES	VOLUNTEERS <input type="checkbox"/> NO VOLUNTEERS
a. No background checks conducted	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Name check – local level	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Name check – state level	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Name check – national level (e.g. using online vendor services)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
e. State level 10-digit fingerprint check	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
f. FBI fingerprint check regardless of time person has resided in the state	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
g. FBI fingerprint check if person has resided in the state less than 5 consecutive years	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
h. FBI fingerprint check – other criteria – describe: _____		
i. Description of other screening methods: _____		

6. Are all controls indicated in 4 and 5 above completed prior to:
 - a. Hiring employee or accepting volunteer? YES ☐ NO ☐
 - b. Employee or volunteer contact with client? YES ☐ NO ☐

Explain any **NO** responses: _____

7. Do applications contain a notice that a criminal background check may be run on all candidates? YES ☐ NO ☐

If yes, does application advise applicant that they may be rejected or terminated based on an unacceptable background check? YES ☐ NO ☐

8. How long are employee and volunteer records, including record of background checks, retained?

☐ Number of years: _____ ☐ Permanently

G. Automobile Exposures

SECTION NOT APPLICABLE ☐

Complete this section if your organization has submitted owned, non-owned or hired automobile coverage to us.

1. Does your organization own or lease autos? YES ☐ NO ☐
2. Are all autos submitted for coverage titled to the organization? YES ☐ NO ☐
- If no, describe which autos are not titled to the organization and list the titled owner: _____
3. Do any autos have wheelchair lifts? YES ☐ NO ☐
- If yes, describe wheelchair lift training provided to drivers: _____
4. Do you provide transportation to any clients, members or the general public? YES ☐ NO ☐
- If yes, describe: _____
5. Does your organization spend more than \$2,500 on vehicle rentals per year? YES ☐ NO ☐
- If yes, annual cost: \$ _____
6. Do any employees or volunteers use their **personal automobiles** on behalf of the organization, either on a daily or weekly basis? YES ☐ NO ☐
- If yes, a. Number that have daily or weekly usage of **personal autos**: _____ employees _____ volunteers
- b. Indicate type of usage:
 - ☐ Errands
 - ☐ Delivery of meals or property – average number of deliveries per week: _____
 - ☐ Transportation of other people – average number of people transported per week: _____
- c. Does your organization require proof of personal auto insurance on vehicles driven for your organization, at each policy renewal? YES ☐ NO ☐
- d. Does your organization have a minimum requirement for personal auto policy limits? YES ☐ NO ☐
- If yes, indicate minimum limits you require: _____
7. Does your organization run annual MVRs on:
 - a. Those who drive your autos? YES ☐ NO ☐
 - b. Those who drive their personal autos on your behalf? YES ☐ NO ☐

H. Sale or Distribution of Food or Merchandise

SECTION NOT APPLICABLE ☐

Complete this section if your organization sells food or merchandise or donates food or merchandise to others.

1. Goods distributed or sold by the organization: ☐ Food ☐ New merchandise ☐ Used merchandise
2. Food is:
 - ☐ Sold – Gross sales: \$ _____ ☐ Distributed to individuals – value distributed: \$ _____ pounds distributed: _____
 - ☐ Distributed to other organizations – value distributed: \$ _____ pounds distributed: _____
3. Merchandise is:
 - ☐ Sold – Gross sales: \$ _____ ☐ Distributed to individuals – value distributed: \$ _____
 - ☐ Distributed to other organizations – value distributed: \$ _____
4. Goods arrive at your premises by ☐ Other organizations deliver ☐ Picked up in owned autos ☐ Picked up in personally owned autos
5. Goods are distributed by
 - ☐ Picked up at your location by individuals/families ☐ Delivered in your owned auto
 - ☐ Picked up by an organization ☐ Delivered in personally owned autos
6. Do you provide any warranties of quality or safety on any food or merchandise? YES ☐ NO ☐
7. Do you refurbish, repair, repack, re-label, remove labels or in any other way modify items (excluding cosmetic changes)? YES ☐ NO ☐
8. Are all sales indicated to be “as is?” YES ☐ NO ☐
- If yes, this is indicated by: ☐ Signs ☐ Receipts ☐ Other: _____
9. Does the value of any item for sale exceed \$500? YES ☐ NO ☐
- If yes, describe items: _____
10. Are forklifts used? YES ☐ NO ☐
- If yes: a. Do forklifts have back-up alarms? YES ☐ NO ☐ b. Are forklift drivers certified to operate forklifts? YES ☐ NO ☐
11. Do you publish and enforce housekeeping guidelines? If yes, attach copy of housekeeping rules. YES ☐ NO ☐

I. Liquor or Alcohol Served or Sold

SECTION NOT APPLICABLE ☐

Complete this section if your organization sells alcohol, either annually or for special events.

1. Gross annual alcohol sales: \$ _____
2. Is any employee or volunteer of your organization responsible for serving alcohol? YES ☐ NO ☐
3. What alcohol dispensing controls are in place? _____
4. Type of license you have for sale of alcohol: ☐ Permit for event only ☐ Annual liquor license ☐ Alcohol served by caterer

J. Special Events

SECTION NOT APPLICABLE ☐

Complete this section if your organization holds, sponsors or co-sponsors any special events or fundraisers.

- Total number of events: _____
- Complete chart below for each event. **If additional space is required, provide information on an attachment.**

Provide the following information:	EVENT 1	EVENT 2	EVENT 3
Name of event:			
Date, time and location of event:			
Total estimated attendance:			
Gross sales from admissions:	\$	\$	\$
Gross sales from food or non-alcoholic beverage sales:	\$	\$	\$
Gross sales from alcohol sales:	\$	\$	\$
Other gross sales:	\$	\$	\$
Annual event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has any claim or incident ever arisen out of this event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Emergency medical personnel present?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Security personnel present?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Golf carts or trams at event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Activities at event (use all applicable activity codes from list below):			

Activity Codes (for use above)

- | | | |
|---------------------------|--|---|
| A. Golf outing | H. Aircraft (motorized or not) | O. Parade (only entry of float into a parade) |
| B. Wine tasting | I. Animals | P. Parade – participation in a parade (no-floats) |
| C. Dinner, gala or picnic | J. Athletic participation | Q. Parade – sponsorship of a parade |
| D. Auction | K. Fireworks sales or show | R. Use of any motorized vehicle(s) |
| E. House tour | L. Haunted house or trail | S. Concert – describe type of music |
| F. Fashion or Art Show | M. Mechanical rides | T. Other – describe in space above |
| G. Bingo | N. Non-mechanical entertainment devices (e.g. bounce houses) | |

- Do you sponsor or co-sponsor any parades? YES ☐ NO ☐

If yes, a. Number of: floats _____ horses _____ participants _____

- b. Do you require certificates of insurance, with \$1,000,000 liability limits from all participants? YES ☐ NO ☐

- a. Describe all mechanical or non-mechanical devices used at special events: _____

- b. Are devices indicated provided and operated by a contractor? YES ☐ NO ☐

If yes, do you obtain or require a certificate of insurance from the contractor? YES ☐ NO ☐

K. Animal Rescue, Shelter, Humane Society or SPCA

SECTION NOT APPLICABLE ☐

Complete this section if your organization provides animal shelter services.

- Indicate all of the following operations or services you provide:
☐ Gift Shop – gross sales: \$ _____ ☐ Pet Training – gross sales: \$ _____
☐ Pet Grooming – gross sales: \$ _____
- Number of kennels, cages or compartments on your premises: _____
- Does your organization provide shelter for large, wild or exotic animals? YES ☐ NO ☐
- Total number of: a. Volunteer veterinarians: _____ b. Contracted veterinarians: _____ c. Employed veterinarians: _____
- What is the annual payroll for employed veterinarians? \$ _____
- Does your organization employ animal control officers? YES ☐ NO ☐
- If yes,** a. Do the officers have arrest authority? YES ☐ NO ☐
- b. Officers carry: ☐ Firearms/guns ☐ Tasers ☐ Tranquilizer weapons
- c. Does separate liability coverage apply to animal control officers? YES ☐ NO ☐

7. Does your organization train **all** employees and volunteers in proper animal handling? YES ☐ NO ☐
8. Does your organization test **all** animals for “adoptability” prior to adopting animals out? YES ☐ NO ☐
9. Do you operate any mobile adoption vehicles? YES ☐ NO ☐
10. Do you have a crematory? YES ☐ NO ☐

L. Church or Religious Organization

SECTION NOT APPLICABLE ☐

Complete this section if your organization is a church or other religious organization.

1. Religious denomination: _____
2. Are any dwellings owned by your organization? YES ☐ NO ☐
If yes, is housing provided for clergy only? YES ☐ NO ☐
3. Does any building have either stained glass, statuary or other fine arts affixed to the building? YES ☐ NO ☐
If yes, attach a schedule of fine arts with values for each item.

M. Performance Arts Operations

SECTION NOT APPLICABLE ☐

Complete this section if your organization offers performance arts (e.g. theatrical or musical productions).

1. What type of performances (e.g., ballet, plays, etc.)? _____
2. Total number of performances that occur annually: _____
3. What is the total annual attendance for **all** performances? _____
4. Do you hold any performances away from premises owned or leased by you? YES ☐ NO ☐
If yes, do you provide ushers, ticket takers or ticket sellers? YES ☐ NO ☐
5. Are any pyrotechnics used during performances? YES ☐ NO ☐
If yes, describe type of pyrotechnics and safety controls in place: _____
6. Do you perform at locations owned by or leased to your organization? YES ☐ NO ☐
If yes,

a. What is the seating capacity of the theater? _____ b. Is the building fully sprinklered? YES <input type="checkbox"/> NO <input type="checkbox"/> c. Are there curtains on the stage? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes , are curtains fire resistant? YES <input type="checkbox"/> NO <input type="checkbox"/> d. Are aisles lighted? YES <input type="checkbox"/> NO <input type="checkbox"/> e. Is there emergency lighting? YES <input type="checkbox"/> NO <input type="checkbox"/>	f. Are exits lighted? YES <input type="checkbox"/> NO <input type="checkbox"/> g. Is there panic hardware on the exits? YES <input type="checkbox"/> NO <input type="checkbox"/> h. Is there balcony seating? YES <input type="checkbox"/> NO <input type="checkbox"/> i. Is there a lowered pit area near the stage? YES <input type="checkbox"/> NO <input type="checkbox"/> j. Do ushers assist patrons to seats during performances? YES <input type="checkbox"/> NO <input type="checkbox"/>
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N. All Camps

SECTION NOT APPLICABLE ☐

Complete this section if your organization provides any camps (day camps or overnight).

1. Number of days the camp operates per year: _____ Average number of campers per day: _____
2. Number of campers in each age range: _____ under 12 _____ age 13–16 _____ over age 16
3. Total number of: _____ adult counselors _____ youth counselors

O. Camps With Campgrounds or Overnight Camping

SECTION NOT APPLICABLE ☐

Complete this section if your organization provides overnight camping or campgrounds.

1. What lifesaving skills are required of the counselors? ☐ CPR ☐ Lifeguard Training ☐ First Aid ☐ Other
2. Do you have a nurse on-site? YES ☐ NO ☐
3. Do you keep a medical history on file for each camper? YES ☐ NO ☐
4. Is the camp located in a canyon or an area prone to brush or wildfires? YES ☐ NO ☐
5. Is camp located in a remote area? YES ☐ NO ☐
If yes, describe all available sources of water and fire fighting equipment: _____
6. Does a caretaker live at the camp during the off-season? YES ☐ NO ☐

P. Childcare, Headstart or Latchkey

SECTION NOT APPLICABLE ☐

Complete this chart if your organization provides childcare, headstart or latchkey care.

LOCATION(S) (COPY THIS SHEET IF ADDITIONAL SPACE IF NEEDED)	NO. OF CHILDCARE PERSONNEL	AGE RANGE OF CHILDREN	NO. OF CHILDREN LICENSED FOR	AVERAGE DAILY ATTENDANCE FULL-DAY	AVERAGE DAILY ATTENDANCE HALF-DAY*

*Count each child as one attendee for Average Daily Attendance

Q. Schools

SECTION NOT APPLICABLE ☐

Complete this section if your organization is a licensed school or other educational institution.

- Is this a charter school? YES ☐ NO ☐
- Is corporal punishment coverage desired? YES ☐ NO ☐
- Does school have any stadiums, bleachers or grandstands? YES ☐ NO ☐
- Your school's primary purpose or mission is to provide the following types of education (check all applicable):
☐ Art, dance or music ☐ Education to developmentally impaired ☐ Education to learning impaired ☐ Education to physically impaired
☐ Education to emotionally impaired, including mentally ill, suicidal, violent and/or oppositionally defiant

R. Vocational training or sheltered workshops

SECTION NOT APPLICABLE ☐

Complete this section if your organization provides vocational training or sheltered workshops.

- Number of: Supervisors/trainers: _____ Total clients per day: _____
- Number of: Physically disabled: _____ Mentally disabled: _____
- Number of job coaches you employ: _____ Payroll for job coaches: \$ _____
- Level of clients' disability – check all applicable: ☐ None ☐ Mild ☐ Moderate ☐ Severe/Profound
- Total annual sales from workshop: \$ _____ Annual sales from recycling: \$ _____
- Total annual payroll to clients: For janitorial services: \$ _____ For landscaping services: \$ _____
Total payroll to all clients: \$ _____
- Does your organization pay clients at least minimum wage for their work? YES ☐ NO ☐
- Are all client workers covered under your workers compensation policy? YES ☐ NO ☐
 If no, are clients covered under any other organization's workers compensation? YES ☐ NO ☐
- Do you perform component assembly or manufacturing for other companies? YES ☐ NO ☐
 If yes, a. Are any components assembled or products manufactured for the auto, truck, aircraft or aerospace industry? YES ☐ NO ☐
 b. Attach a list of all companies and all products for each company.
 c. Are written contracts in place for all work? YES ☐ NO ☐
 d. Do all contracts contain "hold harmless" clause in favor of your organization? YES ☐ NO ☐
- Do you store or warehouse either product components or completed products? YES ☐ NO ☐
 If yes, list all storage locations and area on the GL ACORD application.
- Indicate all activities your clients participate in:

<input type="checkbox"/> Commercial cooking	<input type="checkbox"/> Laundry services or sewing	<input type="checkbox"/> Silk-screening or spray painting
<input type="checkbox"/> Construction trades (framing, roofing, etc.)	<input type="checkbox"/> Light office work, packaging or assembly	<input type="checkbox"/> Use of flammable or corrosive chemicals
<input type="checkbox"/> Electrical component wiring	<input type="checkbox"/> Recycling-processing	<input type="checkbox"/> Use of power tools or wood-working
<input type="checkbox"/> Heat sealing, shrink-wrapping	<input type="checkbox"/> Recycling-sorting only	<input type="checkbox"/> Use of scaffolding
<input type="checkbox"/> Janitorial or landscaping	<input type="checkbox"/> Repair of appliances or vehicles (cars, bikes, etc.)	<input type="checkbox"/> Welding
<input type="checkbox"/> Use of bailing machinery, conveyer systems, presses, press brakes or metal shearing machinery		
<input type="checkbox"/> Other: _____		
- Do you have a safety coordinator? YES ☐ NO ☐
- Do you have an orientation program which all staff and regularly scheduled volunteers complete within their first month at the facility? YES ☐ NO ☐
 If yes, does orientation include:
 a. A review of the facility's safety procedures? YES ☐ NO ☐
 b. Training in emergency procedures (including first aid)? YES ☐ NO ☐
 c. Job responsibilities? YES ☐ NO ☐

S. Clubs – All Types

SECTION NOT APPLICABLE ☐

Complete this section if your organization is a club or membership based organization of any type.

- Does your organization own, lease, rent or use any buildings or locations? YES ☐ NO ☐
If yes, a. What are the hours of operation each day? Mon-Thurs: _____ Fri: _____ Sat: _____ Sun: _____
 b. Are employees always on-site during operating hours? YES ☐ NO ☐
 c. Are members allowed to access the facility during non-operating hours? YES ☐ NO ☐
 d. Is club access restricted to club members and their guests? YES ☐ NO ☐
 e. Are minors required to be accompanied by a parent or guardian? YES ☐ NO ☐
If no, explain guidelines applicable to minors: _____
- Indicate all applicable sources of income and gross sales from each:
☐ Membership or initiation fees: \$ _____ ☐ Food or beverage sales: \$ _____
☐ Other sales or income: \$ _____ Describe source of other sales or income: _____

T. Health or Exercise Clubs

SECTION NOT APPLICABLE ☐

Complete this section if your organization operates a health or exercise club.

- Has your facility or part of your facility been inspected by any regulatory or health authority within the past five years? YES ☐ NO ☐
If yes, attach a copy of your most recent inspection.
 a. Were any violations or deficiencies found in your most recent inspection? YES ☐ NO ☐
 b. How often are you subject to inspection and by what authority? _____
- How often do you inspect your premises and equipment? _____
- Do you maintain an inspection log to document inspections? YES ☐ NO ☐
- Are signs posted throughout the facility indicating how to properly use the equipment? YES ☐ NO ☐
- Are ground fault interrupters (GFI) used on all outlets in all wet areas (e.g. showers)? YES ☐ NO ☐
- Are all wet areas (e.g. showers, locker rooms, etc.) equipped with slip resistant flooring? YES ☐ NO ☐
- Do you require at least one CPR and First Aid certified employee to be on duty at all times? YES ☐ NO ☐
- Are there written medical emergency and evacuation procedures in place? YES ☐ NO ☐
If yes, are all employees and contractors trained in emergency procedures? YES ☐ NO ☐
- Are incident reports completed and maintained for all injuries, regardless of severity? YES ☐ NO ☐
- Indicate all services or programs offered:
☐ Babysitting (while parent(s) exercise) ☐ Body wrapping ☐ Nutritional counseling ☐ Weight loss competition(s)
☐ Beauty salon/hair services ☐ Diet center/weight loss ☐ Physicals/stress testing
☐ Blood analysis ☐ Massage ☐ Sports medicine/rehab
- Do you sell any dietary supplements or herbal remedies? YES ☐ NO ☐
If yes, do you manufacture or re-label any products as your own? YES ☐ NO ☐
- Do you employ any certified athletic trainers? YES ☐ NO ☐
If yes, please describe daily activities of CAT: _____
- Do you offer any services where there are not at least two staff members present? YES ☐ NO ☐
If yes, describe services: _____
- Do you run criminal background checks on employees? YES ☐ NO ☐

U. Athletic Activities

SECTION NOT APPLICABLE ☐

Complete this section if your organization provides any athletic activities.

- Is a waiver required to be signed by participant, the parent or guardian of the participant prior to participation in all athletic activities? YES ☐ NO ☐
If yes, has your waiver form been reviewed by legal counsel? **Attach** copy of waiver. YES ☐ NO ☐
- Indicate all of the following activities that you offer at any location:

<input type="checkbox"/> Acupuncture/acupressure	<input type="checkbox"/> Football – tackle	<input type="checkbox"/> Rollerblading, skating, skateboarding
<input type="checkbox"/> Aerobics	<input type="checkbox"/> Free weights	<input type="checkbox"/> Scuba classes or training
<input type="checkbox"/> Aerobic boxing/kick-boxing	<input type="checkbox"/> Hockey - ice, street, roller or field	<input type="checkbox"/> Skiing (downhill) or snowboarding
<input type="checkbox"/> Archery	<input type="checkbox"/> Inflatable devices, eg. bounces	<input type="checkbox"/> Swimming
<input type="checkbox"/> Baseball/softball/basketball/soccer	<input type="checkbox"/> Lacrosse/rugby	<input type="checkbox"/> Trampolines, mini-trampolines
<input type="checkbox"/> Biking, mountain biking, BMX dirt bikes, etc.	<input type="checkbox"/> Obstacle course(s)	<input type="checkbox"/> Use of motorized vehicles, such as ATV, motorcycles
<input type="checkbox"/> Boxing/Kickboxing – Contact	<input type="checkbox"/> Outdoor rock climbing, rappelling	<input type="checkbox"/> Water skiing or kayaking
<input type="checkbox"/> Circuit training/cardio	<input type="checkbox"/> Paintball	<input type="checkbox"/> Wilderness trips
<input type="checkbox"/> Diving	<input type="checkbox"/> Racquetball or squash	
<input type="checkbox"/> Football – flag	<input type="checkbox"/> Riflery	

Describe in detail each activity indicated and safety controls in place: _____
- Do you organize any or offer league or team sports? YES ☐ NO ☐
If yes, total number of registrants and description of sports: _____
- Do you sponsor competitions or teams that participate in competitions? YES ☐ NO ☐
If yes, describe: _____

5. Do you offer martial arts programs? YES ☐ NO ☐
- If yes,** a. Martial arts are (check all applicable): ☐ Non-contact ☐ Partial contact ☐ Full contact
- b. Are any bladed weapons ever used? YES ☐ NO ☐
- c. Describe specific types of martial arts offered and safety equipment required: _____
-
6. Do you offer gymnastics programs? YES ☐ NO ☐
- If yes,** a. Describe your gymnastics program, including levels, type of equipment used, number of registered participants: _____
- b. Describe the mats and crash pads around all equipment and how they are secured in place: _____
-
7. Do you offer skateboarding or own or operate a skate park? YES ☐ NO ☐
- If yes,** a. Describe your skateboarding program and activities, including facility and number of registered participants. Include photos of the skateboarding area. _____
- b. Is the skateboard facility supervised by your adult employees or volunteers? YES ☐ NO ☐
- c. Are all skateboarders required to wear helmets, wrist guards, elbow pads, knee pads, appropriate shoes and clothing? YES ☐ NO ☐
8. Do you offer whitewater boating or rafting activities? YES ☐ NO ☐
- If yes,** a. Describe whitewater activities including river rating scale or class and number and ages of registrants: _____
- b. Are all boats staffed by an experienced, insured guide? YES ☐ NO ☐
- c. Do you require at least one member of the trip to be skilled in life saving techniques? YES ☐ NO ☐
- d. Are all rafters required to wear a helmet and life vest with leg straps? YES ☐ NO ☐
- e. Are all rafters trained on safety procedures? YES ☐ NO ☐
9. Do you offer other boating activities? YES ☐ NO ☐
- If yes,** a. Number of boats you own or operate? ____ boats without motors ____ motorboats
- b. Are all boaters and skiers required to wear life vests with leg straps? YES ☐ NO ☐
10. Do you offer snow skiing or snowboarding? YES ☐ NO ☐
- If yes,** a. Describe your skiing and snowboarding activities, including styles, age and number of participants and number of instructors: _____
- b. Are all ski activities conducted at a commercially operated ski facility? YES ☐ NO ☐
- c. Are all skiers required to wear helmets and goggles? YES ☐ NO ☐
11. Do you offer horseback riding activities of any kind? YES ☐ NO ☐
- If yes,** a. Describe riding activities including locations where riding is done, type of riding, and number of participants registered: _____
- b. Is jumping or racing prohibited? YES ☐ NO ☐
- c. Is riding restricted to an arena or enclosed area? YES ☐ NO ☐
- d. Are all riders required to wear riding helmets, appropriate clothing, and shoes? YES ☐ NO ☐
- e. Number of horses owned by your organization? _____
- f. Are all riding activities provided by independent contractors? YES ☐ NO ☐
12. Do you own or operate any rope courses? YES ☐ NO ☐
- If yes,** a. Describe the course and program, including location, number of elements, height, frequency of use, and number of users annually. Include photos of your rope course. _____
- b. Describe the qualifications and training program of your course operators or supervisors: _____
- c. Describe safety controls in place: _____
- d. Are all participants required to wear a helmet? YES ☐ NO ☐
- e. Is all safety equipment inspected prior to every use? YES ☐ NO ☐
- f. Was course designed, built, and inspected by an ACCT Professional Vendor Member? YES ☐ NO ☐
13. Do you own or operate a climbing wall or tower? YES ☐ NO ☐
- If yes,** a. Climbing wall or tower is: ☐ Located inside a building ☐ Located outside
- b. Was the wall or tower designed and installed by a licensed, insured contractor? YES ☐ NO ☐
- c. Indicate climbing styles available: ☐ Bouldering (maximum height: _____) ☐ Top-rope ☐ Lead climbing
- d. Are climbers permitted to climb without harness, helmet or other safety equipment? YES ☐ NO ☐
- If yes,** describe under what circumstances: _____
- e. Describe your methods of screening users before allowing them to climb or belay: _____
- f. Are belay system anchors "backed-up"? YES ☐ NO ☐

- g. Is the belayer anchored to a secure point? YES ☐ NO ☐
- h. What is the minimum age for belayers? _____
- i. Is there a minimum of 6 inches of fall protection beneath the climbing wall or tower out to a distance of 6 feet from the base of the wall(s)? YES ☐ NO ☐
- j. Are rules, regulations and emergency procedures clearly posted in the climbing area? YES ☐ NO ☐
- k. Describe wall & equipment inspection and maintenance procedures & schedule, including how records are maintained: _____
- l. Is there a program in place to identify equipment that needs to be replaced? YES ☐ NO ☐
- m. How do you control access to the climbing wall or climbing area, both during and after business hours? _____
- n. Are the following always present when the wall is being used:
1. A staff member who is trained in the safety rules and is certified to belay? YES ☐ NO ☐
 2. A full-time staff member who is certified to provide first aid? YES ☐ NO ☐
 3. A first aid kit? YES ☐ NO ☐
- o. Describe your emergency response plan in case of an accident: _____
- p. Number of climbers or belayers that have been injured in the past year? _____

14. Do you own or operate any swimming pools? YES ☐ NO ☐

If yes, a. Number of pools on your premises: _____

b. Provide information on all pools below. If more than 3 pools, please provide information on an attachment.

	POOL 1	POOL 2	POOL 3
Size, location and description:	_____	_____	_____
Indicate number of drains:	_____	_____	_____
Indicate shallow-end depth:	_____	_____	_____
Indicate deep-end depth:	_____	_____	_____
How is depth marked (e.g. painted markers on pool bottom, life line)?	_____	_____	_____
Describe any diving boards, diving platforms, slides or water trampolines:	_____	_____	_____
Indoor?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Enclosed by "child proof" gate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Slip resistant surfacing?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Pool chemicals kept in a dry, ventilated, locked storage area?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does pool have a pump safety shutoff?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Always a certified lifeguard on duty?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Safety equipment easily accessible within the pool area (i.e. hooks, life preservers, kick boards)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone in the pool area with emergency phone numbers posted nearby?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Suspended ceilings above pool?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

15. Do you have any water park playground areas? YES ☐ NO ☐

If yes, describe surfacing and playground elements: _____

16. Do you own or operate any hot tubs or whirlpools? YES ☐ NO ☐

If yes, a. Do all hot tubs or whirlpools have at least 2 drains? YES ☐ NO ☐

b. Is there a clearly marked emergency pump shutoff switch nearby? YES ☐ NO ☐

c. Are temperatures always kept at 104° or less? YES ☐ NO ☐

d. Is the hot tub operated on an automatic timer? YES ☐ NO ☐

e. Are unsupervised minors prohibited? YES ☐ NO ☐

17. Have all pools and spas been equipped with anti-entrapment drain covers or systems? YES ☐ NO ☐

If yes, describe systems installed and date for each pool or spa: _____

V. Residential or Overnight Housing – All Types

SECTION NOT APPLICABLE ☐

Complete this section if your organization provides overnight housing of any type.

1. Is property subject to HUD inspection? YES ☐ NO ☐
If yes, attach copy of REAC report.
2. Is smoking permitted inside any location? YES ☐ NO ☐
3. Are all units equipped with smoke detectors? YES ☐ NO ☐
If yes, indicate all that apply: ☐ hardwired ☐ battery operated ☐ hardwired with battery backup
4. Do you have any locations with sleeping areas above the second floor? YES ☐ NO ☐
If yes, are all such buildings 100% sprinklered (including sleeping areas)? YES ☐ NO ☐
5. Are all units equipped with carbon monoxide detectors? YES ☐ NO ☐
6. Do you allow grills or fire-pits on patios or balconies? YES ☐ NO ☐

W. Residential other than Apartments

SECTION NOT APPLICABLE ☐

Complete this section if your organization provides residential or overnight facilities, other than apartments.

1. What is your staff to client ratio? _____
2. Are male and female residents separated unless they are part of the same family? YES ☐ NO ☐
3. Type of clients or residents in your care overnight – complete chart:

TYPE OF CLIENTS	NO. OF CLIENTS	TYPE OF CLIENTS	NO. OF CLIENTS
Assisted living— seniors or developmentally disabled	_____	Respite care	_____
Half-way house or transitional housing	_____	Shelter – homeless or battered families	_____
Hospice	_____	Shelter – victims of sexual abuse	_____
Independent living – seniors or developmentally disabled	_____	Skilled care	_____
Inpatient crisis center	_____	Sober living (post detox)	_____
Residential therapeutic treatment	_____	Other (specify) _____	_____

4. Are any residents mentally ill or mentally disordered? YES ☐ NO ☐

If yes, complete chart:

DISORDER	TOTAL PERCENTAGE OF RESIDENTS WITH DISORDER
<input type="checkbox"/> Autism or related disorders	_____ %
<input type="checkbox"/> Cognitive disorders: e.g. delirium, dementia, Alzheimers, or memory problems	_____ %
<input type="checkbox"/> Conduct disorders: e.g. vandalism, aggression, truancy, problems with impulse control	_____ %
<input type="checkbox"/> Eating disorders: bulimia, anorexia	_____ %
<input type="checkbox"/> Mood disorders: e.g. bi-polar, mania, manic depressive, depression	_____ %
<input type="checkbox"/> Psychotic disorders: e.g. schizophrenia or schizoaffective disorder, paranoia	_____ %
<input type="checkbox"/> Pyromania or fire-starting	_____ %
<input type="checkbox"/> Sexual acting out or pedophilia	_____ %
<input type="checkbox"/> Suicidal or self-injurious	_____ %
<input type="checkbox"/> Other – describe: _____	_____ %

5. Number of residents that have eloped, disappeared or gone absent without permission from any of your facilities during the current year and prior two years: _____
6. Do you prohibit acceptance of residents who have been convicted of a violent or sexual crime? YES ☐ NO ☐
7. Does your organization provide assistance with activities of daily living (ADL)? YES ☐ NO ☐

If yes, total number of clients: _____

- a. Number of non-ambulatory residents at each location (residents that cannot walk or move without the assistance of a wheelchair, walker or cane): Location 1: _____ Location 2: _____ Location 3: _____
Additional locations: _____
- b. Indicate number of clients' by level of functionality in each ADL in the chart below:

ADL – ACTIVITIES OF DAILY LIVING	NUMBER OF CLIENTS THAT PERFORM WITH NO PHYSICAL ASSISTANCE	NUMBER OF CLIENTS THAT PERFORM WITH MINIMAL PHYSICAL ASSISTANCE	NUMBER OF CLIENTS UNABLE TO PERFORM WITHOUT ASSISTANCE
Bathing (sponge, bath or shower)	_____	_____	_____
Dressing	_____	_____	_____
Toileting	_____	_____	_____
Transferring (in/out of bed or chair)	_____	_____	_____
Assisting with incontinence	_____	_____	_____
Eating	_____	_____	_____

X. Professional Liability

SECTION NOT APPLICABLE ☐

Complete this section if your organization would like a quote for professional liability.

1. Does your organization provide:
 - a. Alternative or complementary medical practices (e.g. acupuncture, chiropractic, herbal remedies, hypnotherapy, healing services, etc.)? YES ☐ NO ☐
 - b. Catheterization, feeding tube maintenance or injection of prescribed medications? YES ☐ NO ☐
 - c. Obstetrical/gynecological services? YES ☐ NO ☐
 - d. Prescription of medications? YES ☐ NO ☐
 - e. Advocacy (representation of individuals in legal proceedings) or legal services? YES ☐ NO ☐
 - f. Crisis intervention (hotline, inpatient, etc.)? YES ☐ NO ☐
 - g. Counseling for those with eating disorders? YES ☐ NO ☐
 - h. One-on-one or peer counseling? YES ☐ NO ☐
 - i. Program for individuals with infectious or contagious disease? YES ☐ NO ☐

If yes to any above, provide detailed description of services: _____

2. Indicate if any of the following types of professionals work for your organization. **If your organization employs professionals in these positions, contact your agent before proceeding:**

NAME OF POSITION	EMPLOYEES	VOLUNTEERS	CONTRACTORS
Medical Doctor, Dentist, Psychiatrist	_____	_____	_____
Nurse Practitioner, Physician Assistant	_____	_____	_____
Medical Students	_____	_____	_____

3. List number of employees (full or part-time), volunteers and contractors by position: ☐ Check if organization has no degreed professionals.

NAME OF POSITION	EMPLOYEES	VOLUNTEERS	CONTRACTORS
Clergy	_____	_____	_____
Health care professionals (e.g. CNA, LPN, RN, speech therapists, occupational therapists, etc.)	_____	_____	_____
Teachers, daycare workers	_____	_____	_____
Special education teachers, guidance counselors, vocational counselors	_____	_____	_____
Mental health professionals (e.g. psychologists, social workers, counselors)	_____	_____	_____
Student interns under your supervision	_____	_____	_____
Other degreed professionals (Describe degree level and position):	_____	_____	_____
TOTAL NUMBER:	_____	_____	_____

4. Of the employees, volunteers and contractors listed above, do any carry their own professional liability insurance? YES ☐ NO ☐
- If yes, are procedures in place to verify current insurance is maintained at all times? YES ☐ NO ☐
5. Do you maintain copies of licenses for all employed, volunteer and contracted professionals who are required to be licensed? YES ☐ NO ☐
- If yes, are procedures in place to verify current licenses are maintained? YES ☐ NO ☐
6. Does your current insurance program provide professional liability coverage? YES ☐ NO ☐
- If yes, is your policy claims made? ☐ UNKNOWN YES ☐ NO ☐
7. Has any organization employee ever been reprimanded, refused admission or suspended by any association or administrative agency? YES ☐ NO ☐
8. Has your organization's license ever been suspended, revoked or made conditional by any association, administrative or regulatory agency? YES ☐ NO ☐
9. Have there been any allegations of negligence or failure to comply with any regulatory or licensing guidelines within the past 5 years? YES ☐ NO ☐
10. **As respects professional liability coverage**, is your organization aware of any circumstances that may result in a claim being made or any claims or suits which have been made during the past five years against your organization or any individual to be covered by this policy? YES ☐ NO ☐

Completed by: _____ Date Completed: _____