



**SOCIAL SERVICES  
GENERAL/PROFESSIONAL LIABILITY SUPPLEMENTAL APPLICATION**

IMPORTANT: ALL OPERATIONS MUST BE DECLARED AND THE APPROPRIATE SECTION OF THE SUPPLEMENTAL APPLICATION COMPLETED WHERE APPLICABLE. THIS IS NOT A BINDER.

PLEASE COMPLETE ALL SECTIONS THAT PERTAIN TO YOUR OPERATIONS.

**I. SHELTERED WORKSHOP**

Not Applicable

1. Maximum number of clients on any one day: \_\_\_\_\_ Supervisor to client ratio: \_\_\_\_\_ to \_\_\_\_\_
2. Indicate type of client(s) working at workshop, by percentages: Developmentally Disabled \_\_\_\_\_%  
Mentally Ill \_\_\_\_\_% Physically Handicapped \_\_\_\_\_% Other \_\_\_\_\_% (describe) \_\_\_\_\_  
Complete description of activities and nature of products: \_\_\_\_\_
3. a. How is the product sold?  Wholesale  Jobber  Direct  Other \_\_\_\_\_  
b. If direct, are quality and inventory controls in place?  Yes  No
4. Are any hold harmless agreements given to others in connection with products manufactured or assembled by you?  Yes  No
5. Estimated annual receipts: \$ \_\_\_\_\_
6. a. Is Workers Compensation carried on clients?  Yes  No  
b. Carrier and effective dates: \_\_\_\_\_
7. Are clients covered by a separate accident/medical policy?  Yes  No
8. a. Do clients work with power equipment?  Yes  No  
b. If Yes, is protective gear worn?  Yes  No
9. Do you perform spray painting?  Yes  No
10. Do your products, or the materials used to manufacture or assemble your products, produce any discharge of fumes, dust, acids or wastes?  Yes  No
11. a. Do any of your clients go off premises for jobs?  Yes  No  
b. If Yes, please describe and indicate payroll amount: \_\_\_\_\_

**II. CAMPS/ADVENTURE COURSE**

Not Applicable

1. Type of Camp:  Day Camp  Summer Camp  Sport Camp  Residential
2. Type of Campers:  Physically Handicapped  Mentally Ill  Developmentally Disabled  
 Other \_\_\_\_\_
3. Is the camp co-ed?  Yes  No
4. Number of campers per day \_\_\_\_\_ Total number of camp days \_\_\_\_\_  
Total number of counselors per year \_\_\_\_\_
5. Average age of: Campers \_\_\_\_\_ Counselors \_\_\_\_\_
6. Number of: Cabins \_\_\_\_\_ Beds/cots per cabin \_\_\_\_\_ Acres camp is on \_\_\_\_\_
7. Check all applicable activities:  Swimming  Gun Range  Horseback Riding  Boats  Archery  
 Hiking  Survival Training  Rock Climbing  Adventure Course  Other \_\_\_\_\_

8. a. Indicate the construction and number of cabins:

CONSTRUCTION	NUMBER	CONSTRUCTION	NUMBER	CONSTRUCTION	NUMBER
<input type="checkbox"/> Frame		<input type="checkbox"/> Brick		<input type="checkbox"/> Stone	

b. How are cabins heated? \_\_\_\_\_

c. Do cabins have heat/smoke detectors?  Yes  No

9. Distance to nearest water source or fire department? \_\_\_\_\_

10. Nearest medical facility: \_\_\_\_\_

11. Specify any medical professionals on staff: \_\_\_\_\_

12. Are campers covered for injury under an Accident Policy?  Yes  No

<b>III. DAY CARE</b>	<input type="checkbox"/> Not Applicable
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1. Number of children/clients licensed for: \_\_\_\_\_

2. a. Check types of children/clients cared for:  Developmentally Disabled  Healthy  Aged  
 Physically Handicapped  Dementia/Alzheimers  Other – Describe: \_\_\_\_\_

3. Number of children/clients at the location at any one time: \_\_\_\_\_

4. Is a medical examination or medical certificate required before children/clients are enrolled?  Yes  No

5. Are emergency phone numbers for all children/clients' physicians, parents, guardians maintained and updated?  Yes  No

6. Does facility have a written pick-up procedure for all children/clients?  Yes  No

7. Is medication dispensed to children/clients?  Yes  No

8. Are medical records maintained on children/clients?  Yes  No

9. Are fire drills conducted at least quarterly?  Yes  No

10. Age of Building: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_ Number of Floors: \_\_\_\_\_

11. Day care facility located in a:  Condominium  Church  Apartment  Private Home  
 Commercial Building

12. Number of years you have been in the day care business: \_\_\_\_\_

13. What are the other occupancies in the same building? \_\_\_\_\_

14. What are the businesses and/or residences adjacent to the day care center? \_\_\_\_\_

15. Please indicate the number of each that exists at your facility:

SPECIALTY	NUMBER	SPECIALTY	NUMBER	SPECIALTY	NUMBER
<input type="checkbox"/> Therapists		<input type="checkbox"/> RNs		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Counselors		<input type="checkbox"/> LPNs			

16. Describe the in-house training given to all staff in day care operations: \_\_\_\_\_

17. a. Are there any staff members under eighteen (18) years of age?  Yes  No

b. Do any children/clients stay overnight?  Yes  No

c. Is any weekend or holiday care provided?  Yes  No

d. Are field trips taken?  Yes  No

18. Are there any plans to change the operations or offer educational or special training programs?  Yes  No

**NOTICE TO APPLICANTS:** 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** 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 FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** 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 AUTHORITIES

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** 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 IN THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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 FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:** 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.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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

**NOTICE TO NEW YORK APPLICANTS:** 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.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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 (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** 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.

**NOTICE TO VERMONT APPLICANTS:** 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

FRAUD STATEMENT: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_