



Hibbs ♦ Hallmark & Company

501 Shelley Drive ♦ Tyler, TX 75701

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www.HibbsHallmark.com

Church/Religious Institution Supplemental Application

GENERAL INFORMATION

Applicant Name: _____

Address: _____ City/St: _____

Zip _____ Year Established _____ Years Under Present Leadership _____

Key Contact: _____ Contact Tel: _____ Contact Email: _____

Website: _____ Policy Eff Date: _____ to _____

Ins Agency Name: _____ City/State: _____

Contact Person: _____ Tel #: _____ email: _____

ATTACH THE FOLLOWING (x)

- ☐ ACORD Applications, including Crime (2000) and Umbrella ☐ Loss Runs for Current Year and 3 Prior Years
☐ Statement of Values if Blanket or Agreed Value on Property ☐ Drivers List with License # and Dates of Birth

For Profit ☐ || Non-Profit ☐

(check all that apply):

Type of Organization		Faith Type	
Traditional Church	<input type="checkbox"/>	Methodist, Lutheran, Presbyterian, Episcopalian, Baptist,	<input type="checkbox"/>
Contemporary House of Worship	<input type="checkbox"/>	Catholic	<input type="checkbox"/>
Synagogue	<input type="checkbox"/>	Mormon/Latter Day Saints	<input type="checkbox"/>
Experiential	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Chabad	<input type="checkbox"/>	Hindu, Muslim, Buddhist	<input type="checkbox"/>
Temple	<input type="checkbox"/>	Non-denominational	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

1) Annual Operating Budget: _____

- Prior Year 1: Gross Annual Pledges: _____ Annual Pledges Collected: _____ Pct Collected _____ %
 · Prior Year 2: Gross Annual Pledges: _____ Annual Pledges Collected: _____ Pct Collected _____ %
 · Prior Year 3: Gross Annual Pledges: _____ Annual Pledges Collected: _____ Pct Collected _____ %

2) Total number of full time paid staff, excluding clerical/secretarial: _____

3) Total number of Clergy _____

4) Number of members: _____

LIFE SAFETY SECTION

Do all of your facilities (buildings) have the following Life Safety Features?
(Indicate any locations which do not have the following features.)

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 1. Fire Alarms | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Smoke Detectors | | | | |
| Hard Wired? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Battery Operated? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Emergency Lighting | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Sprinklers | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Are evacuation routes posted throughout the building? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

PROPERTY

- | | | | | |
|---|---------------------------|-----|--------------------------|----|
| 1. Are any of the buildings converted dwellings? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If "Yes", list locations: | | | | |
| 2. Were any of the buildings ever occupied as something other than the current use? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Are any of your buildings on a Historical Register? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If "Yes", please list locations: | | | | |
| 4. Describe method of determining building value: | Attach any documentation. | | | |

GENERAL LIABILITY SECTION

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 1. Annual Payroll: | | | | |
| 2. Do you have shelters? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If "Yes", indicate location number and number of beds for each: | | | | |
| 3. Is a nursery available during scheduled church activities? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Number of days per week nursery is provided: | | | | |
| Nursery is staffed by: <input type="checkbox"/> Employees <input type="checkbox"/> Volunteers | | | | |
| Average number of children in nursery each week: | | | | |
| 4. Is a Youth Group Program offered? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Age range of Children: Number in attendance each week: | | | | |
| Youth Group is run by: <input type="checkbox"/> Lay Pastors <input type="checkbox"/> Church Members <input type="checkbox"/> Other Volunteers | | | | |
| 5. Have all buildings constructed prior to 1980 been inspected for lead paint? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Asbestos? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If "No", what is plan for abatement? | | | | |
| 6. Please check all applicable exposures: <input type="checkbox"/> Broadcasting <input type="checkbox"/> Fireworks <input type="checkbox"/> Publishing <input type="checkbox"/> Alternative to Prison Programs | | | | |
| 7. List all community services provided by your organization: | | | | |
| 8. Do you own any pools? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Number of Indoor Pools:

Number of Outdoor Pools:

9. Are there any diving boards? ☐ Yes ☐ No
Height: Are there any pool slides? ☐ Yes ☐ No
10. Do you lease any of the church's premises to members or the general public for social or athletic functions? ☐ Yes ☐ No
11. Does the lease contain an indemnification clause and hold harmless agreement in favor of the church? ☐ Yes ☐ No
12. Is the church named as an Additional Insured – Lessor on the lessee's insurance policy? ☐ Yes ☐ No
13. Do you obtain a certificate of insurance for the lessee's Commercial General Liability policy? ☐ Yes ☐ No

RETREATS & MISSION TRIPS SECTION

1. Does your organization conduct any of the following?
- | | | | |
|------------------------------|--|------------------------|-----------------------------|
| Adult Retreats | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, how many _____ | Avg # people per trip _____ |
| Adult Mission Trips – U.S. | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, how many _____ | Avg # people per trip _____ |
| Adult Mission Trip – Foreign | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, how many _____ | Avg # people per trip _____ |
| Youth Retreats | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, how many _____ | Avg # people per trip _____ |
| Youth Mission Trips – U.S. | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, how many _____ | Avg # people per trip _____ |
| Youth Mission Trip – Foreign | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, how many _____ | Avg # people per trip _____ |
2. How is transportation provided?
- | | |
|----------------------------------|------------------------|
| Third party professional company | _____ % |
| Volunteers or members | _____ % |
| Attendees own responsibility | _____ % |
| Other | _____ % Describe _____ |
3. Do any of your trips involve your non-professional volunteers or attendees:
- | | |
|-----------------------------|--|
| Working from heights? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Roofing? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Use of power tools? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Trenching? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Electrical, HVAC, Plumbing? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Animals? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
4. For youth trips, what is the ratio of youth to chaperone? _____
5. What is your policy for segregating male from female on youth trips? _____
-

SPECIAL EVENTS SECTION

Questions	Event #1	Event #2	Event #3	Event #4	Event #5
Describe/Insert letter for event type: A = Wine tasting; B = Golf outing; C = Other Sporting event; D = Picnic; E = Banquet; F = House tour; G = Bingo; H = Walkathon/Run; I = Fashion Show; J = Concert; K = Other (specify)					
Type(s) Held – insert appropriate letter					
Date(s) held?					
Daily Hours of operation					
Will any event last longer than 3 days? If so, how long?					
Total anticipated revenue					
Location held					
Estimated Attendance					
Are certificates of insurance obtained from all vendors providing products/services?					
Will alcohol be served?					
Do any sporting events involve motorized vehicles?					
Do all participants sign a waiver?					
Do participants show proof of personal health insurance?					
Does any event involve large animals? (ie: horses, livestock, etc.)					
Does any event involve wild animals?					
Does any event involve aircraft or watercraft?					

PROFESSIONAL LIABILITY

1. Does your current insurance program provide Professional Liability coverage? ☐ Yes ☐ No
If "Yes", indicate the limit of liability:
2. Is Professional Liability: ☐ Occurrence ☐ Claims Made ☐ Retroactive Date

Position	# of Full Time	# of Part Time	Position	# of Full Time	# of Part Time
Administrators			Clerical		
Clergy			Teachers		
Counselors			Camp Counselors		
Nurses			Other		
Volunteers					

3. What type of counseling is performed by the insured's clergy?
☐ Alcohol ☐ Marriage ☐ Religious ☐ Drugs ☐ Pregnancy ☐ Other
4. If counseling services are offered, how much formal training have the clergy received in this area?
5. Have all clergy completed their degree at an accredited theological seminary? ☐ Yes ☐ No
6. Do you verify license, education and other credentials for all counselors? ☐ Yes ☐ No
7. Are clients referred to specialists when appropriate? ☐ Yes ☐ No
8. Are there any Professional Liability claims now pending against the church? ☐ Yes ☐ No
If "Yes", please describe:
9. Is the church or clergy aware of any act, error, omission, fact, circumstance or situation that might afford valid grounds for a future claim, suit, or action under Professional Liability? ☐ Yes ☐ No
If "Yes", please describe:
10. Do you use contracted counseling providers? ☐ Yes ☐ No
11. Do you have written contracts with contracted counselors? ☐ Yes ☐ No
12. Are certificates of malpractice liability insurance obtained and maintained for all contracted counseling and health care providers? ☐ Yes ☐ No
If "Yes", indicate the limits of liability:
13. Is the staff required to report all incidences that may result in a claim? ☐ Yes ☐ No
If "Yes", is a written record kept? ☐ Yes ☐ No
14. Are procedures in place to protect confidentiality of clients? ☐ Yes ☐ No

ABUSE AND MOLESTATION

- 1 Does your employment/volunteer application include questions about whether the individual has ever been convicted for any felony, including sex-related and/or child abuse related offenses? ☐ Yes ☐ No
- 2 Do you conduct criminal background and reference checks for all employees/volunteers? ☐ Yes ☐ No
If "No", please explain:
3. Is there a new employee and volunteer orientation program that includes training in abuse awareness? ☐ Yes ☐ No
- 4 Does your organization have a formal written policy that includes procedures designed to prevent acts of sexual misconduct and are copies distributed to all employees and volunteers? ☐ Yes ☐ No
- 5 Do you require that no minor is ever alone with only one adult in any church-sponsored activity except in a counseling situation? ☐ Yes ☐ No
- 6 Describe any closed door counseling provided to individual clients:
- 7 Are parents encouraged to visit the premises unannounced and observe children's activities? ☐ Yes ☐ No
- 8 Are any minors in your care overnight? ☐ Yes ☐ No
- 9 Have any of your past or present ministers, employees, or volunteers every been accused charged, convicted, had a claim for damages submitted against, or sued in civil court for any type of sexual misconduct? ☐ Yes ☐ No
If "Yes", identify the person and submit a detailed written account.
10. Has your organization ever had an incident which resulted in an allegation of sexual abuse? ☐ Yes ☐ No
If "Yes", please describe:
 - a. Was a claim made against the organization? ☐ Yes ☐ No
If "Yes", please describe:
 - b. Was a claim made against any employee(s)? ☐ Yes ☐ No
If "Yes", please describe:
 - c. Was the case settled? ☐ Yes ☐ No
If "Yes", please explain:
11. Does your current insurance program provide Abuse and Molestation coverage: ☐ Yes ☐ No
12. Indicate current Abuse and Molestation limit of liability:
Is coverage provided by: ☐ Occurrence ☐ Claims Made If claims made, retroactive date:

Attach a copy of your abuse procedure guidelines.

CAMPS

1. Total number of days in operation annually:
 2. Number of children at each camp:
 3. Day Camp ☐ Yes ☐ No
 4. Overnight Camp ☐ Yes ☐ No
If "Yes", what is the average length of stay?
 5. Is written permission / waiver of liability obtained from every child's parent or guardian? ☐ Yes ☐ No
 6. Does the insured carry an Accident and Health Policy? ☐ Yes ☐ No
 7. What is the number of staff members at each camp?
 8. Number of volunteers:
 9. Are sleeping quarters co-ed? ☐ Yes ☐ No
 10. Is the staff trained and certified in CPR? ☐ Yes ☐ No
 11. Are restrooms / showers co-ed? ☐ Yes ☐ No
 12. Indicate and describe if any of the following exposures exist in the camp operations:
- | | | | |
|-----------------|-----------------|---------------|-----------------------|
| Diving Boards | Jet Skis | Pools | Tobogganing |
| Downhill Skiing | Lakes | Rock Climbing | Trampolines |
| Guns | Martial Arts | Rope Courses | Water Skiing |
| Horses | Motor Boats | Skateboarding | Water Tubing |
| Ice Hockey | Obstacle Course | Snowmobiling | Water Skiing |
| | | Snow Tubing | White Water Rafting / |
| | | | Grade of Rapids |

DAY CARE

1. Is the daycare center licensed? ☐ Yes ☐ No
2. How many children is the daycare licensed for?
3. Has a license to operate ever been denied, suspended, or revoked? ☐ Yes ☐ No
If "Yes", attach a separate full explanation.
4. Have you ever been brought up for a compliance hearing? ☐ Yes ☐ No
If "Yes", explain thorough on a separate document.
5. Does your center exit directly to the outside? ☐ Yes ☐ No
To ground level? ☐ Yes ☐ No
6. Do the bathroom doors lock? ☐ Yes ☐ No
Can they be unlocked from the outside? ☐ Yes ☐ No
7. How often are evacuation drills performed?
8. Please describe your child release procedures:
9. Have you ever received any citations or warnings issued by any state or government entity? ☐ Yes ☐ No
Explain:

STAFF AND CHILDREN: (Ratios of staff-to-children must be at least the state required ratio)

10. Based on the **maximum number** of children enrolled on your busiest day OR busiest Session, enter the number of staff and children in each of the following age groups.
(Do not duplicate pre and after school children if they stay all day.)

<u>CHILD AGE GROUP</u>	<u>NUMBER OF CARE PROVIDERS</u>	<u>NUMBER OF CHILDREN</u>
Less than 18 Months		
18 – 30 Months		
30 Months – 4 Years		
Above 4 Years		
Before School Program		
After School Program		

11. Is anyone on staff under 18 years old? ☐ Yes ☐ No
(Indicate specific duties for each on a separate document.)
12. Is a minimum of one staff member certified in First Aid present at all times? ☐ Yes ☐ No

HEALTH:

13. Do you provide **sick child, drop-in, latch-key, boarding or camp** services? ☐ Yes ☐ No
If "Yes", please explain:
14. How many children require special care and treatment? Explain:
15. Indicate if a file containing the following information is maintained on each child:
- a. Immunization records of the children being immunized successfully and updated annually? ☐ Yes ☐ No
- b. Signed releases for emergency medical treatment / dispensing of medication obtained from parents? ☐ Yes ☐ No
- c. Written instructions from child's physician for dispensing of child's medication? ☐ Yes ☐ No
16. Do you have an accident/health policy? ☐ Yes ☐ No
Is coverage mandatory for all children? ☐ Yes ☐ No
Provide Carrier: Limits: Policy Term:

SWIMMING:

17. Do you now use or plan, in the future, to use swimming facilities? ☐ Yes ☐ No
18. Is the pool: ☐ owned/operated by the insured, ☐ operated by other than the insured?
or
Is a minimum of one staff member certified in CPR present at swimming areas? ☐ Yes ☐ No
Answer the following questions for the pool to be used:
19. Are water depths marked? ☐ Yes ☐ No
20. Are lifeguards present? ☐ Yes ☐ No
21. Is the pool completely fenced? ☐ Yes ☐ No
22. Ratio of staff to child when at pools?
23. Is there a diving board? ☐ Yes ☐ No
24. Is there a self-locking gate? ☐ Yes ☐ No
25. Is there a slide into the pool? ☐ Yes ☐ No

26. Minimum age of children allowed in the water:

PLAY AREAS: *If you own or have access to a playground area, complete the following questions:*

27. Is the area fenced? ☐ Yes ☐ No
28. Is the equipment checked for safety? ☐ Yes ☐ No
29. Are any trampolines present? ☐ Yes ☐ No
30. Describe playground surface:

FIELD TRIPS AND OFF PREMISES TRAVEL:

31. Do you offer field trips ☐ Yes ☐ No
32. If "Yes", answer the following:
Describe field trips:
What is the adult/child ratio on trips?

SPECIAL ACTIVITIES:

33. Are any pets or **animals** kept on premises? ☐ Yes ☐ No
Describe animals, caging and type of interaction:
34. Are **special classes** provided (gymnastics, dance, karate, tumbling, horseback riding, etc.)? ☐ Yes ☐ No
If "Yes", please explain:
35. Are special classes taught by an independent contractor on your premises? ☐ Yes ☐ No
36. Do you request/maintain Certificates of Insurance from all sub-contractors? ☐ Yes ☐ No

AUTOMOBILE:

37. Is a walk-around vehicle checklist used prior to transporting children? ☐ Yes ☐ No
38. Is there a child head-count before and after any trip? ☐ Yes ☐ No

SCHOOLS

1. Total number of students enrolled: Day Evening

GENERAL LIABILITY:

2. Are pools used for summer programs, i.e. camps? ☐ Yes ☐ No
If "Yes", complete camp supplemental application.
3. What type of security is provided for the protection of the residents?
4. Are there science laboratories? ☐ Yes ☐ No
5. Does the school offer any special vocational or trade programs? ☐ Yes ☐ No
6. What sports programs do you offer?
7. Does the school hold any events that charge a fee? ☐ Yes ☐ No
If "Yes", describe:

8. Does the school lease the facility to the general public? ☐ Yes ☐ No
If "Yes", describe:

AUTOMOBILE:

9. Is there a driver training program for students? ☐ Yes ☐ No
- 10 Under what circumstances, if any, are students allowed to drive automobiles?
.

CORPORAL PUNISHMENT:

- 11 Does your school permit corporal punishment? ☐ Yes ☐ No
.
- 12 Is there a written policy concerning the use of corporal punishment? ☐ Yes ☐ No
.
- 13 Have there ever been any claims for corporal punishment? ☐ Yes ☐ No
.
- 14 Does your state permit corporal punishment? ☐ Yes ☐ No
.

ADOPTION AND FOSTER CARE

GENERAL QUESTIONS:

1. Total number of children placed annually: Adoption Foster Care
2. Does insured place special needs children? ☐ Yes ☐ No
(Explain conditions:)
If special needs, do the parents have specific training? ☐ Yes ☐ No
(Explain:)
3. Number of years insured has operated: Adoption Program Foster Care Program
4. How many has insured placed since inception of their program: Adoption Foster Care
5. How are the applicants screened (for example, are criminal background checks completed)?
6. Is full disclosure of child's history made to parents prior to placement? ☐ Yes ☐ No
7. Does insured choose the parents and conduct placements, or do they refer to a state agency?

ADOPTION: (not required if referral agency only)

1. How are the adoptive family applicants evaluated (explain)?
2. Are home studies conducted? ☐ Yes ☐ No
3. What are credentials of the staff?
4. Are children given thorough medical examinations that include prior conditions before they

- are placed? ☐ Yes ☐ No
5. Are children given to adoptive parents upon release from hospital? ☐ Yes ☐ No
6. Are they placed in a foster home temporarily? ☐ Yes ☐ No
7. Is there a time lapse for the mother to change her mind (each state may have a different time period)? ☐ Yes ☐ No
8. Number of adoptions per year for: Special Needs Infant (< 2 years)
9. Are adoptions open or closed?
10. Are foreign adoptions conducted? ☐ Yes ☐ No
- How many? From what countries?
11. What are the rights of the child's biological grandparents?
12. What are the rights of the child's birth parents?
13. Is counseling provided for the birth parents after placements? ☐ Yes ☐ No

FOSTER CARE: (not required if referral agency only)

1. How many foster care homes has the insured placed children in? Past Year Ever
2. Total number of case workers:
3. How many homes is the case manager responsible for?
4. Are case managers credentialed? ☐ Yes ☐ No
5. Is agency required to conduct follow-up visits after placement has been made? ☐ Yes ☐ No
6. Are these visits unannounced? ☐ Yes ☐ No
7. How often do they occur?
8. Are audit procedures in place to ensure home visits are being conducted? ☐ Yes ☐ No
9. What are the procedures for observed abuse?
10. Do the foster parents receive special counseling after placement? ☐ Yes ☐ No

INLAND MARINE

1. Any buildings with stained glass? ☐ Yes ☐ No
- If "Yes", value of stained glass:
2. Attach a description and value of any religious artifacts or artwork (including stained glass) located inside or outside of premises. Include any appraisals (required if >\$5000 per item).
3. Is there an organ or other musical instrument? ☐ Yes ☐ No
- Description and value:

CRIME

- | | | | | | |
|----|---|--------------------------|-----|--------------------------|----|
| 1. | Does insured have poor boxes on premises?
If "Yes", how often are they emptied? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. | Are there any seasonal needs for increased money and securities limits?
Dates: _____ Limit needed: _____ | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

AUTOMOBILE SECTION

- | | | | | | |
|----|--|--------------------------|-----|--------------------------|----|
| 1. | Do you require employees and volunteers to carry and show evidence of personal insurance? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. | Describe use of non-company vehicles. | | | | |
| 3. | Do you provide transportation services? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. | If "Yes", do you obtain MVRs on your drivers? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. | Are vehicles checked after passengers disembark to make sure no one is left behind? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. | Are all drivers at least 21 years of age? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. | Is training provided for new employees prior to their transporting people? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. | What is the procedure for dealing with driver accident or violations? | | | | |
| 9 | Do you have written and strictly enforced guidelines, mandating all passengers are secured in their seat belts? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 10 | Are any of your vehicles ever leased or loaned to others? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 11 | Do you ever rent or borrow any vehicles from others? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 12 | Does insured order/receive/approve MVRs prior to employee driving? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 13 | Does the insured maintain driver's record files? _____
Does it include: date of hire _____ dates of training _____ Drug tests _____
MVR and date ordered and received _____ Reference Checks _____
Disciplinary actions _____ | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14 | Do you furnish anyone with an auto? _____ | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | 14. a. If yes, are relatives ever allowed to operate an organization's vehicle? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 15 | Do you recommend that employees and volunteers carry a minimum limit of liability of at least state minimum or \$? _____ | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | 15. a. Do you verify (with a photocopy of the policy or other)? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 16 | Is there a vehicle maintenance program? _____
If yes: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | 16. a. Is worked performed by employees _____ outside mechanic _____ | | | | |
| 17 | Are any vehicles modified with lifts, ramps, or doors? _____
If yes: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| | 17. a. How many mobility assistance/wheelchair vans are used? | | | | |
| | 17. b. How many wheelchair clients do you transport? | | | | |
| 18 | How do you assure that drivers are medically and physically capable of performing all job duties including driving, passenger assistance (if applicable), wheelchair handling (if applicable), etc.? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

SECURITY

1. Does insured have any armed security? ☐ Yes ☐ No
If "Yes", are they employed or contracted?
2. Are certificates of insurance obtained? ☐ Yes ☐ No
3. What limits of liability are required?
4. How often is armed security used on premises?

PRODUCER'S NARRATIVE:

Producer (Signature) (Printed)

The Applicant warrants that all answers to the questions on this application are true and correct. 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 thereto, commits a fraudulent insurance act, which is a crime.

Applicant (Signature) (Printed)