



SOCIAL SERVICES INSTITUTIONAL PROGRAM
GENERAL INFORMATION

Insured Name
Address
Telephone Website
Agent
Agents Address
Telephone Fax email
Policy Effective Date

1. How long has the insured been in business?

Attach copies of latest annual report and balance sheet

2. Is the insured a nonprofit corporation? Yes No

If No, describe:

3. Name of the Director

4. Business Manager

5. Annual Budget Fiscal Year

6. Describe the Insured's funding

7. How is the insured's facility license?

8. Describe the operations

9. Lines of Business submitted?

- Property (Accord application)
General Liability (Accord application)
Crime (Accord application and Employee Dishonesty supplement)
Auto (Accord applications with Schedule of Vehicles)
Non owned and Hired Vehicle (Non owned and hired supplement)
Professional Liability (Miscellaneous Professional supplement)
Abuse and Molestation (Abuse and Molestation supplement)
Contracted Physicians (Physician Information supplement)
Medical Malpractice (Physician Professional Liability)
Nonprofit D&O (D&O supplement)
Umbrella (Accord application)

Other exposures of some Nonprofits

- Inpatient Facilities (Inpatient supplement)
Outpatient Facilities (Outpatient supplement)
Sheltered Workshop (Sheltered Workshop supplement)
Residential Care (Residential supplement)
Daycare (Daycare and nursery supplement)
Drug and Alcohol Rehabilitation (Drug and Alcohol Rehabilitation supplement)
Special Events and Fundraising (Special Events supplement)

10. Has any insurer cancelled, declined, refused renewal? Yes No

If yes, why?

11. Have any claims for malpractice been made against the insured or is the insured aware of any circumstances that could result in a claim? Yes No

If yes, why?

12. Attach copies of hiring and screening methods.

13. Attach any brochures or website information.

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another (NY: other) person files an application for insurance (NY: 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, (NY: 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) and subjects the person to criminal and civil penalties. In Maine and Virginia, insurance benefits may also be denied.

I understand that in order to underwrite professional liability insurance, the Company must have access to information concerning my personal and professional life. I hereby authorize and direct any medical society, medical professional, hospital, residency program, insurance company, underwriter, insurance agent or other entity to furnish any information concerning me or my medical practice which the Company may request. I understand that any policy issued will rely on the truth of the statements and representations I have made herein and that misrepresentations that are fraudulent, or such that the Company would not have issued the policy if the true facts had been known, may result in a denial of coverage for any claim which may be made under this insurance.

Applicants Signature _____ Date _____