

Social Services Supplemental Application

To be attached to ACORD forms. NOTE: All questions must be answered or application will be returned.

Effective date Requested: _____ Date Quotation Desired: _____

GENERAL INFORMATION (MANDATORY)—Questions 1-43

- 1 Named Insured _____
- 2 If not-for-profit: Source of Funding _____ Accrediting Entity _____
 Expiration Date of Accreditation _____ Annual Budget \$ _____
- 3 General Category of operations: (May check more than one, if applicable)
- | | |
|---|--|
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Developmentally Disabled Services |
| <input type="checkbox"/> Services for the Elderly | <input type="checkbox"/> Work/Vocational Training |
| <input type="checkbox"/> Services for Children | <input type="checkbox"/> Other Social Services |
- 4 Indicate if Agency has any involvement in serving following populations. If so, indicate what percentage of total activities this exposure represents based on the percentage of population served:
- | | |
|---|---|
| <input type="checkbox"/> Psychiatric Hospitals _____ | <input type="checkbox"/> Sexual Abuse Treatment Programs* _____ |
| <input type="checkbox"/> General (Acute-Care) Hospitals _____ | <input type="checkbox"/> Sub-Acute Care Centers _____ |
| <input type="checkbox"/> Mental Hospitals _____ | <input type="checkbox"/> Youth Centers _____ |
| <input type="checkbox"/> VA Hospitals and Care Centers _____ | <input type="checkbox"/> Youth Self-Help Orgs. _____ |
| <input type="checkbox"/> Nursing Homes (Intermediate Care) _____ | <input type="checkbox"/> Child Care Centers** _____ |
| <input type="checkbox"/> Home Health Agency (with Licensed Professionals) _____ | <input type="checkbox"/> YMCAs or YWCAs _____ |
| <input type="checkbox"/> Medical Clinics _____ | <input type="checkbox"/> Adjudicated Offender Prog. _____ |
| <input type="checkbox"/> Offender Rehab. Agencies _____ | <input type="checkbox"/> Juv. Delinquent Programs _____ |
| <input type="checkbox"/> Parole & Probation Offices _____ | <input type="checkbox"/> Work-Release Programs _____ |
| <input type="checkbox"/> Offender Self-Help Agencies _____ | <input type="checkbox"/> Incarceration Programs*** _____ |
| <input type="checkbox"/> Public Welfare Centers _____ | <input type="checkbox"/> Wayward Youth Homes _____ |
| <input type="checkbox"/> Refugee Services _____ | <input type="checkbox"/> Safe House (Battered Women) _____ |
| <input type="checkbox"/> Low-Income Housing _____ | |

* For either offenders or victims

** If 50% or more child care exposure, complete THOMCO Daycare Supplemental Application

*** Where 100% of the population served are convicts or ex-convicts

5 PLEASE NOTE: CLASS SUPPLEMENTS (ATTACHED) MUST BE COMPLETED FOR THE FOLLOWING:

EXPOSURE	CLASS SUPPLEMENT
All Residential/Overnight	Residential
Most Outpatient Exposures Unless Listed Below	Outpatient
Home Health/Private Care Agency	Home Health
Adult or Children's Daycare	Daycare
Adoption or Foster Care Agencies	Adoption/Foster Care
Day or Overnight Camps Liability	Camp
Sheltered Work Shop	Work Shop

- 6 Describe License(s) currently held by Facility _____
- 7 What security measures are in place?
- | | | |
|---|--|---|
| <input type="checkbox"/> Controls on key issuance | <input type="checkbox"/> Electronic Locks on Doors | <input type="checkbox"/> Security Cameras |
| <input type="checkbox"/> Security Guard(s) | <input type="checkbox"/> Camera Systems | <input type="checkbox"/> Alarmed Doors |
| <input type="checkbox"/> Wanderguard | <input type="checkbox"/> Other: _____ | |