Nonprofit Questionnaire



*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: http://get.adobe.com/reader/.

Submit appropriate ACORD forms with this questionnaire. Use additional page to answer questions full, if necessary.

Name of organization:				
Mailing address:				
City:	State:	Zip:		
Phone	Fax	Website		
Executive director	Phone	Email		
nsurance contact	Phone	Email		
Loss Control contact	Phone	 Email		
s your organization a 501(c)3?	Yes No Year organization established:		_	
s each building listed on the accor f no, provide leasing contract and	mpanying ACORD form owned by your organization	on?	☐ Yes ☐	7 NIG
no, provide leading contract and	indicate building insurance interest:			
	- Company of the Comp			
otal number of nonduplicated clie	nts served for all operations annually: 6-12 yrs. 13-19 yrs.			
otal number of nonduplicated clie	nts served for all operations annually:	20-65 yrs	%	
otal number of nonduplicated clie Client age groups: 0-5 yrs.	nts served for all operations annually: 6-12 yrs 13-19 yrs	20-65 yrs		
otal number of nonduplicated clie Client age groups: 0-5 yrs Percentage of clients with disabilitings	nts served for all operations annually: 6-12 yrs 13-19 yrs es: Emotional % Physical	20-65 yrs	☐ Yes ☐] No
Fotal number of nonduplicated clied Client age groups: 0-5 yrsPercentage of clients with disabilition as your organization discontinued Does your organization plan to care	nts served for all operations annually: 6-12 yrs 13-19 yrs es: Emotional % Physical d any programs in the last five (5) years?	20-65 yrs	☐ Yes ☐ ☐ Yes ☐	No
Total number of nonduplicated clie Client age groups: 0-5 yrs Percentage of clients with disabiliti Has your organization discontinued Does your organization plan to can s your organization accredited by	nts served for all operations annually:6-12 yrs 13-19 yrs % Physical % Physical d any programs in the last five (5) years? ry out any mergers in the next 12 months?	20-65 yrs	☐ Yes ☐ ☐ Yes ☐] No
Total number of nonduplicated client age groups: 0-5 yrs Percentage of clients with disabiliting Has your organization discontinued Does your organization plan to care a your organization accredited by List other accreditations, licenses,	nts served for all operations annually: 6-12 yrs 13-19 yrs. es: Emotional % Physical d any programs in the last five (5) years? ry out any mergers in the next 12 months? the Council on Accreditation (COA)?	20-65 yrs	☐ Yes ☐ ☐ Yes ☐ ☐ Yes ☐] No

		☐ Ye	s \square No
No. of Employees No. of Voluntee			
FT	FT PT		idependen tractors PT
ГІ	PI	FT	PI
- ',):):):

Prior to hire, does your organization do the following? (Indicate yes or no)	Employees	Volunteers	Independent Contractors
Obtain a completed employment application	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check personal or business references	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check education credentials	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check national sex offender public registry	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Conduct criminal background check	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Conduct federal fingerprint check	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Retain pre-employment records in a personal file	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
After hire, does your organization do the following? (Indicate yes or no)	Employees	Volunteers	Independent Contractors
Conduct new-hire orientation	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Review your organization's policies and procedures	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Review written job description and provide copy to new hire	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Review emergency procedures, first aid, and building evacuation	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Instruct staff to recognize signs of physical and sexual abuse	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Review child abuse and neglect laws	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Describe the duties volunteers perform for your organization: Describe the methods used to screen volunteers and independent contractions. List each independent contractor your organization utilizes, for example: r		ortation services, ca	aterers, etc.
Does your organization have a signed written agreement with each independent status as an independent contractor and not as an employee?	endent contractor sp	ecifying	☐ Yes ☐ No
Do written agreements specify the services to be provided?			☐ Yes ☐ No
Has each contractor provided your organization with a certificate of insurance services rendered? (attach certificate of insurance for each contractor)	e detailing proof of ins	surance for	☐ Yes ☐ No
Does your organization require and confirm independent contractors carry in organization as an additional insured? (attach certificates of insurance)	surance that names y	our	☐ Yes ☐ No
If yes, how often are certificates of insurance updated?			
Are governmental licenses for each independent contractor verified?			☐ Yes ☐ No
If yes how often are contractors' licenses verified?			

Part II – Hired and Non-Ow	ned Auto			
☐ Check this box if this section	does not apply to your organization			
Number of full-time and part-time	e employees who use their own vehic	cle in the course of business	:	
Number of full-time and part-time	e volunteers who use their own vehic	le in the course of business:		
·	lunteer-owned vehicles are used in yo			
	·			
For staff who drive, does your (Indicate yes or no)	r organization do the following?	Employees	Volunteers	Independent Contractors
Prior to hire, check motor vehicle	le records (MVRs)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Prior to hire, obtain copy of drive	er's license	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
After hire, provide driver training	and safety instruction	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
After hire, update motor vehicle	records (MVRs) annually	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collect evidence of personal aut	to insurance annually	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If yes, limits of liability coverage	your organization requires	\$	\$	\$
Prohibit texting and use of cell p	phones while driving	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Require at least two staff be pre	esent to transport five or more clients	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is each vehicle listed on the acc Does your organization rent or l If yes, indicate: Frequency In whose name are vehicles ren	Duration:	Vehicles used out of s	itate?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Part III – Professional Liab Coverage for your professiona professionals with incidental m	l staff including social workers, c	ounselors, therapists, ps	ychologists, teach	ners, and medical
☐ Check this box if this section	does not apply to your organization			
Is your current professional liabilit	ty coverage on a claims-made basis?	>		☐ Yes ☐ No
Coverage Profile	Occurrence or Claims-made	Retroactive Date	Is this cov	erage needed now
General Liability			☐ Yes ☐] No
Sexual Abuse Liability			☐ Yes ☐] No
Social Work Liability			☐ Yes ☐	No
Foster Care Liability			☐ Yes ☐	No
Counseling Liability			☐ Yes ☐	No
Medical Professional Liability				No
Teachers' Liability			□ Yes □	No

Medical Services Profile	NI I CI I	Number of	Numbe	Number of staff Days		lys and hours	
I .	Number of beds	clients served	FT	PT	of oper		
Medical Clinic							
Laboratory							
Hospital, Infirmary							
Overnight Medical Services							
Visiting nurse Services							
Hospice							
Home Healthcare Services							
Other							
TOTAL							
Describe any medical services your or	ganization provides:						
Does your organization have a physici Does your organization require and c		_			☐ Yes	□No	
professionals hold a valid and unlimit permit, and be a Medicaid/Medicare	ed license to practice participant?	medicine in the State,	hold an unrest	ricted DEA	Yes	□No	
Does your organization require and or professionals carry primary medical professional liability insurance for each	orofessional liability ins	surance? (attach proof			☐ Yes	□No	
Part IV - Sexual Abuse Liability	,						
_		nization					
☐ Check this box if this section does Does your organization have written po	not apply to your organ		physical and se	exual abuse?	Yes	□No	
☐ Check this box if this section does Does your organization have written policies and procedures)	not apply to your organ		physical and se	exual abuse?	Yes	□No	
Check this box if this section does Does your organization have written procedures) If yes, how often are procedures review	not apply to your organolicies and procedures	that prevent and detect			☐ Yes	□No	
_	not apply to your organolicies and procedures wed with staff? elp them recognize sign	that prevent and detect			☐ Yes	□ No	
☐ Check this box if this section does Does your organization have written policies and procedures) If yes, how often are procedures revieves Describe training provided to staff to he	not apply to your organolicies and procedures wed with staff? elp them recognize signuspicions of inappropriator suspected incidents es of sexual abuse, mo	that prevent and detect ns of physical, sexual, and ate conduct: of abuse, molestation, collestation, and misconduct	r misconduct to	ouse:		□ No □ No □ No □ No □ No □ No	
Check this box if this section does Does your organization have written pr (attach policies and procedures) If yes, how often are procedures review Describe training provided to staff to h Describe the procedure for reporting s Does your organization report known of the clients instructed to report instance Does your organization have a public report of the contents of the	not apply to your organolicies and procedures wed with staff? elp them recognize sign uspicions of inapproprior suspected incidents es of sexual abuse, more seponse plan to addresses	that prevent and detect ns of physical, sexual, and ate conduct: of abuse, molestation, collestation, and misconducts ss allegations of abuse?	r misconduct to	ouse:	Yes Yes	□ No □ No	
Check this box if this section does Does your organization have written producted policies and procedures) If yes, how often are procedures review the procedures training provided to staff to have training provided to staff to have the procedure for reporting such that the procedure for report instance that the procedure for report instance for the procedure for report instance for the procedure for the pro	not apply to your organolicies and procedures wed with staff? elp them recognize signuspicions of inappropriator suspected incidents es of sexual abuse, moresponse plan to addressesent at all times with a	that prevent and detect ns of physical, sexual, and ate conduct: of abuse, molestation, collestation, and misconducts a client in your care?	r misconduct to	ouse:	☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No	

Part V - Residential

Use additional page to list more locations, if necessary

☐ Check this box if this section does not apply to your organization	

Facility Profile	ACORD form location no	ACORD form location no	ACORD form location no
Occupancy	☐ Apartments ☐ Group Home ☐ Shelter ☐ Other (describe)	☐ Apartments ☐ Group Home ☐ Shelter ☐ Other (describe)	☐ Apartments ☐ Group Home ☐ Shelter ☐ Other (describe)
Facility license			
Number of awake staff			
Number of residents			
Number of nonambulatory residents			
Number of elevators			
Elevator maintenance agreement	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Smoke detectors in each unit and in common areas	☐ Yes ☐ No ☐ Battery ☐ Hardwired	☐ Yes ☐ No ☐ Battery ☐ Hardwired	Yes No Battery Hardwired
Fire drills conducted	Yes No How often? Documented	☐ Yes ☐ No How often? ☐ Documented	Yes No How often? Documented
Carbon monoxide detectors	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Scalding prevention controls	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Apartments

Number of rental units				
All units occupied?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Average occupancy rate				
Tenants	Clients ☐ Yes ☐ No the Public ☐ Yes ☐ No	Clients ☐ Yes ☐ No the Public ☐ Yes ☐ No	Clients Yes No the Public Yes No	
Leases required (attach copy)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Tenants required to participate in social service programs	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Eviction procedures in place	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Number of evictions in last three (3) years				
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Is parking provided?	Surface	Surface	Surface	
is parking provided:	Underground	Underground	Underground	
	No. of vehicles	No. of vehicles	No. of vehicles	
Who maintains premises (cleaning, maintenance, etc.)?				

(Group Home or Shelter
	Total number of beds

Group frome of Grieffer				
Total number of beds				
Does facility typically operate at maximum capacity?	☐ Yes ☐ No	☐ Yes ☐ I	No	☐ Yes ☐ No
Resident age range				
Average length of stay				
	☐ Yes ☐ No	☐ Yes ☐ I		☐ Yes ☐ No
Bed checks	How often?	How often?		How often?
	Documented	Documen		Documented
Do supervisors conduct random unannounced visits?	Yes No How often?	☐ Yes ☐ I How often?		☐ Yes ☐ No How often?
	How offeri?	now often?		HOW OILEH?
What criteria does your organization use to qualify residents	to enter your facilities?			
	()			
What criteria does your organization use to evict resident	s from your facilities?			
Part VI – Fundraiser or Special Event				
Ise additional page to list more locations, if necessary	ı			
,				
Check this box if this section does not apply to your org	anization			
Name of event:				
Description of activities:				
Location:				
Date and time:				
Expected attendance:	\$		\$	
Admission fee/donation per person:				
Estimated total receipts:				
Will alcohol be served?	☐ Beer and wine only		☐ Beer an	d wine only
	Full bar		Full bar	
	☐ No alcohol served		INO aico	hol served
Describe controls in place to prevent excessive and underage alcohol consumption:	☐ No alcohol served		INO aico	
	General liability Yes	□ No		
underage alcohol consumption:				hol served
underage alcohol consumption: Are certificates of insurance provided by independent	General liability ☐ Yes		General liab	hol served
underage alcohol consumption: Are certificates of insurance provided by independent contractors for the following? List for whom your organization must provide additional	General liability Yes Liquor liability Yes		General liab	hol served

Part VII - Court Appointed	Specia	al Advocate		
☐ Check this box if this section of	does no	t apply to your organization		
Number of CASA volunteers:		Average CASA volunteer caseload:		
Number of supervisors working w	rith CAS	SA volunteers:	☐ Yes	□No
Maximum number of children ea	☐ Yes	□No		
Does your organization allow CA		•	☐ Yes	□No
Describe your organization's CA			L 103	L110
Describe your organizations on	OA VOIC	inteer screening procedure.		
Is your organization a member of	the Nat	ional Court Appointed Special Advocate Association?	☐ Yes	□No
		been granted legal authority to operate? executive or judicial order, or court ruling.	Yes	□No
Does your organization's CASA pi jurisdiction where your CASA volu		have a written agreement with the juvenile or family court in the serve?	Yes	□No
If yes, indicate jurisdiction where	your C	CASA program operates and provide a copy of the agreement:		
Attach a copy of your CASA provolunteer and the child for whom		rocedure with respect to conflicts of interest and HIPAA compliance as regadvocate.	ards a CA	SA
Part VIII - Attachments Submit the following document	ation v	vith this questionnaire		
-				
Organization Profile		ACORD Preparty Section		
		ACORD Property Section ACORD Commercial General Liability Section		
		Brochures		
		Mission statement		
		Annual report		
		Newsletters		
		Loss history for the last five (5) years		
		Audited year-end financial statement		
		If organization is a startup or new business, executive director's résumé		
		If organization is a startup or new business, projected budget or pro form financial statement	a	
		Organization chart		
		Independent contractor certificates of insurance		
		Statement of values or ACORD Statement/Schedule of Values		
Hired and Non-Owned Auto		ACORD Business Auto Section		
		ACORD Vehicle Schedule		
		ACORD Commercial Auto Driver Information Schedule		
Professional Liability		Primary medical professional liability certificate of insurance for each medical	•	ssional
Sexual Abuse Liability		Physical and sexual abuse detection and prevention policies and procedu	ires	
Decidential		Abuse allegation public response plan		
Residential		Apartment lease		
Fundraiser or Special Event		Independent contractor certificates of insurance for event		

Court Appointed Special Advocate	State statute, executive organization legal author	or judicial order, or court ruling granting your prity to operate
	☐ Jurisdictional operating	agreement
	☐ CASA program policies	and procedures
the best of his or here knowledge the carrier to provide coverage. Any quote	statements herein are true and	ation proposed for this insurance and hereby declared that to domplete. Signing this document does not bind the insurance diance on the answers supplied herein.
This form has been completed by:		
Signature		Date
Name		Title
Phone		Email
This account has been submitted by	y:	
Producer name		Insurance Agency
 Email		

Fraud Notice

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 INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 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 MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/ SHE 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 NEBRASKA APPLICANTS: 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.

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 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 OF THE THIRD DEGREE.

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

NOTICE TO VIRGINIA 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 OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

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 TENNESSEE 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."