



APPLICATION FOR CRIMINAL JUSTICE LIABILITY INSURANCE

INSTRUCTIONS:

Please answer all questions. If the answer to any question is NONE, please state NONE.

Please note that a separate Residential application must be completed for each and every Residential Location of the Applicant. A Non-Residential application is also required for all such exposures. All applications must be signed and dated by the Principal, Partner or President of the applicant. The application cannot be more than sixty days (60) old.

APPLICANT INFORMATION:

Full Name of Applicant: _____

Mailing Address: _____

Primary Contact (Include Title): _____

Email Address: _____ Website Address _____

Telephone Number: _____ Fax Number _____

Applicant is: Individual LLC Corporation Partnership/Joint Venture Other _____

Applicant is: For Profit Not for Profit

Year Established: _____ Licensed: Yes No If Yes, indicate type: _____

Is Applicant currently involved in any bankruptcy or receivership activities? Yes No

Details of bankruptcy or receivership activities, if any: _____

OPERATIONS:

Please describe all operations of Applicant: _____

Please attach all descriptive brochures, marketing materials and/or newsletters.

Please describe your primary clients or occupants: _____

Please advise percentage of clients/occupants directed to you by the criminal justice system: _____

How many separate residential locations do you operate? _____

OPERATIONS (Continued):

How many separate Non-Residential facilities / operations do you manage? _____

How many total employees do you have? _____

How many total contracted employees do you have? _____

List all entities or organizations that need to be included as an Additional Insured. Please describe their affiliation to your organization. Attach an additional sheet if needed _____

Do you provide any Day Care services for employees, clients or inmates? If Yes, please complete the Day Care Supplemental Application. _____ Yes _____
No

List any anticipated Special Events or Fund Raisers you may sponsor throughout the year:

Have you ever transferred any debt and/or assets off the books to a partnership or other independent vehicle? _____ Yes _____
No

If Yes, please explain the transaction: _____

INSURANCE INFORMATION:

Desired Insurance Limits

Each Occurrence \$ _____

Annual Aggregate \$ _____

Deductible \$ _____

Medical Payments \$ _____

Each Occurrence \$ _____

Are you interested in a quote for:

Employee Benefits Liability _____ Yes _____ No Aggregate Per Location Endorsement _____ Yes _____ No

Employment Practices Liability _____ Yes _____ No Excess Liability _____ Yes _____ No

Current Insurance Information:

Carrier: _____ **Premium:** _____ **Effective / Expiration Date** _____

Limits of Liability:

Professional Liability: _____

General Liability (each occurrence): _____

General Liability (aggregate): _____

Occurrence or Claims Made? (If Claims Made, please provide retro date) General Liability _____ Professional _____

Deductible/Retention: Professional Liability: _____ General Liability: _____

Has any company cancelled, non-renewed, or declined applicant insurance within the last five (5) Years? ___ Yes ___

No

Please provide details if "Yes" above: _____

LOSS HISTORY:

Has the applicant been involved in any civil or criminal action or litigation in the last 5 years? ___ Yes ___ No

Has the applicant been involved in or have knowledge of any inquiry, investigation, complaint or notice from any federal, state or local authority regarding the activities, procedures, practices or conditions of the insured, including but not limited to, a court order or consent decree? ___ Yes ___ No

List any losses not covered by insurance: _____

Please attach of five years (5) of currently valued loss information with this application.

HIRING AND TRAINING PRACTICES:

Does your employment application (paid or volunteer) include questions asking whether the individual has ever been convicted of any crime? ___ Yes ___ No

If Yes, please explain explain: _____

Does your employment application (paid or volunteer) include a question asking whether the Applicant has ever been found guilty of a violation of professional ethics codes, misconduct, incompetence, negligence, or been required to surrender their license? ___ Yes ___ No

Does your state permit criminal background investigations on all prospective employees and volunteers? ___ Yes ___ No

Do you conduct random drug testing of your entire staff, both employed and contracted? ___ Yes ___ No

Do you request and receive background investigations from each of the following sources: police reports, child abuse registries, and the FBI/National Crime Information Center on all prospective employees and volunteers? ___ Yes ___ No

If No, please advise what background investigations are done: _____

At staff orientations, do you train staff how to recognize the signs of abuse as well as what to do if a client or occupant reports that someone abused or molested him/her? Yes No

HIRING AND TRAINING PRACTICES (con't):

Is there a Staff Training and Development Program? If Yes, please attach a copy. Yes No

Do you follow a plan of supervision that will monitor staff in day-to-day relationships with clients or occupants? Yes No

Do you have a written crisis management plan for dealing with staff, victim(s), family(ies), authorities and media if there is an incident of abuse or death? If Yes, please attach a copy. Yes No

Do you require and assure that proper training has been received by your employees and volunteers in conjunction with the following:

Chemical Sprays? Yes No

Emergency Procedures? Yes No

CPR? Yes No

Baton/PR-24/ASP? Yes No

First Aid? Yes No

Abuse Recognition? Yes No

Suicidal Tendencies? Yes No

Non Violent Crisis Intervention? Yes No

Evacuation? Yes No

Appropriate Restraint Techniques? Yes No

Are formal employee training records maintained? Yes No

Are employee training records maintained separately from an employee's personnel file? Yes No

Briefly describe your standard method and length of training for a new employee or volunteer.

PRODUCTS LIABILITY

Do you or your offenders manufacture, sell, handle, distribute or dispose of any product(s) to outside, unrelated parties? Yes No

If Yes, please answer all of the questions below.

Describe the type and nature of products or goods that you make, remake, assemble, grow, produce, modify, package, manufacture or install.

Please provide estimated gross annual sales/receipts generated from the sale of the products or goods indicated above: _____

To whom are products or goods sold or delivered? _____

Is the work performed under contract? If yes, please attach a copy of the contract. Yes No

LIFE SAFETY/RISK MANAGEMENT (ALL FACILITIES)

Are all fire escape routes clearly posted on each floor at all of your facilities?

Yes No

At all times are exits and corridors maintained free of obstructions at all of your facilities?

Yes No

Are facility exit signs clearly marked and illuminated in all of your facilities?

Yes

No

Are portable fire extinguishers conspicuously mounted throughout all of your facilities?

Yes No

Do each of your facilities have an emergency lighting system in place?

Yes No

FRAUD WARNING

Notice to Applicants of all states except Colorado, New York, and Pennsylvania

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

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 agencies.

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 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 Pennsylvania Applicants:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

IMPORTANT NOTICE: Failure to report any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT’S ACCEPTANCE OF COMPANY’S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

General Star Indemnity Company is a “non-admitted” or “surplus lines” insurer in all states except Connecticut, and is not subject to the financial solvency regulation and enforcement which applies to licensed companies. The insurance company does not participate in any state insurance guarantee fund; therefore, these funds will not pay your claims or protect your assets if the insurance company becomes insolvent and is unable to make payments as promised. Your agent or broker can verify with the State Insurance Commissioner that General Star Indemnity Company is an approved surplus lines insurer in the state. This information applies to General Star National Insurance Company in Connecticut only.

An authorized representative who is an active owner, officer, or partner of your firm must sign this Application within thirty (30) days prior to the policy inception date.

Signature: _____ Title: _____
(Owner, Partner or Officer)

Date: _____

THE APPLICANT UNDERSTANDS THAT COMPLETION OF THIS APPLICATION NEITHER BINDS COVERAGE NOR GUARANTEES THAT A POLICY WILL BE ISSUED.

