/ SUPPLEMENTAL APPLICATION

Social Services & Human Services Supplemental

Nonprofit and human-services programs and abuse controls.

> Please complete this supplement in full and return it with a signed ACORD application. Submit to submissions@hedgespecialty.com or through the Hedge broker portal. Answer every question — incomplete applications delay quoting.

GENERAL INFORMATION

NAMED INSURED / APPLICANT

DBA / TRADE NAME

BROKERAGE / BROKER

AGENCY / AGENT

PROPOSED EFFECTIVE DATE

NEW OR RENEWAL?

POLICY / QUOTE NUMBER

FEIN

ENTITY TYPE (LLC, CORP, ETC.)

YEARS IN BUSINESS

YEARS UNDER CURRENT MGMT

EMPLOYEES (FT / PT)

MISSION / PROGRAMS / POPULATION SERVED

WEBSITE

MAILING & RISK ADDRESS

MAILING ADDRESS

CITY

STATE

ZIP

COUNTY

OF LOCATIONS

PRIMARY RISK / PREMISE ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

COUNTY

CONTACTS

PRIMARY CONTACT NAME

TITLE

EMAIL

PHONE

AUDIT / INSPECTION CONTACT

INSPECTION PHONE

INSPECTION EMAIL

CURRENT / EXPIRING CARRIER INFORMATION

CURRENT / EXPIRING CARRIER

POLICY NUMBER

ANNUAL PREMIUM $

LIMIT(S) OF INSURANCE

DEDUCTIBLE / SIR

RETROACTIVE DATE (IF ANY)

Is the current carrier offering renewal? ☐ YES ☐ NO

Is the expiring / current coverage written on a claims-made basis? ☐ YES ☐ NO

ORGANIZATION PROFILE

TAX / LEGAL STATUS (501(C)(3), FOR-PROFIT, GOVERNMENT, FAITH-BASED, ETC.) | YEAR ORGANIZATION FOUNDED | ACCREDITATIONS / LICENSES HELD

ANNUAL OPERATING BUDGET $ | ANNUAL OPERATING REVENUE $ | # PAID STAFF (FT / PT) | # ACTIVE VOLUNTEERS

CLIENTS / PERSONS SERVED ANNUALLY | AVG CLIENTS PER LOCATION | MAX CLIENT CAPACITY PER LOCATION

GOVERNING BOARD SIZE | AFFILIATED / PARENT ORGANIZATION (IF ANY) | ACTIVE OWNER / DIRECTOR IN DAILY OPERATIONS? (Y/N)

Funding sources (approximate % of revenue)

% GOVERNMENT GRANTS / CONTRACTS | % PRIVATE DONATIONS / FOUNDATIONS | % CLIENT / PROGRAM FEES | % FUNDRAISING / EVENTS | % OTHER

Funding sources (check all)

- ☐ Federal grants
- ☐ State / county contracts
- ☐ Medicaid / Medicare
- ☐ United Way
- ☐ Private foundations
- ☐ Individual donors
- ☐ Program / service fees
- ☐ Membership dues
- ☐ Endowment / investments
- ☐ Fundraising events
- ☐ Faith-based / tithing
- ☐ Other

PROGRAMS & POPULATION SERVED

Programs / services provided (check all)

- ☐ Adoption / foster care
- ☐ Child day care / preschool
- ☐ After-school / youth programs
- ☐ Mentoring / Big Brother-Sister
- ☐ Group homes / residential care
- ☐ Homeless shelter / housing
- ☐ Domestic violence / crisis shelter
- ☐ Substance-abuse treatment
- ☐ Mental / behavioral health
- ☐ Counseling / case management
- ☐ Developmental / disability services
- ☐ Senior / elder care
- ☐ Adult day care
- ☐ In-home care / personal aide
- ☐ Hospice / palliative
- ☐ Vocational / job training
- ☐ Food bank / meal services
- ☐ Immigration / refugee services
- ☐ Medical / dental clinic
- ☐ Transportation services
- ☐ Camp / recreation
- ☐ Other

Population served (check all)

- ☐ Infants / toddlers
- ☐ Children (under 13)
- ☐ Adolescents (13-17)
- ☐ Young adults (18-24)
- ☐ General adults
- ☐ Seniors (65+)
- ☐ Developmentally disabled
- ☐ Physically disabled
- ☐ Mentally ill
- ☐ Substance-dependent
- ☐ Homeless
- ☐ Domestic-violence survivors
- ☐ At-risk / court-referred
- ☐ Veterans
- ☐ Immigrants / refugees
- ☐ Medically fragile

AGE RANGE OF CLIENTS (YOUNGEST–OLDEST) | % AMBULATORY CLIENTS | % NON-AMBULATORY / DEPENDENT ON STAFF | GEOGRAPHIC AREA SERVED

PROGRAM DETAIL

Programs Operated

PROGRAM / SERVICE	# CLIENTS SERVED / YR	ANNUAL BUDGET $	RESIDENTIAL / OVERNIGHT? (Y/N)	STAFF:CLIENT RATIO

PROGRAM / SERVICE	# CLIENTS SERVED / YR	ANNUAL BUDGET $	RESIDENTIAL / OVERNIGHT? (Y/N)	STAFF:CLIENT RATIO

Operating Revenue & Budget — Five-Year History

FINANCIAL CATEGORY	UPCOMING YR (EST.) $	LAST 12 MONTHS $	1 YEAR PRIOR $	2 YEARS PRIOR $	3 YEARS PRIOR $
Operating Revenue					
Operating Budget / Expense					
Government Funding					
Program / Client Fees					
Total Payroll					
TOTAL					

PAYROLL — PAID STAFF $

PAYROLL — OWNERS / OFFICERS $

ANNUAL EMPLOYEE TURNOVER RATE %

SUPERVISOR-TO-STAFF RATIO

ABUSE & MOLESTATION — SCREENING & HIRING

Answer for ALL personnel with client contact, paid AND volunteer.

1. Does the employment / volunteer application ask about prior convictions for sex-related or child-abuse offenses? ☐ YES ☐ NO

2. Are criminal background investigations (state, federal, and sex-offender registry) run on every employee and volunteer before client contact? ☐ YES ☐ NO
   HOW OFTEN RE-RUN AFTER HIRE?

3. Are background checks repeated periodically (e.g. annually) for existing staff and volunteers? ☐ YES ☐ NO

4. Are at least two prior employment / personal references verified for each applicant? ☐ YES ☐ NO

5. Is a personal in-person interview conducted before hire / placement? ☐ YES ☐ NO

6. Are professional licenses and certifications verified and re-verified at renewal? ☐ YES ☐ NO

7. Are any staff or volunteers under the age of 18? ☐ YES ☐ NO
   IF YES, DESCRIBE SUPERVISION

8. Are temporary, contract, or staffing-agency personnel used, and are they screened to the same standard? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

ABUSE & MOLESTATION — SUPERVISION, TRAINING & REPORTING

# HRS ABUSE-PREVENTION TRAINING AT HIRE	REFRESHER TRAINING FREQUENCY	TRAINING PROGRAM / VENDOR (DARKNESS TO LIGHT, PRAESIDIUM, ETC.)

9. Is there a written sexual-abuse / molestation prevention and response policy distributed to all personnel? ☐ YES ☐ NO

10. Do all staff and volunteers receive documented abuse-awareness and prevention training before client contact? ☐ YES ☐ NO

11. Is a written plan of supervision used to monitor staff–client relationships, both on and off premises? ☐ YES ☐ NO

12. Is a two-adult rule enforced (no staff/volunteer alone one-on-one with a client out of sight of others)? ☐ YES ☐ NO

IF NO, DESCRIBE HOW ONE-ON-ONE CONTACT IS SUPERVISED

13. Are private / off-site meetings, transportation, or overnight contact with a single client prohibited or chaperoned? ☐ YES ☐ NO

14. Is staff–client contact outside of program activities (social media, texting, gifts, home visits) prohibited or governed by policy? ☐ YES ☐ NO

15. Are there written procedures for prompt reporting of suspected abuse to management AND to authorities? ☐ YES ☐ NO

16. Are all personnel trained as mandated reporters and is reporting documented? ☐ YES ☐ NO

17. Are restrooms, changing, sleeping, and isolated areas designed and monitored to prevent unobserved contact? ☐ YES ☐ NO

18. Has the organization ever had an incident, allegation, or report of sexual or physical abuse / molestation? ☐ YES ☐ NO

IF YES, GIVE DATE(S), DESCRIPTION, WHETHER A CLAIM WAS MADE, WHETHER SETTLED OR TRIED, AND DAMAGES PAID $

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

CLIENT TRANSPORTATION

# OWNED / LEASED VEHICLES	# STAFF PER VEHICLE	AVG DAILY CLIENT TRIPS	ARE CLIENTS EVER DRIVEN IN PERSONAL VEHICLES? (Y/N)

19. Is group or individual client transportation provided by the organization? ☐ YES ☐ NO

20. Are all drivers licensed, MVR-checked at hire and periodically, and trained? ☐ YES ☐ NO

21. Are vehicles inspected and maintained on a documented schedule, with wheelchair restraints where needed? ☐ YES ☐ NO

22. Are clients ever transported one-on-one by a single staff member or volunteer? ☐ YES ☐ NO

IF YES, DESCRIBE SUPERVISION / CHAPERONE POLICY

23. If volunteers or staff use personal vehicles for clients, is hired/non-owned auto exposure understood and insured? ☐ YES ☐ NO

RESIDENTIAL & OVERNIGHT CARE

24. Does the organization provide residential, group-home, shelter, or overnight care? ☐ YES ☐ NO

25. Is overnight awake / on-call staffing maintained, and what is the night staff-to-client ratio? ☐ YES ☐ NO

NIGHT STAFF:CLIENT RATIO

26. Are sleeping arrangements, room assignments, and bed checks documented? ☐ YES ☐ NO

27. Are clients ever left unsupervised, and are elopement / wandering / runaway procedures in place? ☐ YES ☐ NO

28. Is the facility licensed for residential care, and is it in good standing with the licensing agency? ☐ YES ☐ NO

29. Are physical-restraint / seclusion procedures used, and is staff trained and certified (e.g. CPI) in their use? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

PROFESSIONAL & CLINICAL SERVICES

30. Are any medical, nursing, dental, therapy, counseling, or other clinical / professional services provided? ☐ YES ☐ NO

31. Are all clinical providers appropriately licensed, credentialed, and supervised, and are credentials re-verified? ☐ YES ☐ NO

32. Is separate professional liability / social-services E&O carried for clinical staff? ☐ YES ☐ NO

CARRIER AND LIMITS

33. Are written clinical protocols, treatment plans, and informed-consent procedures used and documented? ☐ YES ☐ NO

34. Are independent contractors or referral providers used, and are COIs and hold-harmless agreements obtained? ☐ YES ☐ NO

35. Do you provide treatment for, or serve clients with, communicable diseases (e.g. COVID-19, HBV, TB, AIDS)? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

MEDICATION MANAGEMENT

36. Does staff administer, dispense, or assist clients with medication? ☐ YES ☐ NO

37. Are staff who handle medication trained and authorized per state regulation, and is administration documented? ☐ YES ☐ NO

38. Are medications stored securely (locked, temperature-controlled) with controlled-substance counts logged? ☐ YES ☐ NO

39. Have there been any medication errors or adverse events in the past 3 years? ☐ YES ☐ NO

IF YES, DESCRIBE

SAFETY, INFECTION & WORKPLACE CONTROLS

Answer for written AND implemented programs serving staff and clients.

Personnel / safety practices in place

- ☐ Employee handbook
- ☐ Written job descriptions
- ☐ New-hire orientation
- ☐ Reference checks
- ☐ Performance appraisals
- ☐ Drug screening
- ☐ Injury & Illness Prevention Program
- ☐ Written safety meetings
- ☐ Safe patient-handling / lifting plan
- ☐ Lifting equipment used
- ☐ Workplace-violence prevention
- ☐ Emergency evacuation plan
- ☐ Bloodborne-pathogen exposure control
- ☐ Sharps / needle-safety policy
- ☐ Universal precautions enforced
- ☐ Aerosol / communicable-disease (ATD) control plan
- ☐ SDS / hazard communication
- ☐ PPE provided to staff

40. Is there a written, implemented Injury & Illness Prevention Program and a dedicated safety manager or consultant? ☐ YES ☐ NO

41. Are safe patient-handling, lifting, and back-safety training conducted and documented (note last date)? ☐ YES ☐ NO

42. Is a written workplace-violence prevention program in place, including procedures for aggressive clients? ☐ YES ☐ NO

43. Are bloodborne-pathogen, biohazard, and infection controls written, implemented, and trained? ☐ YES ☐ NO

44. Are vaccinations (Hep B, flu, MMR, TB surveillance) offered to staff with exposure risk? ☐ YES ☐ NO

45. Is there a written communicable / aerosol-transmissible-disease (e.g. COVID-19) prevention and isolation plan? ☐ YES ☐ NO

46. Is there a written facility emergency, evacuation, and disaster plan, and is staff drilled on it? ☐ YES ☐ NO

47. Are set procedures for reporting claims, written accident investigation, and a return-to-work program in place? ☐ YES ☐ NO

48. Is in-house or contracted security provided at any location? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

COVERAGE REQUESTED

GL EACH-OCCURRENCE

GL AGGREGATE

PROFESSIONAL / SOCIAL-SERVICES E&O LIMIT

PROFESSIONAL E&O BASIS (CLAIMS-MADE / OCCURRENCE)

ABUSE & MOLESTATION LIMIT (PER CLAIM / AGGREGATE)

ABUSE & MOLESTATION BASIS

HIRED / NON-OWNED AUTO LIMIT

SEXUAL ABUSE RETROACTIVE DATE (IF ANY)

D&O / MANAGEMENT LIABILITY LIMIT

EMPLOYMENT PRACTICES LIABILITY (EPL) LIMIT

DEDUCTIBLE / SIR

REQUESTED EFFECTIVE DATE

LOSS HISTORY

List all claims and losses for the past 5 years, regardless of fault or payment. Attach currently-valued (within 90 days) loss runs for all lines.

49. Has the applicant had any claims, losses, or incidents in the past 5 years? ☐ YES ☐ NO

50. Are there any known incidents, facts, or circumstances that may result in a claim? ☐ YES ☐ NO

51. Has any coverage been declined, cancelled, or non-renewed in the past 5 years? ☐ YES ☐ NO

Loss Detail

DATE OF LOSS	LINE / COVERAGE	CLAIMANT	DESCRIPTION	PAID $	RESERVED $	STATUS (O/C)

APPLICANT STATEMENT & SIGNATURE

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 (in some states a fine and/or imprisonment). The applicant represents that the statements and answers given are true, complete, and accurate to the best of their knowledge and will be relied upon by the insurer. Completion of this application does not bind coverage.

SIGN

DATE

SIGNATURE OF APPLICANT

PRINTED NAME

TITLE

PRODUCER / AGENCY

HEDGE SUBMISSION #