

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Application  
For  
**Social Services Organization**

- 
1. Name of applicant: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  
  2. Provide full description of operations: \_\_\_\_\_  
\_\_\_\_\_
  
  3. Website address: \_\_\_\_\_  
-Obtain and attach literature, brochures and mission statement with application.
  
  4. Type of entity:       For Profit       Non Profit       Government       Other
  
  5. Number of years in operation: \_\_\_\_\_ Years under present management: \_\_\_\_\_  
Licensed by: \_\_\_\_\_ State licensed in: \_\_\_\_\_  
Was license ever suspended or revoked?     Yes     No    If yes, provide details: \_\_\_\_\_
  
  6. Primary funding source: \_\_\_\_\_ Annual payroll: \_\_\_\_\_
  
  7. Annual operating budget (non profit): \_\_\_\_\_ Gross sales receipts (for profit): \_\_\_\_\_
  
  8. Number of clients/customers per year: \_\_\_\_\_ What is your annual staff turnover rate? \_\_\_\_\_
  
  9. Are you accredited?     Yes     No    If yes, by whom? \_\_\_\_\_  
Has your organization ever lost accreditation?     Yes     No    If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_
  
  10. Are you a member of any professional organizations? \_\_\_\_\_
  
  11. Do you sponsor any special fund-raising events?     Yes     No  
Provide full details (location, dates, attendance, description of events, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
  12. Are alcoholic beverages served?     Yes     No    If yes, do you have liquor liability coverage?     Yes     No
  
  13. Have you ever discontinued any programs?     Yes     No    If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
  
  14. Do you provide 24-hour residential care?     Yes     No    If yes, complete institutional care application.  
Do you provide counseling services?     Yes     No    If yes, complete counseling center application.  
Do you provide childcare services?     Yes     No    If yes, complete daycare application.  
Do you operate a camp?     Yes     No    If yes, complete camp application.  
Do you operate a foster care program?     Yes     No    If yes, complete foster care application.

Describe the work being performed: \_\_\_\_\_

Do you perform any adoption services?  Yes  No If yes, what is the percentage? \_\_\_\_\_

Are they domestic or overseas? \_\_\_\_\_

15. Do you operate or sponsor a rope confidence-building course?  Yes  No  
If yes, provide details: \_\_\_\_\_

16. Do you operate or sponsor a therapeutic wilderness program for teens that are experiencing emotional/ behavioral problems?  Yes  No If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

17. Are you involved in any contracting operations?  Yes  No If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

18. Do you provide any legal or financial advocacy services?  Yes  No

19. Do you provide any CASA services?  Yes  No

20. Do you provide supervised visitation services?  Yes  No

21. Complete list of staff: # of employees \_\_\_\_\_ # of Volunteers \_\_\_\_\_

Positions	Number Employed	Number Contracted	Number of Volunteers
Physicians			
Psychiatrists			
Psychologists			
Administrators			
Counselors			
Nurses			
Social Workers			
Teachers			
Therapists			
Clergy			
Others (list)			

22. Are certificates of malpractice insurance obtained from all contracted service providers?  Yes  No

23. Do nurses carry their own professional coverage?  Yes  No  
If yes, what are the limits carried \_\_\_\_\_

24. Provide number of participants:

Category	Number	Category	Number
Mental Retardation		Homeless	
Autistic		Alcohol/Drug	
Cerebral palsy		Others (List)	
Down's Syndrome			
Elderly			
Brain Injury			
Psychiatric Disabilities			
Abuse			

25. Prior insurance carrier and loss history (If none, check here .)

Year	Insurance Company	Policy Number And Premium	Loss Paid & Reserved	Loss Description

26. During the past three years, have any claims been presented to your current carrier?  Yes  No  
 If yes, provide details including description of claim, amounts paid and reserves: \_\_\_\_\_

27. Has applicant, or any other person for whom insurance is being requested, result in a claim?  Yes  No  
 If yes, provide full details: \_\_\_\_\_

28. Is the applicant, or any other person for whom insurance is being requested, had any liability application denied, policy cancelled or policy not renewed in past three years?  Yes  No  
 If yes, provide full details: \_\_\_\_\_

29. Limits of insurance requested:

General Aggregate Limit (Other than Products-Completed Operations)	\$ _____	
Products – Completed Operations Aggregate Limit	\$ _____	
Personal and Advertising Injury	\$ _____	
Each Occurrence Limit	\$ _____	
Damage to premises rented to you	\$ _____	any one person
Medical Expense Limit (up to \$5,000 limit available)	\$ _____	any one person
Each Professional Incident Limit (If applicable)	\$ _____	

30. Policy effective date: From: \_\_\_\_\_ To: \_\_\_\_\_

**IF SEXUAL MOLESTATION COVERAGE IS DESIRED, PLEASE ANSWER THE FOLLOWING QUESTIONS:**

31. Please indicate the Sexual Molestation sublimit wanted:  
 \$25,000/50,000      \$50,000/100,000      \$100,000/300,000

32. Please describe your hiring practices: \_\_\_\_\_

33. Do you have written guidelines regarding sexual misconduct?  Yes  No

34. What steps have you taken to prevent or avoid a sexual misconduct incident? \_\_\_\_\_

35. Has any employee or volunteer or other person working for you ever been arrested or convicted of a crime?  Yes  No  
 If yes, provide details: \_\_\_\_\_

36. Has your organization had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct?  Yes  No  
 If yes, provide details: \_\_\_\_\_

37. Has any organization that you have been associated with in the past ever had any incidents occur or claims brought against it while you were there?  Yes  No  
If yes, provide details: \_\_\_\_\_

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**Notice to applicants: In most states any person who knowingly and with intent to defraud files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material hereto, commits a fraudulent act, which is a crime.**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**Delaware Valley Underwriting Agency, Inc.**

**ADDENDUM TO APPLICATION**

Insured's/Applicant's Name: \_\_\_\_\_

TO BE ATTACHED TO AND MADE A PART OF ALL APPLICATIONS

It is agreed that the following FRAUD STATEMENTS are attached to the application:

APPLICABLE IN THE STATE OF PENNSYLVANIA:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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.

APPLICABLE IN THE STATE OF NEW YORK:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICABLE IN ALL OTHER STATES:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. (Not Applicable in CO, HI, NE, OH, OK, OR, IN, DC, LA, ME and VA insurance benefits may also be denied)

**I have read and accept the above (To be signed by the Insured/Applicant)**

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Insured/Applicant Signature

Date



**Delaware Valley Underwriting Agency, Inc.**

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**I have read and accept the above (To be signed by the Insured/Applicant)**

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Insured/Applicant Signature

Date