Affinity Nonprofits

2001 K Street, NW, Suite 625 North | Washington, DC 20006
t. 800.432.7465 | socialservice@affinitynonprofits.com | www.affinitynonprofits.com

Social Service Renewal Supplemental Application

A. General Information

Insured Name: _____ Date: _____
(named insured as it reads on policy declarations)

Physical Address: _____ City/St: _____ Zip _____

Mailing Address (if different) _____ City/St: _____ Zip _____

Insured Contact: _____ Tel #: _____ Email: _____

Annual Gross Revenue: _____

Nonprofit Status: ☐ Yes ☐ No

# of Years in Operation: _____ Years Under present Management :_____

List any Subsidiaries and/or Affiliates: _____

Insurance Agency Name: _____

Insurance Agency Address: _____ City/St: _____ Zip _____

Insurance Agency Contact: _____ Tel #: _____ Email: _____

Based on my review of the existing policy and subsequent endorsements (where applicable)
Please QUOTE per expiring policy. ☐ Yes ☐ No
Please RENEW per expiring policy. ☐ Yes ☐ No
Please QUOTE with the following changes:

Property: _____

_____

GL/PL: _____

_____

Excess: _____

_____

Other: _____

_____

Renewal Coverage: ☐ Property ☐ General Liability ☐ Abuse & Molestation ☐ Professional Liability
☐ Auto Liability ☐ Auto Phys Damage ☐ Excess

Addt'l Coverage requested: ☐ Property ☐ General Liability ☐ Abuse & Molestation ☐ Professional Liability
☐ Auto Liability ☐ Auto Phys Damage ☐ Excess

Exposure Update:
Please describe any changes in your operations (eg; programs administered, services provided, etc.) in the past 12 months:

_____

_____

_____

B. Exposure Information

Description	Expiring	Renewal	Description	Expiring	Renewal
a) Revenues			f) Avg Daily Volunteers		
b) Clients/Participants			g) Camper Days		
c) Thrift Store Sales			h) Property TIV		
d) Weatherization/Constrctn Costs or Payroll			i) WC Payroll		
e) MOW Food Budget			j) Other		

Indicate all Programs administered by the Insured (check all that apply):

Children's		**Programs: Community Services:**	
Adoption	☐	Battered Women's Shelter	☐
After School Care	☐	Community Action Programs	☐
Big Brothers/Big Sisters	☐	Community Centers	☐
Boys & Girls Clubs	☐	Counseling	☐
Charter Schools	☐	Family Planning	☐
Children & Teen Shelters	☐	Food bank/Commodity Distribution	☐
Children's Home	☐	Foundations/ Funding Sources	☐
Day Care (Special Needs)	☐	GED Programs	☐
Early Childhood Intervention	☐	Goodwills/ Thrift Stores	☐
Foster Care/ Therapeutic Foster Care	☐	Homeless Shelters	☐
Head Start/Early Head Start	☐	Information/Education/Referral Svcs	☐
Jewish Community Centers	☐	Rape Crisis Centers	☐
Medically Fragile	☐	Transportation Services	☐
Residential Treatment Centers	☐	Vocational/Job Training	☐
Schools - Special Needs	☐	YWCA's	☐
Other _____	☐	Other _____	☐

Senior Programs		**Specialty Service Programs**	
Adult Day	☐	Care Autistic	☐
Companion Services/Home Maker	☐	Cerebral Palsy	☐
Home Health	☐	Developmentally Disabled	☐
Meals On Wheels	☐	Group Homes	☐
Sr. Citizens Centers	☐	Handicapped	☐
Weatherization Program	☐	Mentally Retarded	☐
Other _____	☐	Other _____	☐

C. Professional Liability

Description of Professional	Employees		Volunteers	Contractors	Interns
	F/T	P/T			
Counselor – Unlicensed					
Dietitian/Nutritionist					
Home Health Aide					
Medical Director					
Nurse LPN					
Nurse Practitioner					
Nurse RN					
Pharmacists					
Psychiatrist/Optometrist/Dentist					
Psychologist/Clergy					
Physician Asst/Paramedic/EMT					
Physician					
Residential Manager or Care Provider					
Social Worker/Counselor – Licensed					
Social Worker – Unlicensed					
Teacher/Tutor/Aide/Child Care Worker					
Therapist – Occupational					
Therapist – Physical					
Therapist – Speech/Hearing					
Other _____					
Total					

D. Supplemental Automobile Information

Hired & Non-Owned Vehicles

1. Do you hire vehicles? ☐ Yes ☐ No

   If yes, what types of vehicles do you hire? _____

2. Do you hire from a transportation company? ☐ Yes ☐ No

   a. Do you obtain certificates of insurance? ☐ Yes ☐ No

   b. What minimum limits do you require? _____

3. Annual number of vehicles hired: _____ Annual cost of hire: _____

4. How many employees/volunteers drive personal vehicles for business use: regularly? _____ occasionally? _____

   a. Do employee transport clients in their personal vehicles? ☐ Yes ☐ No

   b. Do you obtain proof of insurance for anyone driving for business purposes? ☐ Yes ☐ No

   c. Do you update these records at least semi-annually? ☐ Yes ☐ No

   d. Do you require at least $100,000 in minimum limits? ☐ Yes ☐ No

   e. Do you verify (with a photocopy of the policy or other)? ☐ Yes ☐ No

Description of Auto Fleet:

Vehicle Type	Expiring	Renewal	# Drivers Exp	# Drivers R/N
Pvt Pass/Pick-up/Mini-van				
Vans > 7 pass				
Bus				
Truck				
Trailer				
Other				

NOTE: A driver is an employee whose primary job duties are to operate a motor vehicle for the organization.

1. Are there any drivers under the age of 21 years old? ☐ Yes ☐ No
2. Are all of your vehicles equipped with seat belts? ☐ Yes ☐ No
   a) Do you have written and strictly enforced guidelines, mandating all passengers are secured in their seat belts? ☐ Yes ☐ No
   b) Would you ever make an exception based on a medical condition? ☐ Yes ☐ No
3. Does insured order/receive/approve MVRs prior to employee driving? ☐ Yes ☐ No
4. Does the insured maintain driver's record files? ☐ Yes ☐ No
   Does it include (check those that apply): ☐ date of hire ☐ dates of training ☐ Drug tests
   ☐ MVR and date ordered and received ☐ Reference Checks ☐ Disciplinary actions
5. Do you furnish anyone with an auto? ☐ Yes ☐ No
   a. If yes, are relatives ever allowed to operate an organization's vehicle? ☐ Yes ☐ No
6. Do you have an accident investigation program? ☐ Yes ☐ No
   a. Do you keep a file on accidents? ☐ Yes ☐ No
7. Is there a vehicle maintenance program? ☐ Yes ☐ No
   If yes:
   a. Are maintenance logs and files reviewed by management? ☐ Yes ☐ No
   b. Do drivers have procedures for reporting, repairing and servicing? ☐ Yes ☐ No
   If yes - ☐ daily ☐ weekly ☐ other _____
8. With respect to any rules or procedures, how do you enforce them to assure compliance?

   _____

   _____
9. Does the insured have annual competency-based performance reviews conducted on drivers of the mobility assistance/wheelchair van that includes:
   a. operation of the lift or ramp system ☐ Yes ☐ No
   b. securing the wheelchair and patient ☐ Yes ☐ No
   c. unloading wheelchair & patient ☐ Yes ☐ No
   d. use of Company communications system ☐ Yes ☐ No
10. Do you obtain written authorization to release driver information from all of your staff upon hiring? ☐ Yes ☐ No
11. Do you obtain MVR's on all drivers? ☐ Yes ☐ No
    a. If yes, how often? _____
    b. Do you have written criteria on driver acceptability regarding MVR's? ☐ Yes ☐ No
12. Do you have a safe driver incentive program? ☐ Yes ☐ No
    If yes, describe: _____

    _____
13. What are your procedures for dealing with driver accidents or violations? _____

    _____
14. Do all drivers possess the required license for the type of vehicle driven? ☐ Yes ☐ No
15. Explain changes to your driver safety program: _____

    _____

    _____

_____ Date: _____ _____ Date: _____
(Insured's Signature)

_____ Date: _____ _____ Date: _____
(Agent's Signature)