Member Companies of Western World Insurance Group
Western World Insurance Company
Tudor Insurance Company
Stratford Insurance Company

## Application For Social Services Organization

•	Name of Applicant: Street:					
	Street:					
	Applicant's Web Site Address					
	Provide full description of operations:					
	Obtain and attach literature, brochures and mission statement.					
	Type of entity:					
	Number of years in operation: Years under present management: Licensed by: State licensed in:					
	Was license ever suspended or revoked?					
	Primary funding source: Annual payroll:					
	Annual operating budget (non profit): Gross sales (for profit):					
	Number of clients/customers per year: What is your annual staff turnover rate?					
	Are you accredited?					
).	Are you a member of any professional organizations?					
1.	Do you sponsor any special fund-raising events?					
2.	Are alcoholic beverages served?					
3.	Have you ever discontinued any programs?					
4.	Do you provide 24-hour residential care?  Do you provide counseling services?  Do you provide childcare services?  Do you operate a camp?  Do you operate a foster care program?  Describe the work being performed:  Yes No If yes, complete institutional care application.  If yes, complete daycare application.  If yes, complete camp application.  If yes, complete camp application.  If yes, complete camp application.  If yes, complete foster care application.					
	Do you perform any adoption services?					

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. Are you involved in any contracting operations?   Yes  No If yes, provide details:						
Do you provide any leç	gal or financial advocacy	services?	☐ Yes	□No		
Do you provide any CA	ASA services?	es 🗌 N	О			
Do you provide superv	rised visitation services?	☐ Ye	es 🗌 No			
Complete list of staff: # of employees			# of Volunteers			
Positions	Number Employ	/ed	Number 0	Contracted	Number of	Volunteers
Physicians						
Psychiatrists						
Psychologists						
Administrators						
Counselors						
Nurses						
Social Workers						
Teachers						
Therapists						
Therapists Clergy Others (list) Are certificates of malp Do nurses carry their c	practice insurance obtain		contracted se	·	☐ Yes	□No
Therapists Clergy Others (list) Are certificates of malp	own professional covera its carried			·	☐ Yes	□No
Therapists Clergy Others (list) Are certificates of malp Do nurses carry their of If yes, what are the lim Provide number of par	own professional covera its carried ticipants:	ge? 🗌	Yes No			
Therapists Clergy Others (list) Are certificates of malp Do nurses carry their of If yes, what are the lim Provide number of par	own professional covera its carried	ge? 🗌	Yes No	ategory		□ No
Therapists Clergy Others (list) Are certificates of malp Do nurses carry their of If yes, what are the lime Provide number of paragetes Category Mental Retardation	own professional covera its carried ticipants:	ge? 🗌	Yes No			
Therapists Clergy Others (list) Are certificates of malp Do nurses carry their of If yes, what are the lim Provide number of par Category Mental Retardation Autistic	own professional covera its carried ticipants:	ge? 🗌	Yes No Ca Psychiatric Abuse	ategory		
Therapists Clergy Others (list) Are certificates of malp Do nurses carry their of If yes, what are the lim Provide number of par Category Mental Retardation Autistic Cerebral palsy	own professional covera its carried ticipants:	ge? 🗌	Yes No  Ca Psychiatric Abuse Homeless	ategory Disabilities		
Therapists Clergy Others (list) Are certificates of malp Do nurses carry their of If yes, what are the lime Provide number of part Category Mental Retardation Autistic Cerebral palsy Down's Syndrome	own professional covera its carried ticipants:	ge? 🗌	Yes No  Ca Psychiatric Abuse Homeless Alcohol/Dru	ategory Disabilities		
Therapists Clergy Others (list) Are certificates of malphone Do nurses carry their colling the service of particular colling the service of particular category Mental Retardation Autistic Cerebral palsy Down's Syndrome Elderly	own professional covera its carried ticipants:	ge? 🗌	Yes No  Ca Psychiatric Abuse Homeless	ategory Disabilities		
Therapists Clergy Others (list) Are certificates of malp Do nurses carry their of If yes, what are the lime Provide number of paractegory Mental Retardation Autistic Cerebral palsy Down's Syndrome Elderly Brain Injury	own professional covera its carried ticipants:	ge?   er	Yes No  Ca Psychiatric Abuse Homeless Alcohol/Dru Others (Lis	ategory Disabilities		
Therapists Clergy Others (list) Are certificates of malp Do nurses carry their of If yes, what are the lime Provide number of paractegory Mental Retardation Autistic Cerebral palsy Down's Syndrome Elderly Brain Injury	own professional covera its carried ticipants:	e, check he	Yes No  Ca Psychiatric Abuse Homeless Alcohol/Dru Others (Lis	ategory Disabilities	Nu	

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28.	28. Is the applicant, or any other person for whom insurance is being requested, had any liabili policy cancelled or policy not renewed in past three years? Yes No If yes, provide full details:	ty application denied,
29.	General Aggregate Limit (Other than Products-Completed Operations)  Products – Completed Operations Aggregate Limit  Personal and Advertising Injury  \$	<ul><li>any one person or organization</li></ul>
		any one premise any one person
30.	80. Effective Dates Desired: From: To:	
IF SE	F SEXUAL MOLESTATION COVERAGE IS DESIRED, PLEASE ANSWER THE FOLLOWING C	QUESTIONS:
31.		0/100,000
32.	Please describe your hiring practices:	
33.	33. Do you have written guidelines regarding sexual misconduct?	
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 conv  If yes, provide details:	ricted of a crime?
36.	Has your organization had any incidents or claims brought against it for sexual molestation allegation of misconduct?  If yes, provide details:	or any other
37.	Has any organization that you have been associated with in the past ever had any incidents brought against it while you were there?  If yes, provide details:	☐ Yes ☐ No
	Notice to applicants: In most states any person who knowingly and with inte application for insurance containing any materially false information, or conceamisleading information concerning any fact material hereto, commits a fraudulent act	als for the purpose of
Applica	oplicant's Signature: Date:	
Title: _	le: Producing Agent:	

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