



CARRIER:

United States Liability Insurance Company

Developmentally Disabled — Nonprofit Social Services Supplemental Application

DEVELOPMENTAL PROGRAMS, SHELTERED VOCATIONAL WORKSHOPS AND GROUP HOMES

- 1. Does the organization screen students for history of violence, aggression or sexual-related offenses? Yes No
- 2. Are all bathroom facilities equipped with grab bars, non-slip surfaces and water temperature control devices? Yes No
- 3. Is there a swimming pool on-premises? Yes No
- 4. Does the organization have a formal evacuation plan in place, as well as clearly marked and illuminated exits? Yes No
- 5. Are services provided to any minors (persons under the age of 18 or 19 per provincial/territorial law)? Yes No

Abuse and Molestation Coverage

- 6. Occurrence limit: _____ Aggregate limit: _____
- 7. Is there any off-site one-on-one interaction between staff and youth? Yes No
- 8. Are background checks, including sex-related and child abuse claims, required on all employees and volunteers? Yes No
- 9. Is there a formal orientation program for employees/volunteers that includes a review of the organization's sexual abuse policy? Yes No
- 10. Is there a formal procedure in place to monitor and document interactions between employees/volunteers and clients? Yes No

Sheltered Vocational Workshop

- 11. Describe the services provided by this organization. Check all that apply:
 - Basic life skills
 - Cooking
 - Janitorial services
 - Laundry services
 - Light assembly
 - Office work
 - Packaging
 - Resident
 - Sewing
 - Woodworking
 - Other (please describe): _____
- 12. Number of students enrolled in the day program: _____
- 13. Are all participants or a parent/legal guardian required to sign a waiver of liability/release of liability as a condition of participation? Yes No
- 14. Are there any operations associated with products for the transportation industry (train, automobile, truck or aircraft)? Yes No
- 15. Are procedures in place to assure a proper teacher-to-student ratio? Yes No
- 16. Do operations include woodworking or the use of power equipment or chemicals (except for cleaning chemicals)? Yes No

Residential Group Home or Overnight Workshop

- 17. Number of beds at each facility: _____
- 18. Are multi-sex (co-ed) occupancies permitted? Yes No
- 19. Does the organization provide 24/7 supervision by on-site staff? Yes No
- 20. Is cooking allowed in areas other than a shared or communal kitchen area? Yes No
- 21. Is smoking allowed inside or within 10 feet (3 metres) of the building? Yes No
- 22. Are there any adoptions or foster care services provided? Yes No
- 23. Are services provided to residents with a violent history? Yes No
- 24. Does the management of the facility have at least three years' prior experience managing a group home for the mildly handicapped? Yes No
- 25. Are smoke detectors in every living area and bedroom of the residence? Yes No
- 26. Are there more than eight beds at any one residential facility? Yes No
- 27. Does the organization provide medical treatment, detoxification or nursing services? Yes No
- 28. Does the organization provide services to residents with moderate, severe or profound intellectual disabilities, diagnosed mental disease or illness, or the inability to ambulate and live independently? Yes No
 - a. If "Yes", do all residential buildings meet the following criteria: no more than one story, less than 20 years old, 100% sprinklered and equipped with panic doors on all exits? Yes No
- 29. Does the organization operate a senior living facility? Yes No
- 30. Does the applicant own, operate or control any other properties? Yes No
- 31. Are there any plans to acquire, purchase or renovate additional properties? Yes No