Nonprofit Sheltered Workshops Application

AmTrust North America
An AmTrust Financial Company

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: http://get.adobe.com/reader/.

General

Name of organization: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Title: _____ Website: _____

Phone: _____ Fax: _____ Email: _____

Is your organization a 501(c)3? ☐ Yes ☐ No Year organization established? _____

Total number of nonduplicated clients served for all operations annually: _____

Client age groups: ☐ 0-5 years ☐ 6-12 years ☐ 13-19 years ☐ 20-65 years ☐ Over 65 years

Percentage of clients with disabilities: Emotional _____ % Physical _____ % Developmental _____ %

Additional information

1. Has your organization discontinued any programs in the last five years? ☐ Yes ☐ No
2. Has your organization carried out mergers or operated under another name in the last five years? ☐ Yes ☐ No
3. Does your organization plan to carry out any mergers in the next 12 months? ☐ Yes ☐ No
4. Is your organization accredited by the Council on Accreditation (COA)? ☐ Yes ☐ No
5. List other accreditations, licenses, professional organizations, and associations.
6. Explain any revocation, suspension, or denial of your organization's license or accreditation in the last five years.
7. Describe any liability claims or incidents that have happened in the last 10 years. Include events paid and not paid involving your organization, its officers, employees, volunteers, independent contractors, or foreign agents.

Additional information (continued)

8. Does your organization have accident insurance? ☐ Yes ☐ No

9. Insurance carrier: _____ Policy no. _____

10. Limits of coverage $ _____ Terms of coverage: _____

Sheltered Workshop

1. Please complete the following:

	ACORD Form Location No. _____	**ACORD Form Location No. _____**
Describe operations, including workshop products, vendors, revenue generated, jobs performed by workshop, who performs work. (attach brochures)		
Days and hours of operation		
Average value of goods of others on premises	$ _____	$ _____
Average no. of clients per day		
Client age range		
Staff-to-client ratio		
Percentage developmentally disabled clients	_____ %	_____ %
Percentage physically disabled clients	_____	_____ %
Pick-up and drop-off service provided	☐ Yes ☐ No	☐ Yes ☐ No

2. Does the State classify your workshop clients as employees? ☐ Yes ☐ No

3. Does workshop activity involve the following?

☐ Heat sealing ☐ Welding ☐ Janitorial services ☐ Toys
☐ Silk-screening ☐ Pallet manufactures ☐ Hazardous chemicals ☐ Food
☐ Spray painting ☐ Woodworking ☐ Electrical wiring ☐ Automobile parts
☐ Other (describe):

4. Describe safety and protection measures for workshop activities:

5. Does your organization transport finished products? ☐ Yes ☐ No

If yes, how are goods transported?

6. Maximum shipment $ _____ Average no. of shipments per week _____

If no, describe how finished products leave your premises.

Sheltered Workshop (continued)

		No. of Employees		No. of Volunteers		No. of Independent Contractors	
		FT	PT	FT	PT	FT	PT
Executives, Management, Supervisors							
Administrative, Clerical, Data Entry, Filing							
Maintenance, Service, Janitorial							
Drivers							
Interns							
Social Workers, Caseworkers							
Counselors							
Residential On-Site Staff							
Teachers	Child Care, Preschool, Head Start Montessori						
	Kindergarten – Grade 8						
	Grades 9 – 12						
	Other (developmental training, etc.)						
Teacher's Aides							
Therapists	Occupational						
	Physical						
	Speech						
RNs and LPNs							
Nurse Practitioners							
Psychologists							
Phlebotomists							
Physicians, Medical Doctors							
Psychiatrists							
Homemaker Services							
Other (describe) _____							
Other (describe) _____							
Other (describe) _____							
TOTAL							

Sheltered Workshop (continued)

7. Social Worker and Caseworker level of education (Associate, BA/BS, MA/MS, MSW, etc.):

8. Social Worker and Caseworker licenses (LSW, LCSW, LCPC, etc.)

9. List staff positions trained in emergency medical procedures.

Prior to hire, does your organization do the following? (indicate Yes or No)	Employees	Volunteers	Independent Contractors
Obtain a completed employment application	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check personal or business references	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check education credentials	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check national sex offender public registry	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Conduct criminal background check	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Conduct federal fingerprint check	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Retain pre-employment records in a personnel file	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
After hire, does your organization do the following? (indicate Yes or No)	**Employees**	**Volunteers**	**Independent Contractors**
Conduct new-hire orientation	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Review your organization's policies and procedures	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Review written job description and provide copy to new hire	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Review emergency procedures, first aid, and building evacuation	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Instruct staff to recognize signs of physical and sexual abuse	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Review child abuse and neglect laws	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

10. What is your annual employee turnover rate? _____

11. Do volunteers sign release agreements in favor of your organization? ☐ Yes ☐ No

12. Describe the duties volunteers perform for your organization:

13. Describe the methods used to screen volunteers and independent contractors:

Sheltered Workshop (continued)

14. List each independent contractor your organization utilizes, for example, medical staff, transportation services, caterers, etc.

15. Does your organization have a signed written agreement with each independent contractor specifying their status as an independent contractor and not as an employee? ☐ Yes ☐ No

16. Do written agreements specify the services to be provided? ☐ Yes ☐ No

17. Has each contractor provided your organization with a certificate of insurance detailing proof of insurance for services rendered? (attach certificate of insurance for each contractor) ☐ Yes ☐ No

If yes, how often are certificates of insurance updated? _____

18. Does your organization require and confirm independent contractors carry insurance that names your organization as an additional insured? (attach certificates of insurance) ☐ Yes ☐ No

If yes, how often are contractors' licenses verified? _____

Automobile

Current vehicle schedule, including:

Year _____ Make: _____ Model: _____ Vin#: _____ Stated Value: $ _____

Current drivers list, including:

Driver 1: _____ Date of birth: _____ Date of hire: _____

License #: _____ SSN #: _____

Driver 2: _____ Date of birth: _____ Date of hire: _____

License #: _____ SSN #: _____

Driver 3: _____ Date of birth: _____ Date of hire: _____

License #: _____ SSN #: _____

Driver 4: _____ Date of birth: _____ Date of hire: _____

License #: _____ SSN #: _____

Please attach a list of additional drivers. Also include MVRS for all drivers.

1. Where does the organization keep owned vehicles?

☐ Garage ☐ Driveway ☐ Parking Lot ☐ Other: _____

2. Does the applicant provide transportation for:

☐ Staff ☐ Clients / Residents ☐ Public

3. Are vehicles checked after passengers disembark? ☐ Yes ☐ No

4. Is staff training provided for drivers operating vehicles in specialized equipment? ☐ Yes ☐ No

5. Do the vehicles equipped with wheelchairs have tie-down belts to stabilize the wheel chair and passenger? ☐ Yes ☐ No

6. Does the organization require seat belts worn by all occupants? ☐ Yes ☐ No

7. Are vehicles with seven or more seating capacity equipped with an audible backup warning device? ☐ Yes ☐ No

8. Does the organization have a vehicle maintenance program in place? ☐ Yes ☐ No

9. Does the organization utilize GPS fleet telematics devices? ☐ Yes ☐ No

10. What percentage of the applicant's fleet is provided with these telematics devices? _____ %

Hired/Non-Owned Auto eligibility criteria

11. Hired/Non-Owned Auto eligibility criteria:

a. How many drive personal vehicles for business use regularly? FT _____ PT _____ Volunteers: _____

b. How many drive personal vehicles for business use occasionally? FT _____ PT _____ Volunteers: _____

c. Does the organization obtain proof of insurance for employees/volunteers who use their own autos? ☐ Yes ☐ No

d. What minimum limits does the applicant require? $ _____

e. Does the organization update these records annually? ☐ Yes ☐ No

Attachments

Submit the following documentation with this questionnaire:

- Sheltered Workshop
- Workshop Brochures
- MVRS for all drivers

Fraud 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 may be a crime and may subject the person to criminal penalties.

ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND, VIRGINIA and WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana, Rhode Island and West Virginia that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines and denial of insurance benefits.

COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, and subjects such person to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an Application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or any 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 ($5,000) and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

Representation Statement

The undersigned declare that, to the best of their knowledge and belief, the statements in this Application, any prior Applications, any additional material submitted, and any publicly available information published or filed by or with a recognized source, agency or institution regarding business information for the Applicant for the 3 years prior to the Policy's inception [hereinafter called "Application"] are true, accurate and complete, and that reasonable efforts have been made to obtain sufficient information from each and every individual or entity proposed for this insurance. It is further agreed by the Applicant that the statements in this Application are their representations, they are material and that the Policy is issued in reliance upon the truth of such representations.

The signing of this Application does not bind the undersigned to purchase the insurance and accepting this Application does not bind the Insurer to complete the insurance or to issue any particular Policy. If a Policy is issued, it is understood and agreed that the Insurer relied upon this Application in issuing each such Policy and any Endorsements thereto. The undersigned further agrees that if the statements in this Application change before the effective date of any proposed Policy, which would render this Application inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately.

This form has been completed by:

Print Name: _____ Signature: _____

Title: _____ Date: _____

Submit Application to:

nonprofit@amtrustgroup.com

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