

# Social Service 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/>.

**Submit Nonprofit Questionnaire and appropriate ACORD forms with this application. Use additional page to answer questions full, if necessary.**

Name of organization: \_\_\_\_\_

## Part I – Mentoring

**Coverage for your programs matching youth with mentors. If mentors drive, complete the Hired and Non-Owned Auto section of the Nonprofit Application.**

Check this box if this section does not apply to your organization

How many mentor-mentoree matches does your organization have currently? \_\_\_\_\_

Number of mentors waiting to be matched with mentorees: \_\_\_\_\_

Number of mentorees waiting to be matched with mentors: \_\_\_\_\_

Is each mentor interviewed in person?  Yes  No

Number of personal references checked before a mentor is approved: \_\_\_\_\_

Are pre-employment screenings like national sex offender public registry, criminal background checks, and federal fingerprint checks updated annually for mentors?  Yes  No

Are your organization's employees allowed to serve as mentors?  Yes  No

Are mentors provided a list of your organization's prohibited activities?  Yes  No

Does your organization review, update, and redistribute the prohibited activities list annually?  Yes  No

Are all mentoring activities supervised?  Yes  No

If no, list those not supervised.

Describe how your organization monitors mentoring activities and state why this monitoring is effective:

## Part II – School or Child Care Facility

Check this box if this section does not apply to your organization

<b>Facility Profile</b>	ACORD form location no. _____	ACORD form location no. _____
Describe operation: Child Care, Preschool, Head Start, Montessori, Kindergarten – Grade 8, Grades 9 – 12, Other (developmental training, etc.)		
Is facility licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain: _____		
Current enrollment		
Maximum licensed enrollment capacity		

Are disabled or emotionally disturbed children accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe disabilities:	_____	
Are all activities supervised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, list those not supervised:	_____	
Number of field trips per year:		
List trips planned:		
Pick-up and drop-off service provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee/volunteer personal vehicles used:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number and type of facility vehicles: Private passenger, Van (fewer than 9 seats), Large van (9 or more seats), Bus		
Does your facility have a trampoline?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your facility have a mini-trampoline?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your facility have a playground?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fenced	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fenced
Describe ground surface of playground:		
Describe playground maintenance procedure:		

Describe procedure governing who is authorized to take a child from your facility. Indicate if procedure varies by location:

Describe procedure followed in the event a child is injured. (attach procedure)

Does your organization obtain copies of licenses and certificates for each teacher and teacher's aide?  Yes  No

How often is this documentation updated? \_\_\_\_\_

Percentage of teachers who are degreed: \_\_\_\_\_ %      Percentage of aides who are certified: \_\_\_\_\_ %

### Part III – Sheltered Workshop

Check this box if this section does not apply to your organization

Facility Profile	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 number 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Does workshop activity involve the following?

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

Describe safety and protection measures for workshop activities:

Does your organization transport finished products?  Yes  No

If yes, how are goods transported? \_\_\_\_\_

Maximum shipment: \$ \_\_\_\_\_ Average number of shipments per week: \_\_\_\_\_

If no, describe how finished products leave your premises:

### Part IV – Foster Care

Check this box if this section does not apply to your organization

Program Profile (indicate year)	Number of Licensed Homes	Number of Unlicensed Homes	Number of Children Last Year _____	Number of Children This Year _____	Number of Children Anticipated Next Year _____
Regular/Traditional					
Kinship/Relative					
Behavior Disordered/ Specialized					
Medically Complex					
<b>TOTAL</b>					

Number of placement by age: 0-2 yrs. \_\_\_\_\_ 3-5 yrs. \_\_\_\_\_ 6-12 yrs. \_\_\_\_\_ 13-16 yrs. \_\_\_\_\_ 17-18 yrs. \_\_\_\_\_

How many foster children does the State expect your organization to place each year? \_\_\_\_\_

How many years has your organization been a licensed foster care agency? \_\_\_\_\_

Name of licensing agency: \_\_\_\_\_

Does your organization provide licensure training?  Yes  No

If yes, what is the name of this training? \_\_\_\_\_

Do caseworkers conduct random unannounced foster home visits?  Yes  No

How often do caseworkers visit the following?	Foster Child Outside of the Foster Home	Foster Child and Family in the Foster Home
Regular/Traditional		
Kinship/Relative		
Behavior Disordered/Specialized		
Medically Complex		

Describe how your organization monitors caseworker foster home visits and state why this monitoring is effective:

Does your organization have mandated permanency goals?

Yes  No

If yes, how are these goals met, for example, conversion adoption, reunification, etc.?

Number of direct-service foster care staff, including supervisors and caseworkers: \_\_\_\_\_

How many hours of training development are required of your foster care supervisors annually? \_\_\_\_\_

How many hours of training development are required of your foster care caseworkers annually? \_\_\_\_\_

Do independent contractors provide any foster care services?

Yes  No

If yes, describe services provided (medical, clinical foster care, tutoring, etc.):

If yes, describe how your organization monitors foster care services provided by independent contractors:

Does your organization act as an independent contractor for any foster care services?

Yes  No

Describe your foster parent recruitment efforts:

Describe your foster parent retention efforts:

After placement of a foster child, does your organization require further parent training?

Yes  No

If yes, does your organization provide this post-placement parent training?

Yes  No

### Part V – Adoption

**In addition to completing this general section, be sure to complete either the Domestic or International Adoption section.**

Check this box if this section does not apply to your organization

How many years has your organization been a licensed adoption agency? \_\_\_\_\_

Name of licensing agency: \_\_\_\_\_

Number of direct-service adoption staff, including supervisors and caseworkers: \_\_\_\_\_

Does your organization conduct home studies for your adoptions?

Yes  No

If no, are home studies contracted out? (attach contract)

Yes  No

Do independent contractors or foreign agents provide any other adoption services? If yes, describe:

Yes  No

If yes, describe how adoption services provided by independent contractors or foreign agents are monitored:

- Does your organization conduct home studies for agencies involved in adoption?  Yes  No  
 If yes, how many annually? \_\_\_\_\_
- Does your organization act as an independent contractor for any other adoption services?  Yes  No
- After placement of an adopted child, does your organization require further parent training?  Yes  No  
 If yes, does your organization provide this post-placement parent training?  Yes  No

### Part VI – Domestic Adoption

Check this box if this section does not apply to your organization

Program Profile (indicate year)	Last Year _____	Last Year _____	Last Year _____
Number of Adoptions:			

### Part VII – International Adoption

Check this box if this section does not apply to your organization

Program Profile (indicate year)	No. of Adoptions Last Year _____	No. of Adoptions This Year _____	No. of Adoptions Anticipated Next Year _____	Average No. of Staff Trips to Country Annually
Country of Origin				
1.				
2.				
3.				

- Does your organization maintain written documentation of all financial transactions?  Yes  No
- Do prospective adoptive parents accompany your staff on travel abroad?  Yes  No
- Does your organization have its own office in each country of origin?  Yes  No  
 If no, does your organization work with foreign agents in each country of origin?  Yes  No

#### Medical Disclosure

- Does your organization meet with prospective adoptive parents and their pediatrician?  Yes  No
- Does your organization disclose the child's full medical history and related background?  Yes  No  
 If yes, do prospective adoptive parents initial each page of the child's medical report?  Yes  No  
 If yes, does your organization keep a copy of the initialed medical report?  Yes  No
- Does your organization provide a thorough explanation of the medical standards and conditions of the country of origin, including pre- and postnatal exposures and care, labor and delivery conditions, and medical terminology?  Yes  No

#### Parent Presentation

- Does your organization conduct formal in-person presentations with each prospective adoptive parent?  Yes  No
- Does your formal presentation include the following?  Yes  No
- Step-by-step review of the adoption process and time frames:  Yes  No
  - Total cost and when monies are due (including possible cash needed while traveling abroad):  Yes  No
  - Detailed expectations of the U.S. government and its timeline:  Yes  No
  - Information on the country of origin, including culture and legal process:  Yes  No
  - Information on possible physical, emotional, and mental conditions:  Yes  No
  - Expectation of parenting difficulties related to rearing a foreign child in the United States:  Yes  No
  - Encouragement for adoptive parents to research the child's country of origin:  Yes  No
  - Explanation of releases and waivers:  Yes  No
- Is each item initialed by prospective adoptive parents as having been discussed with your organization?  Yes  No
- Are all presentation materials given to prospective adoptive parents in written form?  Yes  No

## Part VIII – Recreation

Check this box if this section does not apply to your organization

ACORD form location number: \_\_\_\_\_ Does your organization own or lease this site? \_\_\_\_\_

Are these activities offered?

Archery       Trampoline       Tackle football  
 Rifle range       Mini-trampoline       Other (describe): \_\_\_\_\_

Does your organization require a release signed by the participant or their guardian to participate?  Yes  No

Does your organization require verification of a participant's health, for example, a medical physical?  Yes  No

## Part IX – Camping

Check this box if this section does not apply to your organization

Number of campers: \_\_\_\_\_ Counselor-to-camper ratio: \_\_\_\_\_

Camper age range: \_\_\_\_\_ Are space heaters used in cabins?  Yes  No

Number of session per year: \_\_\_\_\_ Camp near a body of water?  Yes  No

Number of campers per session: \_\_\_\_\_

Does your organization transport campers to camp?  Yes  No

List all water activities, for example, swimming, canoeing, kayaking, boating, water skiing, or tubing:

If water activities are offered, are campers required to:  wear life vests?  pass a swimming proficiency test?

List all land-based activities:

Describe fire prevention and response procedures:

## Part X – Horseback Riding

Check this box if this section does not apply to your organization

List name and address of stable:

Maximum number of riders: \_\_\_\_\_ Duration of program: \_\_\_\_\_

Does your organization own horses:  Yes  No Rider age range: \_\_\_\_\_

Are there horses on your organization's property?  Yes  No Does stable provide instructors?  Yes  No

Are helmets required for staff and riders?  Yes  No Instructor-to-rider ratio: \_\_\_\_\_

Is appropriate footwear required for staff and riders?  Yes  No Is riding limited to trails?  Yes  No

Describe any horseback riding activities that are not part of a social service program:

## Part XI – Swimming Pool

Check this box if this section does not apply to your organization

Is the pool area enclosed by a fence at least six feet high with a lockable gate?  Yes  No

Shallowest depth: \_\_\_\_\_ Deepest depth: \_\_\_\_\_ Are pool depths clearly marked?  Yes  No

What divides the shallow end from the deep end (rope, painted lines, etc.)? \_\_\_\_\_

Is there a diving board?  Yes  No

Are starter blocks ever used?  Yes  No

Is the pool heated?  Yes  No

Are pool rules posted?  Yes  No

Do posted rules state the following?

Hours of operation:  Yes  No

Location of nearest telephone:  Yes  No

Pool usage restricted to patrons only:  Yes  No

Young children must be accompanied by an adult:  Yes  No

No glass or sharp objects in pool area:  Yes  No

No running on pool deck:  Yes  No

No alcoholic beverages:  Yes  No

No electronic cords of any kind in pool area:  Yes  No

Are drains equipped with securely attached grates?  Yes  No

Is there a certified lifeguard present when swimmers are present?  Yes  No

If no, is a warning sign posted advising such?  Yes  No

If yes, what is the ratio of lifeguards to swimmers? \_\_\_\_\_

Is there an automatic chlorinating mechanism?  Yes  No

How often is the pool cleaned? \_\_\_\_\_ By whom? \_\_\_\_\_

Is there underwater lighting in the pool?  Yes  No

Do pool deck, restroom, and locker room floors have a non-skid surface?  Yes  No

Are electrical outlets within pool area equipped with ground-fault interrupters?  Yes  No

Is safety equipment (hooks, life preservers, etc.) easily accessible within pool area?  Yes  No

Is there a baby or wading pool?  Yes  No

Is there a hot tub or whirlpool?  Yes  No

Is maximum water temperature posted?  Yes  No

Are temperature controls and flow force clearly marked?  Yes  No

Are controls accessible by patrons?  Yes  No

Are health tips and advisories posted?  Yes  No

## Part XII – Scuba Diving

Check this box if this section does not apply to your organization

List scuba instructor's certification: \_\_\_\_\_ Where is scuba diving done? \_\_\_\_\_

Who owns the equipment? \_\_\_\_\_ Number of classes: \_\_\_\_\_

Where is the equipment stored? \_\_\_\_\_ Number of students per class: \_\_\_\_\_

Who maintains the equipment? \_\_\_\_\_ Minimum age of participants: \_\_\_\_\_

### Part XIII – Adventure or Challenge Course

Check this box if this section does not apply to your organization

Is your organization Association of Challenge Course Technology (ACCT)-certified? (attach certificate)  Yes  No

Is the apparatus used ACCT-certified? (attach certificate)  Yes  No

Who is responsible for maintenance of the ropes course and climbing wall (independent contractor, your staff, etc.)?

How high above the ground is the ropes course? \_\_\_\_\_

How tall is the climbing wall? \_\_\_\_\_

How often is the apparatus in use throughout the year (every day, summer, etc.)? \_\_\_\_\_

Does your organization rent the course or apparatus to others?  Yes  No

If yes, do renters furnish certificates of insurance and provide a waiver of liability?  Yes  No

Are renters permitted to use the course or apparatus unassisted?  Yes  No

Is your staff physically present when rental parties are using the course or apparatus?  Yes  No

Does your staff assist renters?  Yes  No

Who administers the course or apparatus when used by renters? \_\_\_\_\_

If renters are trained to use the apparatus or if renters instruct other participants, who trains the renters and certifies they are able to use the apparatus properly? \_\_\_\_\_

Total revenue from rental activities in the last calendar year: \$ \_\_\_\_\_

Describe how often the course or apparatus is inspected and by whom. Indicate if the inspector is ACCT-certified:

What initial and continuing training and recertification is provided to staff who operate the course or apparatus?

Is this training provided by a contracted vendor or by your organization's staff?  Yes  No

Describe how your organization prevents unauthorized use of the course or apparatus:

Does the ropes course have a zip line?  Yes  No

Does your organization keep an activity log and retire ropes after a specified number of hours of use?  Yes  No

Does your organization keep a close-call log or incident log?  Yes  No

Are participants required to wear protective gear or special clothing? If yes, describe.  Yes  No

Staff-to-participant ratio when apparatus is in use: \_\_\_\_\_

What is the ground covering beneath and surrounding the apparatus? \_\_\_\_\_

What is the proximity of the apparatus to your other facilities and operations? \_\_\_\_\_



## Part VIII – Attachments

Submit the following documentation with this application

- |                                      |  |
|--------------------------------------|--|
| <b>Mentoring</b>                     | <input type="checkbox"/> List of prohibited activities                               |
| <b>School or Child Care Facility</b> | <input type="checkbox"/> Child accident and injury procedure                         |
| <b>Sheltered Workshop</b>            | <input type="checkbox"/> Workshop brochures  |
| <b>Foster Care</b>                   | <input type="checkbox"/> Foster Care staff training policies and procedures          |
|                                      | <input type="checkbox"/> Foster parent selection criteria and protocol               |
| <b>Domestic Adoption</b>             | <input type="checkbox"/> Adoption agency license                                     |
|                                      | <input type="checkbox"/> Brochures and pamphlets distributed to the public           |
|                                      | <input type="checkbox"/> Home study service provider contract                        |
| <b>International Adoption</b>        | <input type="checkbox"/> Adoption agency license                                     |
|                                      | <input type="checkbox"/> Brochures and pamphlets distributed to the public           |
|                                      | <input type="checkbox"/> Home study service provider contract                        |
|                                      | <input type="checkbox"/> Dossiers for each country of origin                         |
|                                      | <input type="checkbox"/> Releases and waivers signed by prospective adoptive parents |
|                                      | <input type="checkbox"/> Prospective adoptive parent presentation checklist          |
| <b>Adventure or Challenge Course</b> | <input type="checkbox"/> ACCT organization certification                             |
|                                      | <input type="checkbox"/> ACCT apparatus certification                                |

The undersigned is an authorized agent of the persons and organization proposed for this insurance and hereby declared that to the best of his or here knowledge the statements herein are true and complete. Signing this document does not bind the insurance carrier to provide coverage. Any quote or policy issued is made in reliance on the answers supplied herein.

**This form has been completed by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

### Submit Application to:

[nonprofit@amtrustgroup.com](mailto:nonprofit@amtrustgroup.com)

### AmTrust North America

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