



## APPLICATION FOR CRIMINAL JUSTICE LIABILITY INSURANCE

### INSTRUCTIONS:

Please answer all questions. If the answer to any question is NONE, please state NONE.

**Please note that a separate Residential application must be completed for each and every Residential Location of the Applicant. A Non-Residential application is also required for all such exposures.** All applications must be signed and dated by the Principal, Partner or President of the applicant. The application cannot be more than sixty days (60) old.

### APPLICANT INFORMATION:

Full Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Contact (Include Title): \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_

Applicant is:  Individual  LLC  Corporation  Partnership/Joint Venture  Other \_\_\_\_\_

Applicant is:  For Profit  Not for Profit

Year Established: \_\_\_\_\_ Licensed:  Yes  No If Yes, indicate type: \_\_\_\_\_

Is Applicant currently involved in any bankruptcy or receivership activities?  Yes  No

Details of bankruptcy or receivership activities, if any: \_\_\_\_\_

### OPERATIONS:

Please describe all operations of Applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach all descriptive brochures, marketing materials and/or newsletters.**

Please describe your primary clients or occupants: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please advise percentage of clients/occupants directed to you by the criminal justice system: \_\_\_\_\_

How many separate residential locations do you operate? \_\_\_\_\_

**OPERATIONS (Continued):**

How many separate Non-Residential facilities / operations do you manage? \_\_\_\_\_

How many total employees do you have? \_\_\_\_\_

How many total contracted employees do you have? \_\_\_\_\_

List all entities or organizations that need to be included as an Additional Insured. Please describe their affiliation to your organization. Attach an additional sheet if needed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you provide any Day Care services for employees, clients or inmates? If Yes, please complete the Day Care Supplemental Application. \_\_\_\_\_ Yes \_\_\_\_\_ No

List any anticipated Special Events or Fund Raisers you may sponsor throughout the year: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever transferred any debt and/or assets off the books to a partnership or other independent vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please explain the transaction: \_\_\_\_\_

**INSURANCE INFORMATION:**

**Desired Insurance Limits**

Each Occurrence \$ \_\_\_\_\_

Annual Aggregate \$ \_\_\_\_\_

Deductible \$ \_\_\_\_\_

Medical Payments \$ \_\_\_\_\_

Each Occurrence \$ \_\_\_\_\_

**Are you interested in a quote for:**

Employee Benefits Liability \_\_\_\_\_ Yes \_\_\_\_\_ No      Aggregate Per Location Endorsement \_\_\_\_\_ Yes \_\_\_\_\_ No

Employment Practices Liability \_\_\_\_\_ Yes \_\_\_\_\_ No      Excess Liability \_\_\_\_\_ Yes \_\_\_\_\_ No

**Current Insurance Information:**

**Carrier:** \_\_\_\_\_ **Premium:** \_\_\_\_\_ **Effective / Expiration Date** \_\_\_\_\_

**Limits of Liability:**

Professional Liability: \_\_\_\_\_

General Liability (each occurrence): \_\_\_\_\_

General Liability (aggregate): \_\_\_\_\_

**Occurrence or Claims Made?** (If Claims Made, please provide retro date) General Liability \_\_\_\_\_ Professional \_\_\_\_\_

**Deductible/Retention:** Professional Liability: \_\_\_\_\_ General Liability: \_\_\_\_\_

Has any company cancelled, non-renewed, or declined applicant insurance within the last five (5) Years? \_\_\_ Yes \_\_\_ No

Please provide details if "Yes" above: \_\_\_\_\_

**LOSS HISTORY:**

Has the applicant been involved in any civil or criminal action or litigation in the last 5 years? \_\_\_ Yes \_\_\_ No

Has the applicant been involved in or have knowledge of any inquiry, investigation, complaint or notice from any federal, state or local authority regarding the activities, procedures, practices or conditions of the insured, including but not limited to, a court order or consent decree? \_\_\_ Yes \_\_\_ No

List any losses not covered by insurance: \_\_\_\_\_  
\_\_\_\_\_

**Please attach of five years (5) of currently valued loss information with this application.**

**HIRING AND TRAINING PRACTICES:**

Does your employment application (paid or volunteer) include questions asking whether the individual has ever been convicted of any crime? \_\_\_ Yes \_\_\_ No

If Yes, please explain explain: \_\_\_\_\_  
\_\_\_\_\_

Does your employment application (paid or volunteer) include a question asking whether the Applicant has ever been found guilty of a violation of professional ethics codes, misconduct, incompetence, negligence, or been required to surrender their license? \_\_\_ Yes \_\_\_ No

Does your state permit criminal background investigations on all prospective employees and volunteers? \_\_\_ Yes \_\_\_ No

Do you conduct random drug testing of your entire staff, both employed and contracted? \_\_\_ Yes \_\_\_ No

Do you request and receive background investigations from each of the following sources: police reports, child abuse registries, and the FBI/National Crime Information Center on all prospective employees and volunteers? \_\_\_ Yes \_\_\_ No

If No, please advise what background investigations are done: \_\_\_\_\_

At staff orientations, do you train staff how to recognize the signs of abuse as well as what to do if a client or occupant reports that someone abused or molested him/her? \_\_\_\_\_ Yes \_\_\_\_\_ No

### **HIRING AND TRAINING PRACTICES (con't):**

Is there a Staff Training and Development Program? If Yes, please attach a copy. \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you follow a plan of supervision that will monitor staff in day-to-day relationships with clients or occupants? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a written crisis management plan for dealing with staff, victim(s), family(ies), authorities and media if there is an incident of abuse or death? If Yes, please attach a copy. \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you require and assure that proper training has been received by your employees and volunteers in conjunction with the following:

- |                             |                    |  |                    |
|-----------------------------|--------------------|--|--------------------|
| <b>Chemical Sprays?</b>     | _____ Yes _____ No | <b>Emergency Procedures?</b>             | _____ Yes _____ No |
| <b>CPR?</b>                 | _____ Yes _____ No | <b>Baton/PR-24/ASP?</b>                  | _____ Yes _____ No |
| <b>First Aid?</b>           | _____ Yes _____ No | <b>Abuse Recognition?</b>                | _____ Yes _____ No |
| <b>Suicidal Tendencies?</b> | _____ Yes _____ No | <b>Non Violent Crisis Intervention?</b>  | _____ Yes _____ No |
| <b>Evacuation?</b>          | _____ Yes _____ No | <b>Appropriate Restraint Techniques?</b> | _____ Yes _____ No |

Are formal employee training records maintained? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are employee training records maintained separately from an employee's personnel file? \_\_\_\_\_ Yes \_\_\_\_\_ No

Briefly describe your standard method and length of training for a new employee or volunteer.

### **PRODUCTS LIABILITY**

Do you or your offenders manufacture, sell, handle, distribute or dispose of any product(s) to outside, unrelated parties? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please answer all of the questions below.

Describe the type and nature of products or goods that you make, remake, assemble, grow, produce, modify, package, manufacture or install.

Please provide estimated gross annual sales/receipts generated from the sale of the products or goods indicated above: \_\_\_\_\_

To whom are products or goods sold or delivered? \_\_\_\_\_

Is the work performed under contract? If yes, please attach a copy of the contract.

\_\_\_ Yes \_\_\_ No

**LIFE SAFETY/RISK MANAGEMENT (ALL FACILITIES)**

Are all fire escape routes clearly posted on each floor at all of your facilities?

\_\_\_ Yes \_\_\_ No

At all times are exits and corridors maintained free of obstructions at all of your facilities?

\_\_\_ Yes \_\_\_ No

Are facility exit signs clearly marked and illuminated in all of your facilities?

\_\_\_ Yes \_\_\_ No

Are portable fire extinguishers conspicuously mounted throughout all of your facilities?

\_\_\_ Yes \_\_\_ No

Do each of your facilities have an emergency lighting system in place?

\_\_\_ Yes \_\_\_ No

**FRAUD WARNING**

Notice to Applicants of all states except California, Kentucky, Louisiana, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Puerto Rico, Virginia and Washington D.C.:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material 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 subjects the person to criminal and civil penalties and denial of insurance benefits.

**Notice to California Applicants:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Notice to Kentucky Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Notice to Louisiana Applicants:** 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 and may be subject to fines and confinement in prison.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to New Mexico Applicants:** 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 and may be subject to civil fines and criminal penalties.

**Notice to New York Applicants:** Any person who knowingly and with the intent to defraud any insurance company or other 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 and the stated value of the claim for each provision.

**Notice to Oregon Applicants:** Any person who knowingly and with intent to defraud or deceive any insurance company or other person who files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto upon which the insurance company or any other person relies may be a crime and may provide grounds for criminal or civil penalties.

**Notice to Pennsylvania Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person who, files an application for insurance or a 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 subjects such person to criminal and civil penalties.

**Notice to Puerto Rico Applicants:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established by be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

**Notice to Washington D.C. Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**IMPORTANT NOTICE:** Failure to report any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

The applicant must sign this Application within 45 days prior to the policy inception date

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
(Owner, Partner or Officer)

Date: \_\_\_\_\_

THE APPLICANT UNDERSTANDS THAT COMPLETION OF THIS APPLICATION NEITHER BINDS COVERAGE NOR GUARANTEES THAT A POLICY WILL BE ISSUED.