



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 Liability

- 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 include 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 their parents/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 wood working 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 of 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 or detoxification 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. Are all buildings occupied by residents, no more than one story, less than 20 years old, 100 percent sprinklered and equipped with panic doors on all exits?  Yes  No