



CARRIER:

United States Liability Insurance Company

Senior Services — Nonprofit Social Services Supplemental Application

SENIOR ACTIVITIES AND SENIOR CENTRES

1. Provide a complete list of all activities on- and off-premises: _____

2. Do staff members administer medications? Yes No
3. Are “drop-in” or unregistered visitors allowed? Yes No
4. Are all facilities wheelchair accessible? Yes No
5. Are all non-ambulatory senior citizens and senior citizens afflicted with dementia accompanied by a physically and mentally capable caregiver? Yes No
6. Are physicians or nurses directly employed? Yes No
7. Are there more than 200 active members? Yes No
8. Are health screenings and other medical services facilitated by the organization?
 - a. Do recipients of health screenings and other medical services sign waivers of liability holding the organization harmless? Yes No
 - b. Do contracted physicians and nurses provide certificates of their medical malpractice liability coverage? Yes No
9. If financial, legal or other miscellaneous professional services are offered, are they provided by contracted professionals with errors and omissions liability? Yes No
10. Is overnight or residential housing provided? Yes No
11. Is there at least one staff member for every twelve clients at all times? Yes No