CareProviders Insurance Services

16301 Quorum Dr, Suite 100A, Addison, TX 75001
800-761-7072 * Fax 800-224-7145 * Web address www.ins-cps.com

Renewal Questionnaire

Insured Name: _____ **Eff Date:** _____ **Website:** _____

Address: _____ **City/St:** _____ **Zip** _____

Agency Name: _____ **City/State:** _____

Contact Person: _____ **Tel #:** _____ **email:** _____

***Renewal Coverage*: Property ☐ || General Liability ☐ || Abuse ☐ || Professional ☐ || Auto Liability ☐**
Auto Phys Damage ☐ || Excess ☐ || D&O ☐ || Accident ☐ || Cyber Liability ☐

***Addt'l Coverage requested*: Property ☐ || General Liability ☐ || Abuse ☐ || Professional ☐ Auto Liability ☐**
Auto Phys Damage ☐ || Excess ☐ || D&O ☐ || Accident ☐ || Cyber Liability ☐

For Profit ☐ || Non-Profit ☐

Year Business Established _____ **Years Under Present Management** _____

Indicate all Programs administered by the Insured (check all that apply):

Children's Programs:		**Community Services:**	
Adoption	☐	Battered Women's Shelter	☐
After School Care	☐	Community Action Programs	☐
Big Brothers/Big Sisters	☐	Community Centers	☐
Boys & Girls Clubs	☐	Counseling	☐
Charter Schools	☐	Family Planning	☐
Children & Teen Shelters	☐	Food bank/Commodity Distribution	☐
Children's Home	☐	Foundations/ Funding Sources	☐
Day Care (Special Needs)	☐	GED Programs	☐
Early Childhood Intervention	☐	Goodwills/ Thrift Stores	☐
Foster Care/ Therapeutic Foster Care	☐	Homeless Shelters	☐
Head Start/Early Head Start	☐	Information/Education/Referral Svcs	☐
Jewish Community Centers	☐	Rape Crisis Centers	☐
Medically Fragile	☐	Transportation Services	☐
Residential Treatment Centers	☐	Vocational/Job Training	☐
Schools - Special Needs	☐	YWCA's	☐
Other _____	☐	Other _____	☐

Senior Programs		**Specialty Service Programs**	
Adult Day Care	☐	Autistic	☐
Companion Services/Home Maker	☐	Cerebral Palsy	☐
Home Health	☐	Developmentally Disabled	☐
Meals On Wheels	☐	Group Homes	☐

Sr. Citizens Centers	☐	Handicapped	☐
Weatherization Program	☐	Mentally Retarded	☐
Other _____	☐	Other _____	☐

Exposure Update:
Please describe any changes in your operations (eg; programs administered, services provided, etc.) in the past 12 months:

_____

_____

Description	Expiring	Renewal	Description	Expiring	Renewal
a) Revenues			g) Camper Days		
b) Clients/Participants			h) Adoptions		
c) Thrift Store Sales			i) Foster Homes/Contacts	_____/_____	_____/_____
d) Weatherization/Constrctn Costs or Payroll			j) Property TIV		
e) MOW Food Budget			k) WC Payroll		
f) Avg Daily Volunteers			l) Other		

C. Professional Liability

Description of Professional	Employees		Volunteers	Contractors	Interns
	F/T	P/T			
Counselor - Unlicensed					
Dietician/Nutritionist					
Home Health Aide					
Medical Director					
Nurse LPN					
Nurse Practitioner					
Nurse RN					
Pharmacists					
Psychiatrist/Optometrist/Dentist					
Psychologist/Clergy					
Physn Asst/Paramedic/EMT					
Physician					
Residential Manager or Care Provider					
Social Worker/Counselor - Licensed					
Social Worker – Unlicensed					
Teacher/Tutor/Aide/Child Care Worker					
Therapist – Occupational					
Therapist - Physical/Speech/Hearing					
Total					

D. SUPPLEMENTAL AUTOMOBILE INFORMATION

Description of Auto Fleet:

Vehicle Type	Expiring	Renewal	# Drivers Exp	# Drivers R/N
Pvt Pass/Pick-up/Mini-van				
Vans > 7 pass				
Bus				
Truck				
Trailer				
Other				

NOTE: A driver is an employee whose primary job duties are to operate a motor vehicle for the organization.

1. Are there any drivers under the age of 21 years old? Yes ☐ No ☐

2. Are all of your vehicles equipped with seat belts? Yes ☐ No ☐
   a) Do you have written and strictly enforced guidelines, mandating all passengers are secured in their seat belts? Yes ☐ No ☐
   b) Would you ever make an exception based on a medical condition? Yes ☐ No ☐

3. Does insured order/receive/approve MVRs prior to employee driving? Yes ☐ No ☐

4. Does the insured maintain driver's record files? Yes ☐ No ☐
   Does it include: date of hire____ dates of training____ Drug tests____
   MVR and date ordered and received _____Reference Checks____
   Disciplinary actions____ (check those that apply)

5. Do you furnish anyone with an auto? Yes ☐ No ☐
   a. If yes, are relatives ever allowed to operate an organization's vehicle? Yes ☐ No ☐

6. Do you have an accident investigation program? Yes ☐ No ☐
   a. Do you keep a file on accidents? Yes ☐ No ☐

7. What number of your employees use their personal auto for your business? _____

8. Is there a vehicle maintenance program? Yes ☐ No ☐
   If yes:
   a. Are maintenance logs and files reviewed by management? Yes ☐ No ☐
   b. Do drivers have procedures for reporting, repairing and servicing? Yes ☐ No ☐
   If yes - daily , weekly , other _____

9. With respect to any rules or procedures, how do you enforce them to assure compliance?
_____
_____

10. Does the insured have annual competency-based performance reviews conducted on drivers of the mobility assistance/wheelchair van that includes:
    a. operation of the lift or ramp system Yes ☐ No ☐
    b. securing the wheelchair and patient Yes ☐ No ☐
    c. unloading wheelchair & patient Yes ☐ No ☐
    d. use of Company communications system Yes ☐ No ☐

11. Do you obtain written authorization to release driver information from all of your staff upon hiring? Yes ☐ No ☐

12. Do you obtain MVR's on all drivers? Yes ☐ No ☐
    a. If yes, how often? _____
    b. Do you have written criteria on driver acceptability regarding MVR's? Yes ☐ No ☐

14. Do you have a safe driver incentive program? Yes ☐ No ☐
    If yes, describe: _____
_____

15. What are your procedures for dealing with driver accidents or violations? _____
_____

16. Do all drivers possess the required license for the type of vehicle driven? Yes ☐ No ☐

17. Explain changes to your driver safety program:
_____
_____

E. Hired & Non-Owned Vehicles

1. Do you hire vehicles? Yes ☐ No ☐
    If yes, what types of vehicles do you hire? _____
2. Do you hire from a transportation company? Yes ☐ No ☐
    a. Do you obtain certificates of insurance? Yes ☐ No ☐
    b. What minimum limits do you require? _____
3. Annual number of vehicles hired: _____ Annual cost of hire: _____
4. How many employees/volunteers drive personal vehicles for business use: regularly? ____ occasionally? _____
    a. Do you obtain proof of insurance for anyone driving for business purposes? Yes ☐ No ☐
    b. Do you update these records at least semi-annually? Yes ☐ No ☐
    c. Do you require at least $100,000 in minimum limits? Yes ☐ No ☐
    d. Do you verify (with a photocopy of the policy or other)? Yes ☐ No ☐

I have reviewed the existing policy and subsequent endorsements, if any.

- **Please QUOTE per expiring policy**. Yes ☐ No ☐
- I have reviewed the existing policy and subsequent endorsements, if any.
  Please RENEW per expiring policy. Yes ☐ No ☐
- I have reviewed the existing policy and subsequent endorsements, if any.
  Please QUOTE with the following changes:

_____
_____

_____ **Date:** _____ _____ **Date:** _____
(Insured's Signature) **(Agent's Signature)**