



# **AI Risk<sup>®</sup> Human Services**

Piecing Together a Brighter Future<sup>SM</sup>



# Human Services Liability

AI Risk® connects you to a broad range of coverage options for Human Services industry clients. Coverage can be written on a package or mono-line basis — thereby affording greater flexibility to meet your clients' specific needs.

This is often a difficult class, one many carriers have turned away from. Yet, AI Risk, in conjunction with the AIG Companies®, provides access to a carrier with over a quarter century of underwriting expertise. The insurer has extensive experience managing the sensitive claims of human services organizations and an outstanding record of providing effective risk management and loss control support tailored to the special needs of each insured.

## Coverage Highlights

Our human services program pairs professional liability insurance with general liability, property, auto, umbrella and other specialty coverages, such as:

- Abuse and molestation liability
- Broad definition of insured
- Defense outside the limit
- Punitive damages (where available)
- Employee benefits insurance
- Accidental death and dismemberment
- Crime
- Special events

## Limits/Deductibles

Our program offers flexible limit and deductible options:

- Professional liability options up to \$1 million/\$3 million
- General liability options up to \$1 million/\$3 million
- Automobile liability up to \$1 million CSL
- Umbrella options up to \$5 million with \$10,000 minimum retention
- Abuse and molestation options up to \$2 million/\$2 million
- Employee benefits up to \$1 million (claims-made basis)
- Deductible options ranging upwards from \$1,000

## Target Classes

Coverage can be tailored to meet the special needs of organizations providing a wide range of services related to the following:

### Adoption/Foster Care Agencies

- Resident Foster Care
- Foster Care Placement (including therapeutic and treatment foster care)
- Adoption Placement
- Home Studies
- Pre- & Post-adoption Counseling

### Human Services Community Outreach Programs

- Elderly Day Services
- Family Assistance & Referral
- Community Service/Education Programs
- Services for Developmentally Disabled (family respite, community living, etc.)
- Child Care

### Mental/Behaviorial Health Services

- Counseling
- Outpatient Substance Abuse Rehabilitation/Counseling
- Methadone/Opioid Maintenance Clinic
- Home Care Services
- Vocational Day Program for Developmentally Disabled
- Day Schools



### Residential Services

- Group Homes
- Transitional Living
- Youth at Risk/Foster Care
- Shelters

### Underwriting Requirements

The following information is required to obtain a quote:

- Complete signed and dated Human Services application and appropriate supplements
- ACORD application for lines other than professional liability (auto, general liability, property & umbrella)
- Current MVRs for all drivers, if auto coverage is requested
- Five years of currently valued loss runs on all lines of coverage (no more than 30 days old)
- Complete copies of policies and procedures
- Current brochures or Web site address
- Copy of current licenses

### Contacts

Melissa Meserve, Senior Director  
[Melissa.Meserve@aig.com](mailto:Melissa.Meserve@aig.com)  
617.330.8473

#### Production Specialists & Territories

Justin Magee, Northwest Territory  
OR, WA, MT, ID, AK, UT & WY  
[Justin.Magee@aig.com](mailto:Justin.Magee@aig.com)  
617.330.8288

Chris Sundstrom, Southwest Territory  
AZ, CA, NV, NW & HI  
[Chris.Sundstrom@aig.com](mailto:Chris.Sundstrom@aig.com)  
702.940.3569

JoAnne Houtman, Midwest Territory  
ME, NH, VT, MN, SD, ND, NE, WI, IA, CO, MO, MI, IL, IN,  
KS, OH, KY & WV  
[Joanne.Houtman@aig.com](mailto:Joanne.Houtman@aig.com)  
617.345.4124

Bobbie Condell, Mid-Atlantic Territory  
NY, NYC (5 Boroughs & Long Island), NY (upstate), CT, MA,  
RI, PA, DE, DC, MD, NJ & VA  
[Roberta.Condell@aig.com](mailto:Roberta.Condell@aig.com)  
617.443.4617

Brokers located in above captioned regions should e-mail  
or fax submissions to:  
[Airisksocialservice@aig.com](mailto:Airisksocialservice@aig.com)  
Fax - 866.444.5106

#### Southeast Region

Southeast Region  
AL, AR, FL, GA, LA, MS, NC, OK, SC, TN & TX

[Jean.Tarver@aig.com](mailto:Jean.Tarver@aig.com)  
225.709.8524

[Gerald.Snead@aig.com](mailto:Gerald.Snead@aig.com)  
225.709.8236

Brokers located in the Southeast Region should  
send e-mail submissions to [batonrougeservices@aig.com](mailto:batonrougeservices@aig.com)  
or fax to 225.612.2900

**AI Risk® Human Services**  
Piecing Together a Brighter Future™



Endorsed by the  
U.S. Chamber of Commerce  
for its Members

*AI Risk is a subsidiary of Risk Specialists Companies, Inc. Through these companies, AI Risk is one of the largest underwriters of program business in the United States.*

**To learn more, visit [www.airisk.com](http://www.airisk.com) or e-mail us at [airisk2@aig.com](mailto:airisk2@aig.com).**

Coverage described in this material may not be available in all states. The product descriptions are not a complete description of all terms, exclusions and conditions in the policy. Policy terms may be changed by the insurer from time to time, and the preceding descriptions are not intended to be relied upon by potential insureds. Brokers interested in any of the captioned products should request a specimen copy of the policy form itself for the precise scope and limitations of coverage. Issuance of coverage is subject to underwriting.

U.S. risks placed with a surplus lines insurer must be placed in accordance with state and federal law. Surplus lines insurers do not generally participate in state guaranty funds, and insureds are not protected by such funds. All placements with surplus lines insurers are subject to underwriting by the insurer. The information contained herein is for general information purposes only and does not constitute an offer to sell or a solicitation. The product descriptions are not a complete description of all items, exclusions and conditions in the policy. Policy terms may be changed by the insurer from time to time, and the preceding descriptions are not intended to be relied upon potential insureds.

## DESIRED POLICY EFFECTIVE DATE

Coverage becomes effective on the requested date assuming the Company has accepted the risk and received both the attached Enrollment Form and payment at least ten (10) days prior to the desired date. Please enter the effective date in the spaces below. The coverage period is one (1) year from the policy Program effective date.

COVERAGE EFFECTIVE DATE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

## PREVIOUS INSURANCE

If an Accident Insurance program has been in force, please give full details for the past 3 years.

Policy Year \_\_\_\_\_  
Total Premium \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Total Paid Claims \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Number of Claims \_\_\_\_\_

Name of Previous Carrier: \_\_\_\_\_

Check here if no prior coverage.

## SIGNED STATEMENT

The above is correct to the best of my knowledge. I understand that the Company must approve my Enrollment Form before coverage is effective and may audit my records to verify proper payment.

By signing below, I acknowledge that I have read and understand, and agree to the terms and conditions of this coverage as presents in this brochure.

Official (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Title (Print): \_\_\_\_\_

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

Coverage underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. (the Company), with its principal place of business in New York, NY; and American International Life Assurance Company of New York, NY, (the Company), with its principal place of business in New York, NY. NUFIC does not solicit business in New York.

## BENEFITS CONT'D

### 5. Weekly Accident Indemnity (WAI) Benefit

If, as a result of an Injury, the Insured is rendered Totally Disabled\* within 30 days of the accident that caused the Injury, the Company will pay a benefit after 30 days of Total Disability due to that Injury in any one Period of Disability, retroactive to the first day of Total Disability in that Period of Disability. It is payable weekly so long as the Insured remains Totally Disabled due to that Injury in that Period of Disability for a maximum of 13 weeks in all Periods of Disability resulting from all Injuries caused by the same accident. Only one benefit is provided for any one day of Total Disability, regardless of the number of Injuries causing the Total Disability. No benefits are payable under this program if the Insured had no earnings at the time of the accident causing the Injury from an occupation, job or work being performed at that time.

## PROGRAM OPTIONS

For all Policyholders, only one of the Programs and one of the WAI options may be chosen for the entire volunteer group at the time of enrollment.

Program Options			
	Maximum Amounts		
	Program 1	Program 2	Program 3
AME	\$25,000	\$25,000	\$50,000
Deductible	\$ 0	\$ 0	\$ 0
AD	\$ 2,500	\$ 5,000	\$10,000
DISM	\$ 2,500	\$ 5,000	\$10,000
Catastrophe Cash	\$50,000	\$50,000	\$50,000
Disability Options			
Option #1: WAI: \$200 per week (30 day elimination period; 13 week benefit period)			
Option #2: WAI: \$300 per week (30 day elimination period; 13 week benefit period)			

AD: Accidental Death Benefit  
DISM: Accidental Dismemberment Benefit  
AME: Excess Accidental Medical Expense Benefit  
WAI: Optional Weekly Accident Indemnity

## RATES

Rates are per person per year.

Rates			
	Program 1	Program 2	Program 3
	\$ 4.00	\$ 4.50	\$ 5.50
WAI Option #1	+3.00 (per person per year)		
WAI Option #2	+5.00 (per person per year)		
Min. Premium (non-refundable)	\$250.00	\$350.00	\$500.00

A listing of volunteers is not required.

\* "Totally Disabled/Total Disability" means that the Insured is unable to perform the material and substantial duties of his or her Occupation for any employer.

## EXCLUSIONS

No coverage shall be provided under the Program and no payment shall be made for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss is an accidental bodily Injury.

1) suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or auto-eroticism; 2) sickness, disease, mental incapacity, or bodily infirmity whether the loss results directly or indirectly from any of these; 3) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is: a) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or b) performing, learning to perform, or instructing others to perform as a pilot or crew member of any aircraft; or c) riding as a passenger in an aircraft owned, leased, or operated by the Policyholder or the Covered Person's employer; 4) declared or undeclared war, or any act of declared or undeclared war; 5) infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning, or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition but not limited to diabetes; 6) full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.); 7) the Insured being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance; 8) the Insured being under the influence of drugs unless taken under the advice of and as specified by a Physician; 9) participation in any team sport or any other athletic activity, except participation in a Covered Activity; 10) the medical or surgical treatment of sickness, disease, mental incapacity, or bodily infirmity whether the loss results directly or indirectly from the treatment; 11) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm; 12) the Insureds commission of or attempt to commit a crime; 13) any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law; 14) the Insured riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway or proving ground; and 15) any loss incurred while outside the United States, its territories, or Canada.

## IMPORTANT INFORMATION

This brochure is only a brief description of coverage. For complete details, please refer to the Policy. Upon the receipt of the completed Enrollment Form and payment, we will review it, and provided all is in order, issue a policy and send it to you. We will notify you of any problems, miscalculations, or omissions, which would prevent us from accepting the Enrollment Form. Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC), with its principal place of business in New York, NY; and American International Life Insurance Company of New York, New York (AI Life), with its place of business in New York, NY. NUFIC does not solicit business in New York. In the event of any conflict between this brochure and the actual policy, the insurance policy will govern in all cases. Certain coverage may not be available in every state.

**AIG** AIG Companies®

VOLUNTEER  
ACCIDENT  
INSURANCE  
PROGRAM

from The AIG Companies®

## VOLUNTEER GROUPS



**AI Risk**®  
Human Services

Piecing Together a Brighter Future<sup>SM</sup>

## Enrollment Form For Accident Coverage

### PRODUCER INFORMATION (Please Print):

Name of Producer: \_\_\_\_\_

Producer Address (Include Contact Name): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### POLICYHOLDER INFORMATION (Please Print):

Name of Policyholder: \_\_\_\_\_

Policyholder Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### List Address/es (locations) to be covered:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Type of Organization:

State Government    Non-Profit    Municipality    Other

Type of Facility:

Library    Office    Hospital    Park/Recreation Area

Other (describe) \_\_\_\_\_

## PROGRAM OF INSURANCE DESIRED

See page 5 for Program details and their rates.

Excess

# 1

# 2

# 3

WAI Option #1

WAI Option #2

## PREMIUM CALCULATION

*100% participation is required.*

Number of Volunteers: \_\_\_\_\_

(based on month with most volunteers)

Premium per person per year: \_\_\_\_\_

(include WAI if applicable) \$ \_\_\_\_\_

Total Premium enclosed: \$ \_\_\_\_\_

**Minimum premium is \$250.00**

← Detach here, complete both sides of the Enrollment Form and remit to address on reverse side.

## BENEFITS CONT'D

### 1. Accidental Death \$10,000 Maximum Benefit

If Injury results in the death of the Insured Person within 365 days of the date of the accident causing the injury directly and independently of all other causes, the Company will pay the Accidental Death Benefit under the Program you have selected.

### 2. Accidental Dismemberment \$10,000 Maximum Benefit

If Injury to an Insured Person results, within 365 days of the date of the accident causing Injury directly and independently of all other causes, in any one of the losses specified below, the Company will then pay the percentage of the Maximum Amount specified opposite each loss:

Loss of two or more members .....	100%
Loss of one member .....	50%
Loss of speech and hearing in both ears .....	100%
Loss of speech or hearing in both ears .....	50%
Loss hearing in one ear .....	25%

"Member" means hand, foot, or eye. "Loss" as used above shall mean, with reference to hand or foot, complete severance through or above the wrist or ankle joint; with reference to sight of an eye, the entire and irrecoverable loss of sight thereof; with reference to hearing in an ear, means total and irrevocable loss of entire ability to hear in that ear; with reference to speech, means total and irrevocable loss of entire ability to speak. In the event an Insured Person suffers more than one Loss resulting from the same accident, only one amount, the largest, shall be paid subject to the maximum amount under the Program you have selected.

### 3. Excess Accident Medical Expense \$50,000 Maximum Benefit

The Company will pay the Usual and Reasonable expenses incurred for "Covered Expenses" necessary for the treatment of Injury occurring as a result of any one accident. The first expense must be incurred within 26 weeks of the accident. Benefits will be paid for up to 52 weeks from the date of the accident not to exceed the excess AME maximum benefit payable under the Program you have selected. Hospital Room and Board is limited to the semi-private rate. This coverage is provided in excess of all other valid and collectible insurance or indemnity and shall apply only after such other benefits have been paid. If there is no other insurance in place, then this policy Program becomes the primary insurance.

Covered Accident Medical Service(s) means any of the following services: a) Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center; b) services of a Physician or a registered nurse (R.N.); c) ambulance service to or from a Hospital; d) laboratory tests; e) radiological procedures; f) anesthetics and the administration of anesthetics; g) blood, blood products and artificial blood products, and the transfusion thereof; h) physical therapy and occupational therapy; i) rental of Durable Medical Equipment; j) artificial limbs, artificial eyes or other prosthetic appliances; or k) medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

Accident Medical Expense (AME) benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for resulting from any of the following: a) repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because injury has caused further impairment in the underlying bodily condition; b) new eye glasses or contact lenses or eye examinations related to the correction of vision or related to fitting of glasses or contact lenses, unless

Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight; c) new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair replacement of existing hearing aids unless for the purpose of modifying the item because Injury has further caused impairment of hearing; d) rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but it is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense); e) personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals; f) new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury.

### 4. Catastrophe Cash Benefit \$50,000 Lump Sum Maximum

The Insurance Company will pay the applicable percentage of the Catastrophe Cash Maximum Benefit, if, as a result of an Injury, the Insured Person suffers a covered Paralysis or Coma. The covered Paralysis or Coma must occur no later than 30 days from the date of the accident causing the Injury and continue for six consecutive months. The covered Paralysis or Coma must be diagnosed by a Physician as permanent and from which recovery is not likely. The benefit which will be paid for each loss is based on the Maximum Benefit. Below is a table of losses and the percentage of the Catastrophe Cash maximum amount for the loss.

Table of losses	% of the Lump Sum Maximum
Coma .....	100%
<i>Paralysis of:</i>	
Two or More Limbs (Upper and/or Lower).....	100%
One Limb (Upper or Lower) .....	50%
One or More Other Parts of the Body.....	Please see <i>Note Below</i>

Note: If the Insured's Paralysis is a part of the body other than a Limb, the percentage of the Maximum Amount used to determine the benefit payable will be adjusted in proportion to the comparable extent of the Paralysis of the listed parts of the body. The final determination of comparable extent will be made through the use of the most current edition of the "Guides to the Evaluation of Permanent Impairment" published by the American Medical Association. (In the event the referenced guide ceases to be published, the Company will select another appropriate measurement of impairment values.)

“Paralysis” means the complete inability to move the artificial limb as the result of a neurological damage as diagnosed and regularly treated by a Physician.

“Coma” means a profound state of unconsciousness from which the Insured cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

“Physician” means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an Immediate Family Member; or 3) retained by the Policyholder

“Limb” means entire arm or entire leg.

Accident insurance designed for organizations with volunteer exposure.

Protects volunteers without exposing the organization's General Liability or Workers Compensation policies to additional claims.

An important benefit program which shows your volunteers that you care while providing an alternative to traditional coverage options.

## PROTECT VOLUNTEERS WITHOUT AFFECTING EXISTING COVERAGES

Organizations that employ volunteers need to consider how to manage the accident risk those volunteers create. Humanitarian and legal liability concerns necessitate coverage, but what is the best option? One approach is to use the organization's General Liability or Workers Compensation policies (assuming state law allows it and the insurance carrier offers it). The problem is that can be expensive and the claims experience may negatively affect both the limits and premiums of the overall program.

The Domestic Accident & Health Volunteer Accident Insurance Program was specifically designed to address volunteer exposure. If an accident occurs, the volunteer receives a substantive benefit. However, because the claim is paid under an accident medical program, the experience does not affect the organization's other insurance policies. Furthermore, this Program includes to/from coverage for volunteers as they commute between home and their place of service, a benefit not typically found on Workers Compensation or General Liability policies.

### ELIGIBLE GROUPS

Volunteer Groups<sup>1</sup>

### COVERED PERSONS

Registered volunteers of the Policyholder

### PERSONS ARE COVERED

- while participating in a Policyholder assignment;
- while traveling directly to and from the assignment location and home;
- while traveling on a Policyholder assignment in the United States, its territories, possessions, Canada or anywhere in the world<sup>2</sup>.

## BENEFITS

Five valuable benefits are offered in each program.

<sup>1</sup>Ineligible volunteer groups include but are not limited to: firefighters, law enforcement assistants, civil defense volunteers, first responders, ambulance attendants, construction/demolition workers and sports participants.

<sup>2</sup>If an organization would like comprehensive accident and sickness medical coverage for overseas travel, AIG can provide it. Please contact your Accident & Health sales representative or dial (877) 638-4244.

# AI Risk<sup>®</sup> Human Services

Administrative Office:  
100 Summer Street  
Boston, Massachusetts 02110

## GENERAL APPLICATION

All questions must be fully and completely answered. If there is not enough room in the space provided, a separate page(s) may be attached. Please mark "N/A" any question that does not apply to your operation. Complete each Supplemental Application depending upon the service your Organization provides. If a Supplement is not completed, no coverage will be granted for that service.

**NOTE:** In applying for coverage, applicant agrees that, in the event of covered losses, applicant will be required to be defended by the Company's appointed attorneys and that the deductible shall apply to loss including (whether or not loss payment is made) adjusting expenses, investigation costs, and legal fees. If however, applicant elects to handle a claim without in any way involving the Company's attorney, then no coverage for such claim is afforded the applicant under the Policy.

Include the following with this completed and signed application:

- Five (5) years currently valued hard copy loss runs
- Completed and signed Acord applications
- Completed and signed supplemental applications
- Descriptive brochures, publications & newsletters
- Drivers list including MVRs on all primary drivers

### Section I INSURED INFORMATION

#### 1. GENERAL INFORMATION

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

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

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person for Inspection: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

Desired Effective Date of Coverage: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_ Address: \_\_\_\_\_

#### 2. List all subsidiaries (attach a list if more space is required):

<u>Name</u>	<u>Type of Operation</u>	<u>% of Ownership</u>	<u>Date Acquired</u>	<u>Domestic or Foreign</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you wish coverage to include all subsidiaries? Yes No

#### 3. APPLICANT IS:

Non Profit:  For Profit:   
Annual Budget: \_\_\_\_\_ Years Operational: \_\_\_\_\_

Description of your operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. APPLICANT IS (Continued):**

**Servicing population of:**

Community Services (Complete Supplement #1)	_____ %
Developmentally Disabled (Complete Supplement #1)	_____ %
Adoption (Complete Supplement #2)	_____ %
Foster Care (Complete Supplement #2)	_____ %
Substance Abuse/Addiction Programs (Complete Supplement #3)	_____ %
Behavioral Health (Complete Supplement #4)	_____ %
Youth Residential (Complete Supplement #4)	_____ %
Commercial Day Care (Complete Supplement #5)	_____ %

**PLEASE COMPLETE THE APPROPRIATE SUPPLEMENTAL APPLICATION BASED UPON ABOVE RESPONSE**

1. If you provide any services to people that are incarcerated or recently released from incarceration, please provide details of services provided: \_\_\_\_\_  
\_\_\_\_\_
  
2. Do you have any alternative to incarceration or lock down facilities?     Yes                       No
  
3. Associations or Organizations that applicant is member of \_\_\_\_\_
  
4. Applicant is an accredited by:
 

JCAHO <input type="checkbox"/>	Expiration Date_____
CARF <input type="checkbox"/>	Expiration Date_____
COA <input type="checkbox"/>	Expiration Date_____
Other _____	Expiration Date_____
  
5. Is applicant or any of its services licensed by the state in which it operates?     Yes                       No  
If yes, name the authority: \_\_\_\_\_
  
6. Has license ever been suspended or revoked:     Yes                       No  
If yes, attach copy of the Authority's report.

**4. STAFFING:**

Profession	# of EMPLOYEES		# of NON EMPLOYEES	
	Full Time	Part Time	Volunteers	Consultants
Psychiatrists (M.D.s)*	_____	_____	_____	_____
Other Physicians (M.D.s)*	_____	_____	_____	_____
Psychologists(Ph.D.)*	_____	_____	_____	_____
Social Workers	_____	_____	_____	_____
Residence Managers	_____	_____	_____	_____
Counselors	_____	_____	_____	_____
Medical Director**	_____	_____	_____	_____
Ind. Licensed Practitioner	_____	_____	_____	_____
R.N.	_____	_____	_____	_____
L.P.N./L.V.N.	_____	_____	_____	_____
Physical Therapist	_____	_____	_____	_____
Speech/Occ. Therapist	_____	_____	_____	_____
Nutritionist	_____	_____	_____	_____

**4. STAFFING (Continued):**

Profession	# of EMPLOYEES		# of NON EMPLOYEES	
	Full Time	Part Time	Volunteers	Consultants
Outdoor Adv. Staff	_____	_____	_____	_____
Teachers	_____	_____	_____	_____
Teachers' Aide	_____	_____	_____	_____
Home Health Staff	_____	_____	_____	_____
Admin/Clerical	_____	_____	_____	_____
Maintenance/Housekeeping	_____	_____	_____	_____
Drivers	_____	_____	_____	_____
Others (Specify Position)	_____	_____	_____	_____

**\*Please List Names on a separate sheet**

**\*\* NOTE: Do not include if counted as Psychiatrists or Psychologists**

**5. OPERATIONS/PROCEDURES**

- A. Do you have contracted or employed physicians?  Yes  No  
If yes, please provide a claims history for all.
- B. Do employee/non-employee psychiatrists, physicians, psychologist maintain individual medical malpractice coverage?  
 Yes  No Required Limits: \_\_\_\_\_
- C. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted of any crime, including sex-related or child-abuse related offense?  Yes  No
- D. Do you obtain criminal background records, that check at least 10 years of data from 50 states, on ALL employees and non-employees before start date?  Yes  No  
If No, please explain  
\_\_\_\_\_
- E. Do you verify employment related references?  Yes  No If yes, by telephone? \_\_\_\_\_ in person? \_\_\_\_\_
- F. Does your organization conduct a personal interview?  Yes  No
- G. Do you discuss at staff orientation, child/sexual abuse, how to recognize the signs, and what to do if a client/child reports someone molested/abused him or her?  Yes  No
- H. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients/children?  Yes  No
- I. Do you have a crisis management plan for dealing with staff personnel, victim, parents authorities and media if you have an incident of abuse?  Yes  No
- J. Have you ever had an incident/allegation of abuse that was found to be substantiated?  Yes  No  
If Yes, please describe incident(s) and the changes that were implemented to prevent future occurrences  
\_\_\_\_\_
- K. Have you ever had an incident/allegation of abuse that resulted in a claim?  Yes  No  
  
If yes, in a separate attachment, please describe in detail each incident and include:
  1. Date allegations were made
  2. Number of claimants
  3. Date of settlement
  4. Defense costs
  5. Indemnity costs
- L. Is ANYONE applying for insurance under this policy aware of any state, federal, local code or professional violations, unethical misconduct, incompetence or negligence?  Yes  No  
**IF YES, PLEASE DESCRIBE ON A SEPARATE SHEET.**
- M. Is ANYONE applying for insurance under this policy aware of any circumstances involving sex or sexual abuse/molestation with any patients, former patients or relatives thereof?  Yes  No  
**IF YES, PLEASE DESCRIBE ON A SEPARATE SHEET.**



- N. Does ANYONE applying for insurance under this policy use sex as a form of therapy or believe that it is valid and appropriate? Yes No  
**IF YES, PLEASE DESCRIBE ON A SEPARATE SHEET.**
- O. Does ANYONE applying for insurance under this policy use paddling, physical striking, withholding of food, shelter or bathroom facilities or any such methods as a treatment/discipline technique? Yes No  
**IF YES, PLEASE DESCRIBE ON A SEPARATE SHEET.**
- P. Does the applicant enlist the services of:
- a. Volunteers (a volunteer is someone who does work or provides services for the applicant, but is not an employee and includes unpaid consultants and board members)? Yes No
  - b. Temps/Independent Contractors? Yes No
- If yes, do all go through the same screening & training process as employees? Yes No  
 If no, please explain process and why different\_\_\_\_\_
- Q. Do you contract with another facility for additional beds? Yes No  
 If yes, number of beds:\_\_\_\_\_
- PLEASE PROVIDE A COPY OF THE CONTRACT**

**SECTION II PRIOR CARRIER INFORMATION**

COVERAGE	COMPANY	LIMITS	PREMIUM	EFF. DATE	RETRO DATE
PROFESSIONAL LIABILITY					
GENERAL LIABILITY					
EXCESS AND/OR UMBRELLA					
AUTOMOBILE					
PROPERTY					
CRIME					
Computer/EDP					

1. If no insurance exists, is this a new venture?  Yes  No  
 If not a new venture, please explain why no insurance coverage was in place\_\_\_\_\_
2. Is expiring Professional Liability coverage on a claims made policy?  Yes  No  
 If yes, please provide Retroactive Date:\_\_\_\_\_
- PLEASE PROVIDE PROOF OF UNINTERRUPTED CLAIMS MADE COVERAGE**
- Do you desire prior acts coverage:  Yes  No
3. Has the applicant had ANY claims and/or incidents (including Physical/Sexual Abuse) that may give rise to a claim in the past five (5) years?  Yes  No  
**IF YES, PLEASE COMPLETE CLAIM HISTORY SUPPLEMENT #6 AND ATTACH HARD COPY LOSS RUNS PROVIDED BY THE APPROPRIATE CARRIER.**

## IMPORTANT NOTICE

APPLICANT WARRANTS THAT ITS PROPERTIES ARE IN COMPLIANCE WITH STATUTORY AND REGULATORY REQUIREMENTS FOR THE PERSONS WITH PHYSICAL HANDICAPS. APPLICANT UNDERSTANDS AND ACCEPTS THAT PREMIUM IS FULLY EARNED AT INCEPTION. APPLICANT ALSO UNDERSTANDS THAT THIS INSURANCE IS BEING APPLIED FOR WITH AN INSURER THAT IS NOT LICENSED BY YOUR STATE'S INSURANCE DEPARTMENT. IN CASE OF INSOLVENCY, PAYMENT OF CLAIMS MAY NOT BE GUARANTEED BY YOUR STATE'S GUARANTEE FUND.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT AND SHOULD A POLICY BE ISSUED, IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

IF AND WHEN A POLICY IS ISSUED THIS APPLICATION IS ATTACHED TO AND MADE A PART OF THE POLICY, SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL. THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT BY SIGNING BELOW WHERE INDICATED, THAT THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

**NOTICE TO ARKANSAS 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 COLORADO APPLICANTS:** "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

**NOTICE TO DISTRICT OF COLUMBIA 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."

**NOTICE TO FLORIDA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

**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 MAINE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.”

**NOTICE TO MINNESOTA APPLICANTS:** “A PERSON WHO SUBMITS AN APPLICATION OR FILES CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.”

**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 INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, 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 SUCH VIOLATION.”

**NOTICE TO OHIO APPLICANTS:** “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

**NOTICE TO OKLAHOMA APPLICANTS:** “WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.”

**NOTICE TO PENNSYLVANIA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**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 WEST VIRGINIA 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.”

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT (1) THE STATEMENTS SET FORTH HEREIN ARE TRUE, AND (2) IF THE INFORMATION SUPPLIED IN THIS APPLICATION OR SUPPLEMENTAL APPLICATIONS CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE UNDERSIGNED WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AGREEMENT TO BIND THE INSURANCE. FURTHERMORE, SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THIS INSURANCE.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
(APPLICANT)

TITLE: \_\_\_\_\_

PLEASE RETURN TO:  
AI RISK SPECIALISTS INSURANCE, INC.  
SOCIAL SERVICES DIVISION, 100 SUMMER STREET  
BOSTON, MA. 02110  
FAX: 866.444.5106 PHONE: 800.636.8220  
EMAIL: [AIRISKSOCIALSERVICE@AIG.COM](mailto:AIRISKSOCIALSERVICE@AIG.COM)



# Supplement #1

## Community Services & Services for the Developmentally Disabled

APPLICANT NAME: \_\_\_\_\_

**OUTPATIENT FACILITIES**

1. PROVIDE # OF ANNUAL CLIENT CONTACTS/or number of clients in the program FOR EACH DESCRIPTION CHECKED:

Service	# of annual visits	# of clients in program
<input type="checkbox"/> In Home Services	_____	_____
<input type="checkbox"/> Services for Developmentally Disabled		
<input type="checkbox"/> Sheltered Work Shop	_____	_____
<input type="checkbox"/> Day Programs	_____	_____
<input type="checkbox"/> Supportive Living Services	_____	_____
<input type="checkbox"/> Wilderness/Adventure Programs		
<input type="checkbox"/> Referral Agencies/EAP	_____	_____
<input type="checkbox"/> Day School	_____	_____
<input type="checkbox"/> Meals on Wheels:	_____ #of meals served annually	
<input type="checkbox"/> Agency for the aged/seniors	_____	_____
<input type="checkbox"/> Adult Day Care	_____	_____
<input type="checkbox"/> Adult Day Health Care	_____	_____
<input type="checkbox"/> Big Brother/Big Sister Program	_____	_____
<input type="checkbox"/> Boys/Girls Clubs	_____	_____
<input type="checkbox"/> Head Start	_____	_____
<input type="checkbox"/> Early Intervention	_____	_____

Other (Please describe) \_\_\_\_\_  
\_\_\_\_\_

2. Number of clients in the following age ranges:  
 Under 18 years old \_\_\_\_\_ 18 year to 65 years old \_\_\_\_\_ Over 65 years old \_\_\_\_\_

3. If the applicant provides a wilderness/adventure therapy program, please describe activities in full detail.  
 \_\_\_\_\_  
 \_\_\_\_\_

4. If the applicant has a Big Brother/Big Sister Program, please describe or attach employee and mentor screening procedures: \_\_\_\_\_  
 \_\_\_\_\_

5. Indicate the type of work performed at onsite workshops: \_\_\_\_\_  
 \_\_\_\_\_

6. Indicate the type of vocational work performed by off-site contracts:  
 Off-site Janitorial: \_\_\_\_\_ Payroll: \$ \_\_\_\_\_  
 Off-site Landscaping: \_\_\_\_\_ Payroll: \$ \_\_\_\_\_  
 Restaurant/Cafeteria: \_\_\_\_\_ Receipts: \$ \_\_\_\_\_  
 Stores/Goodwill: \_\_\_\_\_ Sales: \$ \_\_\_\_\_

**RESIDENTIAL FACILITIES:**

1. How many residential locations run by the applicant: \_\_\_\_\_

1. Any location with 25 beds or more beds?  Yes  No

If yes, please identify each location (provide additional sheet if necessary):

<b>Name/Address of Location</b>	<b>#Beds</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. **PROVIDE # OF BEDS FOR EACH DESCRIPTION CHECKED**

Shelter for:

Homeless \_\_\_\_\_

Battered/Transitional \_\_\_\_\_

Ex-Criminal/Halfway Homes \_\_\_\_\_

Developmentally Disabled

Community Residential \_\_\_\_\_

Group Homes \_\_\_\_\_

2. Number of clients in following age ranges:

Under 18 years old \_\_\_\_\_ 18 year to 65 years old \_\_\_\_\_ Over 65 years old \_\_\_\_\_

## Supplement # 2 Adoption & Foster Care

APPLICANT NAME: \_\_\_\_\_

### ADOPTION

Domestic Adoption Placements:  
\_\_\_\_\_ # of Child/Adolescent Placements (Annual)

Inter-Country Adoption Placements:  
\_\_\_\_\_ # from other countries (Annual)  
\_\_\_\_\_ # to other countries (Annual)

1. What are the ages of the children placed? \_\_\_\_\_
2. Does the applicant have legal custody of the child?       Yes       No
3. For Inter-Country Placements, please list all of the countries you work with and the respective number of adoptions placed in the last year:

Country	# of Trips/year	# of Families per trip	Number of Adoptions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

a. What changes to above information do you anticipate for the coming year? \_\_\_\_\_

**Please attach a separate page if necessary**

- b. Do you accompany the parent to and from the country with the adoptive child?       Yes  No  
If no, please explain: \_\_\_\_\_
- c. How do you verify the health of the foreign adoptive child? \_\_\_\_\_  
\_\_\_\_\_
- d. How do you select and screen physicians in the foreign country of the adoptive child? \_\_\_\_\_  
\_\_\_\_\_
- e. Are you a member of the Joint Council on International Children's Services or other similar agency (please list):  
 Yes       No  
 Other \_\_\_\_\_
- f. Do you provide counseling services on passport requirements for the adoptive child, cultural issues, medical and legal issues, financial requirements, waiting periods and post-adoptive counseling?       Yes       No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
- g. Do you have written policies that require:
  - a. Verification of child's mental & physical health and Social/Cultural background?       Yes       No
  - b. Full disclosure with file documentation to prospective adoptive parents on child's mental & physical health and Social/Cultural background?       Yes       No



**FOSTER CARE**

Foster Care Placements:

\_\_\_\_\_ # of Child/Adolescent Placements (Annual)

\_\_\_\_\_ # of Therapeutic Placements (Annual)

\_\_\_\_\_ # Placements from Other States (Annual)

\_\_\_\_\_ # Placements to Other States (Annual)

**Foster Care:**

1. What are the ages of children placed in foster homes? \_\_\_\_\_
2. How many foster homes do you utilize? \_\_\_\_\_
3. Are the foster homes licensed by applicable state and /or local authorities? Yes No  
If not, who licenses the foster homes? \_\_\_\_\_
4. Describe the process used to certify foster homes: \_\_\_\_\_  
\_\_\_\_\_
5. Do you ever place a child in a home which not certified? Yes No
6. Do you request and receive background checks on anyone living in the household who is fourteen (14) years of age or older? Yes No
7. How often does the applicant's employees visit the children in the foster homes? \_\_\_\_\_
8. Who compensates the foster parents? \_\_\_\_\_
9. How does the applicant handle allegations of child abuse (sexual or physical) in the foster homes \_\_\_\_\_  
\_\_\_\_\_

**PLEASE ATTACH COPY OF POLICIES AND PROCEDURES**

# Supplement # 3 Substance Abuse/Addiction Programs

APPLICANT NAME: \_\_\_\_\_

**Services Provided:**

- Alcohol Dependency
- Drug Addiction
- Methadone Maintenance
- Needle Exchange Program
- Detoxification
- Court Appointed Drug Program
- Eating Disorder
- Sexual Addiction
- Other
- Employee Assistance Program

**# Residential Beds**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**#Annual Outpatient Visits**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (#Annual Calls)

1. Please describe the average age of clients utilizing these services: \_\_\_\_\_

\_\_\_\_\_

2. Please describe all methods of detox, including the medications utilized: \_\_\_\_\_

\_\_\_\_\_

**Residential Programs**

1. Total Number of residents in the following age range

Under 18 years \_\_\_\_\_

18 to 65 years \_\_\_\_\_

Over 65 years \_\_\_\_\_

2. Residents are:       Male               Female               Both

3. How are residents separated:

- Gender               Age               Treatment Program

4. Average length of stay by residents: \_\_\_\_\_

5. How many residential locations are run by the applicant? \_\_\_\_\_

6. Any location with 25 beds or more beds?               Yes               No

If yes, please identify each location (provide additional sheet if necessary):

Name/Address of Location	#Beds
_____	_____
_____	_____
_____	_____
_____	_____

7. Indicate Client/Staff Ratio for each service: \_\_\_\_\_

8. Are physical or mechanical restraints EVER used at any facility?     Yes     No

If Yes, describe in detail (1) the frequency, (2) type of restraint used, (3) the circumstances when used, and (4) Staff training, supervision and monitoring of restraint use

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Describe the security measures for each residential facility: \_\_\_\_\_

\_\_\_\_\_  
—

10. How are residents referred to the applicant's services? \_\_\_\_\_

\_\_\_\_\_  
—

11. Do you provide acute psychiatric care? Yes No If Yes, describe \_\_\_\_\_

\_\_\_\_\_

**Medically Monitored/Supervised Detoxification Residential Programs**

1. Is the admission assessment conducted by a qualified independent practitioner or R.N? Yes No
2. Are there written protocols for admission/triage that are reviewed and updated at least annually?  
Yes No
3. Do you have a formal agreement with a hospital/emergency center for the transfer of clients in need of acute medical or psychiatric care? Yes No
4. Do you require that a physical exam be conducted by a physician for each client within 24 hours of admission? Yes No
5. Is there a physician on call 24 hours, 7 days a week? Yes No
6. Do you provide staff training in medical emergency response? Yes No
7. Is the equipment/medications:
  - a. Stored with easy access by the staff? Yes No
  - b. Checked on a regular basis with documentation for good working order & expiration dates?  
Yes No
8. Are staff competencies reviewed at least annually in medical emergency response and in the use of the emergency equipment/medications? Yes No
9. Do you require that staff, qualified in emergency response, be on duty at all times? Yes No

# Supplement # 4 Behavioral Health

APPLICANT NAME: \_\_\_\_\_

**Services Provided:**

**# Residential Beds**

**#Annual Outpatient Visits**

Adult and Family

- |                                                                         |       |       |
|-------------------------------------------------------------------------|-------|-------|
| <input type="checkbox"/> Mental health counseling                       | _____ | _____ |
| <input type="checkbox"/> Sexual offenders                               | _____ | _____ |
| <input type="checkbox"/> Alternative to incarceration                   | _____ | _____ |
| <input type="checkbox"/> Long term care/counseling for the mentally ill | _____ | _____ |

Children and Youth

- |                                                       |       |       |
|-------------------------------------------------------|-------|-------|
| <input type="checkbox"/> Youth at Risk                | _____ | _____ |
| <input type="checkbox"/> Sexual Offenders             | _____ | _____ |
| <input type="checkbox"/> Alternative to incarceration | _____ | _____ |

Employee Assistance Program

- |                                                  |       |       |
|--------------------------------------------------|-------|-------|
| <input type="checkbox"/> Referral only           | _____ | _____ |
| <input type="checkbox"/> Counseling and referral | _____ | _____ |

Vocational/Physical Rehabilitation

- |                                                |       |       |
|------------------------------------------------|-------|-------|
| <input type="checkbox"/> Elderly               | _____ | _____ |
| <input type="checkbox"/> Acquired brain Injury | _____ | _____ |
| <input type="checkbox"/> Sports Injury         | _____ | _____ |
| <input type="checkbox"/> Spinal Injury         | _____ | _____ |

**Residential Programs**

1. Total Number of residents in the following age ranges:  
     Under 18 years \_\_\_\_\_  
     18 to 65 years \_\_\_\_\_  
     Over 65 years \_\_\_\_\_
2. Do any residents have Alzheimer's or suffer from dementia? \_\_\_\_\_
3. Residents are:      Male           Female           Both
4. How are residents separated:  
     Gender          Age           Treatment Program
5. Average length of stay by residents: \_\_\_\_\_
6. How many residential locations are run by the applicant? \_\_\_\_\_
7. Any location with 25 beds or more beds?            Yes           No

If yes, please identify each location (provide additional sheet if necessary):

Name/Address of Location	#Beds
_____	_____
_____	_____
_____	_____
_____	_____

8. Any facilities or programs operated outside of the United States?  Yes  No  
If yes, please identify country and describe the type of program: \_\_\_\_\_  
\_\_\_\_\_
9. Locations Indicate Client/Staff Ratio for each service: \_\_\_\_\_
10. Are physical or mechanical restraints EVER used at any facility?  Yes  No  
If Yes, describe in detail (1) the frequency, (2) type of restraint used, (3) the circumstances when used, and (4) Staff training, supervision and monitoring of restraint use. \_\_\_\_\_  
\_\_\_\_\_
11. Describe the security measures for each residential facility: \_\_\_\_\_  
\_\_\_\_\_
12. How are residents referred to the applicant's services? \_\_\_\_\_  
\_\_\_\_\_
13. Do you provide acute psychiatric care?  Yes  No  
If Yes, describe \_\_\_\_\_
14. Do you provide residential assisted living services for the elderly?  Yes  No

## Supplement # 5

### DAY CARE PROGRAMS (Must Be Part of Other Services Provided. If Stand Alone Operation, Please Contact Your Underwriter)

APPLICANT NAME: \_\_\_\_\_

**1. STAFFING AND OPERATIONS: PLEASE ATTACH A COPY OF YOUR EMPLOYMENT APPLICATION**

Profession	# OF EMPLOYEES		# OF NON EMPLOYEES	
	Full Time	Part Time	Volunteers	Consultants
Day Care Providers	_____	_____	_____	_____
Drivers	_____	_____	_____	_____
Teachers	_____	_____	_____	_____
Others (Specify Position)	_____	_____	_____	_____

Do any staff members hold the following credentials?

National Administrator Credential?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many? _____
Certified Childcare Professional?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many? _____
Child Development Associate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many? _____
RN or Medical Degree?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many? _____

**STAFF/CHILD RATIO:**

Licensed for Ages:	# of Children	# of Care Providers	Group Size
<input type="checkbox"/> 0 to 17 Months	_____	_____	_____
<input type="checkbox"/> 18 Months to 30 Months	_____	_____	_____
<input type="checkbox"/> 30 Months to 4 Years	_____	_____	_____
<input type="checkbox"/> Pre-School	_____	_____	_____
<input type="checkbox"/> After School	_____	_____	_____

Max. age accepted in enrollment \_\_\_\_\_

Total # licensed all locations \_\_\_\_\_

Average # of Children in all Facilities (daily) \_\_\_\_\_

**CHILD CARE:**

- Is the staff required to be licensed by applicable state and/or local authorities?  Yes  No  
If not, do you require specific qualifications for employment? \_\_\_\_\_
- How many care providers are CPR and first aid certified? \_\_\_\_\_
- Does the center care for children with special needs?  Yes  No If yes, please provide details \_\_\_\_\_  
\_\_\_\_\_
- Are there pets on premises? Please list type and breed. \_\_\_\_\_
- Do you allow children to be dropped off that are not enrolled in the program? \_\_\_\_\_

2. ACTIVITIES AND ENTERTAINMENT:

a. Do you participate in field trips?  Yes  No  
How many annually? \_\_\_\_\_  
Are permission slips signed by the parent or guardian for each trip off premises?  Yes  No  
Please describe trips: \_\_\_\_\_  
\_\_\_\_\_

b. At what age can children participate in a field trip without a parent/guardian? \_\_\_\_\_

c. Your adult to child ratio on field trips is \_\_\_\_\_ adult for every \_\_\_\_\_ children.

d. Do you utilize swimming facilities?  Yes  No  On Premises  Off Premises

If yes, explain below:

- Is there a self latching gate?  Yes  No
- Is there a 4' fence around the pool?  Yes  No
- Is there a pool bottom drain cover?  Yes  No
- Are pool depths marked?  Yes  No
- Is there adequate supervision?  Yes  No Ratio @ Pool \_\_\_\_\_
- Is the storage of pool chemicals secure?  Yes  No
- Is the staff trained in water safety?  Yes  No How many? \_\_\_\_\_
- Minimum age allowed in water? \_\_\_\_\_

e. Is there a playground?  Yes  No

Is the playground fenced?  Yes  No

Describe playground surfaces & depths: \_\_\_\_\_

Are there trampolines?  Yes  No

Is the playground equipment properly maintained and checked on a specified schedule?  Yes  No

Do the play equipment and toys meet the consumer safety code requirements?  Yes  No

## Supplement # 6

### LOSS HISTORY

APPLICANT NAME: \_\_\_\_\_

Line of Insurance	Date of Loss	Open or Closed	Description of damage/injury	Amt Paid/Received	Pending Reserve

ATTACH SEPARATE SHEET IF NECESSARY. IF THERE HAVE BEEN NO LOSSES WITHIN THE PAST FIVE (5) YEARS, PLEASE STATE SO. PROVIDE COPIES OF CURRENTLY VALUED CARRIER LOSS RUNS FOR THE PAST FIVE (5) YEARS FOR ALL LINES OF COVERAGE REQUESTED.



**SUPPLEMENT #7**  
**AUTOMOBILE SUPPLEMENTAL**

APPLICANT NAME: \_\_\_\_\_

1. Total number of vehicles in fleet: \_\_\_\_\_
2. Total number of 12 or 15 passenger vans in fleet (not referring to wheelchair vans): \_\_\_\_\_
3. Do your policies and procedures prohibit the future purchase or lease of 12 or 15 passenger vans:  
\_\_\_\_Yes                      \_\_\_\_No
4. If you currently have 12 or 15 passenger vans in the fleet, do you have a phase out plan?  
\_\_\_\_Yes                      \_\_\_\_No
5. If you do have a phase out plan, by what date will all 12 or 15 passenger vans be removed from the fleet?  
\_\_\_\_\_
6. If you do not currently have an established phase out plan are you in the process of creating one?  
\_\_\_\_Yes                      \_\_\_\_No

# Risk Management Services for Human Services Agencies

Powerful risk management is just as vital to the viability of Human Services agencies as sound liability protection. That is why AI Risk®, an industry leader in securing liability insurance for Human Services agencies of all types, uniquely provides its clients with comprehensive risk management services as part of its broad general liability program.

**Human Services agencies need more than liability losses paid. They need losses prevented.**

## Customized, Complimentary Risk Management

AI Risk offers a growing inventory of risk management services *free-of-charge* to Human Services agencies purchasing liability insurance through AI Risk. These services help an agency effectively protect both its operations and its reputation by helping agencies avoid costly claims. Services currently include:

- **Tailored Risk Assessments.** Telephone or on-site surveys are conducted to evaluate the numerous policies and procedures that impact an agency's liability exposures. AI Risk's experts also offer cost-sensible recommendations to help agencies address areas of vulnerability and mitigate risk.

*"Your findings and recommendations were the inspiration for us to work smarter, not more, on our company-wide quality improvement program."  
— A Human Services agency professional, following an AI Risk risk assessment.*

- **Advisory Bulletins.** Timely Risk Management Bulletins help to keep agencies abreast of emerging issues and best practices that can optimize risk management and minimize liability exposures. Insights on topics ranging from auto safety to incident reporting are provided by AI Risk and third-party experts.
- **A Risk Management Resource Line.** Agencies have telephone access to highly credentialed risk management experts, who consult one-on-one with insureds on risk management issues. Experts answer specific questions and/or provide ongoing counsel in areas of concern. Confidentiality is assured.
- **The Risk Management Resource Line.** Agencies can call our toll-free number, 800-611-3994, for advice from an experienced AI Risk professional.



*When a medium-sized residential behavioral health facility could not locate a client, it found itself on the brink of crisis. An angry family member of the client was traveling to the facility and demanding answers. A professional from the facility contacted the Risk Management Resource Line, where an experienced AI Risk professional provided advice on how to respond to the crisis and to the family member. The client was subsequently located by local police and returned safely to the facility. The facility immediately implemented changes to its monitoring and supervision policies and remains in regular contact with the family of the client involved in this incident.*

**The Risk Management Resource Line is accessible at 800-611-3994.  
AI Risk's experts are ready to respond quickly to the specific risk management concerns of our customers.**

- **Risk Management Seminars and Training Programs.** AI Risk experts and “best-in-class” third-party specialists conduct risk management seminars and training programs on key risk-related topics via telephone, allowing convenient, cost-efficient participation by Human Services personnel. CD or audiotape versions of programs are available upon request to insureds that wish to share information throughout their organization.

*“The materials we got from your abuse prevention seminars provided the substance to build upon for our required monthly training sessions for new employees and volunteers. We have been hungry for this kind of a program.”*

— A Human Services agency professional, following AI Risk’s telephone seminar on preventing abuse among vulnerable client populations.

**AI Risk is continually enhancing the services it provides to help Human Services agencies improve practices and minimize risk.**

### Addressing the Issues That Matter Now

AI Risk keeps abreast of the risk and loss trends that impact Human Services agencies, and designs its risk management services to address the issues affecting Human Services agencies now. Sample topics include:

- Managing abuse risk
- Screening, training & monitoring employees and volunteers
- Creating a culture of safety
- Setting policy
- Contractual transfer: minimizing risk with contracts
- Dealing with the media
- Incident reporting
- Pool safety
- Slip and fall prevention
- Contractual transfer
- Fleet risk management, driver selection and driver training
- Property conservation

### New ideas welcome!

*If you have a suggestion for a risk management service that will benefit Human Services agencies, we’d love to hear it. Share it with AI Risk at [airisk2@aig.com](mailto:airisk2@aig.com).*

### The AI Risk Experts

AI Risk professionals bring exceptional expertise to Human Services agencies. Our team is comprised of accredited professionals with advanced degrees and certification in areas of expertise ranging from risk and safety management to human services.

---

**To learn more about AI Risk’s Human Services Liability Program and Risk Management Services, visit [www.airisk.com](http://www.airisk.com) or e-mail [airisk2@aig.com](mailto:airisk2@aig.com).**

---



Endorsed by the  
U.S. Chamber of Commerce  
for its Members



Coverage described in this material may not be available in all states. The product descriptions are not a complete description of all terms, exclusions and conditions in the policy. Policy terms may be changed by the insurer from time to time, and the preceding descriptions are not intended to be relied upon by potential insureds. Brokers interested in any of the captioned products should request a specimen copy of the policy form itself for the precise scope and limitations of coverage. Issuance of coverage is subject to underwriting.

U.S. risks placed with a surplus lines insurer must be placed in accordance with state and federal law. Surplus lines insurers do not generally participate in state guaranty funds, and insureds are not protected by such funds. All placements with surplus lines insurers are subject to underwriting by the insurer. The information contained herein is for general information purposes only and does not constitute an offer to sell or a solicitation. The product descriptions are not a complete description of all items, exclusions and conditions in the policy. Policy terms may be changed by the insurer from time to time, and the preceding descriptions are not intended to be relied upon potential insureds.

The loss prevention services described herein are advisory in nature. AI Risk does not warrant that all potential hazards or conditions can be controlled, or that such risks or losses are covered under the insurance policies or programs described in this site.

# HUMAN SERVICE RISK MANAGEMENT UPDATE

## IMPORTANCE OF CONDUCTING BACKGROUND CHECKS DO WE REALLY KNOW WHO WE ARE HIRING?

As you know, we have an agreement with IntelliCorp to provide on-line searches at a greatly reduced rate - \$9.95 (some states may charge an additional fee which we have no control over). The record is a result of searches done in 50 states - identity verification, criminal record, sexual offender registry, terrorist list.

Our insureds can call IntelliCorp at **800-539-3717**. **The caller just needs to say that they are an AI Risk<sup>®</sup> Human Service agency and would like information on setting up an account.** The IntelliCorp staff are extremely helpful. They also provide education on laws/regulations related to background checks and confidentiality.

Just to give you an idea of the value of these records, I have a report from IntelliCorp on the usage by our Human Service insureds over the past 6 months. It showed:

- Over 23,000 records were generated from searches done on 5680 "subjects" or persons
- 640 criminal and sexual offender records were found. This is 11.3% of the subjects !!

These 640 criminal records belong to people applying for work or are currently working at our Human Service insureds! One subject, has 47 offenses ranging from bad checks to rape and he's also listed as a Level 3 sexual offender. Another subject, is a Level 4 sexual offender in 2 states. A Level 4 sexual offender will almost certainly offend again if given the opportunity!

Unfortunately many of our insureds do not realize that not all criminal background checks are the same. The more data bases that are searched the more confident you can be that this individual's background is known. Many insureds naively assume that the "state" data base in which they operate or the insured resides is good enough. It's not. We've had claims where the involved individual had a clean record in the company's state. Later it was found that they had criminal records in other states, but this wasn't detected at time of hire because the background check that was done was so limited.



# AI Risk<sup>®</sup>

## IT ONLY TAKES ONE.

---

***But with intelligence from IntelliCorp, you can stop guessing about people. Instead, you can rest easy – knowing you’re doing everything possible to ensure the safety of your customers, your employees, and your company.***

Everyone knows that professionals in the human services industry improve the lives of millions of individuals each day. But how much do you *really* know about the volunteers and employees within your organization? The public relies on human services workers to be trustworthy and dependable. A staff member who commits a crime can damage an entire organization and expose your organization to intense public scrutiny.

AI Risk is pleased to collaborate with IntelliCorp to offer comprehensive and affordable background checks for all AI Risk insureds.

### **IntelliCorp offers intelligence for better decisions**

IntelliCorp is a premier nationwide provider of background checks and employment and volunteer screening. We’ve created the country’s most complete and reliable data repository of nationwide criminal records, driving records, and other public information.

The result? You can avoid costly hiring and recruiting mistakes and limit your exposure to risk and litigation.

And IntelliCorp is a subsidiary of ISO – a leading source of information about risk.

### **A unique full-service approach**

We’re pleased to offer a special platinum package to AI Risk insureds. The package includes:

- **Super Search** — searches criminal records in 42 states plus the District of Columbia and sex-offender records in all states except Rhode Island
- **Sex Offender Registry** — searches sex-offender records in all states except Rhode Island
- **Identity Verification** — searches more than 23 billion records using an individual’s Social Security number to verify an individual’s identity and current and former addresses

### **The IntelliCorp advantage**

- Make informed decisions.
- Choose the best individuals for your organization.
- Protect employee, customer, and resident safety.
- Help improve the efficiency of your screening process.
- Help prevent theft, fraud, and inventory shrinkage.
- Support best business practices.

- **Terrorist Database** — searches data from the Office of Foreign Assets Control (OFAC) of the U.S. Department of the Treasury to help ensure that organizations and individuals do not enter into transactions with persons or organizations involved in terrorism, international narcotics trafficking, or activities related to the proliferation of weapons of mass destruction
- **Single County Search** — conducts one search at the county-court level for felony and misdemeanor charges, where available

And our platinum package is available for only \$9.95 per search — a savings of more than \$40 when compared with our retail pricing. This special pricing is available to clients that apply for a policy or renew an existing policy.



**IntelliCorp Records, Inc.**  
 An ISO Company  
 6001 Cochran Road, Suite 200  
 Solon, Ohio 44139  
 Phone: 800.539.3717  
 Fax: 440.505.0260  
 E-mail: [info@intellicorp.net](mailto:info@intellicorp.net)  
[www.intellicorp.net](http://www.intellicorp.net)

## Getting started is easy

Follow these easy instructions to get started today:

1. Visit [www.intellicorp.net](http://www.intellicorp.net)
2. Fax a photocopy of one of the following documents to **440-519-8117**:
  - business license
  - vendor license
  - federal identification number on a legal/government document

The system will invoice you when you register. You can pay by monthly invoice or credit card. If you choose monthly invoicing, you must complete our Credit Authorization Form. You can submit the form online during the registration process or fax it to **440-519-8117**.

IntelliCorp submits all invoices through e-mail. We'll invoice you on the first business day after the end of the month. If you pay by credit card, you'll receive an e-mail statement.

If you need assistance, contact IntelliCorp's Client Services Department, Monday through Friday from 8:30 a.m. to 5:30 p.m., Eastern standard time. You can:

- click the "Live Help" button on every website page
- e-mail [edonnelly@intellicorp.net](mailto:edonnelly@intellicorp.net)
- call **1-800-507-5476**

Once you establish your account, you can perform searches by going to the IntelliCorp website at [www.intellicorp.net](http://www.intellicorp.net).



© 2005 IntelliCorp Records, Inc. All rights reserved. ISO and the ISO logo are registered trademarks of ISO Properties, Inc. IntelliCorp is a registered trademark of IntelliCorp Records, Inc. All other product or corporate names are trademarks or registered trademarks of their respective companies.

## 2006 TELEPHONE SEMINAR REGISTRATION FORM

PLEASE PRINT *Use this form to register for as many seminars as you like.*

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_  
EMAIL \_\_\_\_\_

*Please check all the Telephone Seminars you would like to participate in. You can find more detailed descriptions in the following pages.*

1. \_\_\_\_\_ **Tuesday, February 14, 2006, 1:00 PM EST**  
Emergency Preparedness Code: 11271
2. \_\_\_\_\_ **Tuesday, March 14, 2006, 1:00 PM EST**  
"We Always Thought It Was Weird, But..." - Responding to Reports of Abuse Code: 11272
3. \_\_\_\_\_ **Tuesday, April 11, 2006, 1:00 PM EST**  
Property Conservation: Safety Inspections Code: 11273
4. \_\_\_\_\_ **Tuesday, May 9, 2006, 1:00 PM EST**  
"But His Criminal Background Check was Clear!" - Screening and Selecting Staff Code: 11274
5. \_\_\_\_\_ **Tuesday, September 12, 2006, 1:00 PM EST**  
Fleet Management: Driver Selection and Training Code: 11276
6. \_\_\_\_\_ **Tuesday, October 10, 2006, 1:00 PM EST**  
Development of a Risk Management Program Code: 11277
7. \_\_\_\_\_ **Tuesday, November 14, 2006, 1:00 PM EST**  
Fleet Management: Incident Investigation Code: 11278
8. \_\_\_\_\_ **Tuesday, December 12, 2006, 1:00 PM EST**  
Contractual Liability 101 Code: 11279

Telephone seminar services are provided by KRM Information Services, Inc.®

KRM provides four easy ways to register:

- **ONLINE** <https://www.krm.com/regonline/aigvcregs.nsf/losscontrolseries>
- **TELEPHONE** 800-775-7654 Have this completed form ready when you call KRM.
- **FAX** 800-676-0734 Fax this completed form to KRM.
- **MAIL** KRM, P.O. Box 1187, Eau Claire, WI 54702-1187 Mail this completed form to KRM.

Seminar materials will be sent in advance by KRM. Registered participants will receive a toll-free dial-in number, a PIN to gain access to the seminar and other materials prior to the seminar date. These materials will be delivered via email or FedEx.

\_\_\_\_ Check here if you CANNOT receive your dial-in number, PIN and other seminar materials via email.  
KRM will send materials to you via FedEx instead.

## OUR 2006 TELEPHONE SEMINAR SERIES

All presentations are **FREE** to insured clients of AIG Programs.

### WE INVITE YOU TO JOIN US

#### EXPERT PRESENTATIONS ON TOPICS VITAL TO YOUR ORGANIZATION

AIG Programs is offering a **FREE Risk Management** telephone seminar series to help our General Liability, Professional Liability, and Auto Liability insureds recognize situations that could lead to a claim or a loss. All of our programs are designed to provide you with the opportunity to hear expert presentations on a topic that is vital to you and your organization – *without leaving the comfort of your own office*. You simply dial a toll-free number, enter the PIN provided to you, and you are connected.

#### CONVENIENT

Each telephone seminar is 60 minutes in length, and will take place on the second Tuesday in February, March, April, May, June, September, October, November, and December at 1 PM (Eastern), 12 Noon (Central), 11 AM (Mountain) and 10 AM (Pacific).

#### INFORMATIVE

Seminar presentations are designed especially for individuals and organizations looking to maximize the effectiveness of their existing risk management and loss control procedures in key loss areas.

#### COST-EFFECTIVE

**Participation is FREE.** This telephone seminar series is presented as a value-added service specifically for General Liability and Professional Liability insureds of AIG Programs. **Register for one, two or all of the programs in this telephone seminar series.** With each connection, you can have as many people as you wish listen on a speakerphone.

#### WHO SHOULD ATTEND

These seminars are intended for anyone within your organization who has risk management or loss control responsibility, or who is involved in the particular subject matter of a given seminar.

**AIG Programs** is a department of Lexington Insurance Company. Lexington is a leading U.S. underwriter of program business. Brokers and program administrators rely on AIG Programs to help provide property/casualty insurance for many classes of business. To learn more, visit [www.aigprograms.com](http://www.aigprograms.com).



## OVERVIEW OF PRESENTATIONS

### EMERGENCY PREPAREDNESS

DATE: Tuesday, February 14, 2006

REGISTRATION CODE: 11271

**OVERVIEW:** To create an effective disaster recovery plan, your organization needs to create processes and procedures in written, easy to follow formats that will fit your own unique requirements and train key personnel for the kinds of disasters and emergencies that you can reasonably anticipate. This program will address the assessment of risks, the development and implementation of an organization specific plan, and the testing of those plans to assure the organization is prepared in the event of an emergency.

**PRESENTER:** Robert Griffin, Monadnock Safety Services

---

### “WE ALWAYS THOUGHT IT WAS WEIRD, BUT...” - RESPONDING TO REPORTS OF ABUSE

DATE: Tuesday, March 14, 2006

REGISTRATION CODE: 11272

**OVERVIEW:** In about half the cases of abuse in organizations, people come forward after the incident and report that they saw suspicious or inappropriate interactions or policy violations, but failed to say anything. Learn the reasons why and what you can do to keep this from happening in your organization. Remember, if your employees and volunteers wait until they see abuse happen before they step forward, someone may suffer a lifetime.

**PRESENTER:** Monica Applewhite, PhD, Praesidium Inc., a national leader in abuse risk management

---

### PROPERTY CONSERVATION: SAFETY INSPECTIONS

DATE: Tuesday, April 11, 2006

REGISTRATION CODE: 11273

**OVERVIEW:** This seminar will provide the attendees with an outline of both informal and formal safety inspection processes. Key areas to be addressed will include; how to develop the process, who should be involved, who should complete the inspections, what training should inspectors receive, what the report format should look like, and what we do with the information after it is gathered. There will also be a discussion of how to follow up on the inspection results and how this information may be used to improve your facilities safety initiatives.

**PRESENTER:** Robert Griffin, Monadnock Safety Services

---

### “BUT HIS CRIMINAL BACKGROUND CHECK WAS CLEAR!” – SCREENING AND SELECTING STAFF

DATE: Tuesday, May 9, 2006

REGISTRATION CODE: 11274

**OVERVIEW:** Organizations that rely on criminal background checks as their primary screening method are in trouble. Studies show that only 44% of criminal background checks are accurate and only 3 to 4% of offenders have criminal backgrounds. To ensure the safety of their consumers, those involved in the screening and selection of employees and volunteers must know how to obtain viable references, and how to analyze and respond to the collected information.

**PRESENTER:** Aaron Lundberg, LMSW, Praesidium Inc., a national leader in abuse risk management

---

*Continued on next page . . .*

## **OVERVIEW OF PRESENTATIONS - *Continued***

### **FLEET MANAGEMENT: DRIVER SELECTION AND TRAINING**

**DATE:** Tuesday, September 12, 2006

**REGISTRATION CODE:** 11276

**OVERVIEW:** This seminar addresses the most important fundamental foundation of any safety program including fleet management. A key element to fleet and other safety management processes is the selection of the right people. This selection begins with a formal process that involves the requirement for more information than a simple application. The program will also address key elements of an effective driver safety training program. What are these programs? How often should they be presented? How does the company effectively follow-up to be sure the training has been effective? How can your company effectively measure the results you are getting?

**PRESENTER:** Robert Griffin, Monadnock Safety Services

---

### **DEVELOPMENT OF A RISK MANAGEMENT PROGRAM**

**DATE:** Tuesday, October 10, 2006

**REGISTRATION CODE:** 11277

**OVERVIEW:** This program will provide an overview of the components of a formal risk management program. The discussion will focus on how an organization can analyze their specific risk exposures, identify existing safety and loss control policies and procedures, and develop new processes and procedures to assure that there is a comprehensive approach to minimize losses.

**PRESENTER:** Elizabeth Norman, AIGC Consultants, Inc.

---

### **FLEET MANAGEMENT: INCIDENT INVESTIGATION**

**DATE:** Tuesday, November 14, 2006

**REGISTRATION CODE:** 11278

**OVERVIEW:** Incident investigation provides us with an opportunity to get a "freeze frame" view of the incident and from there to proceed to a who, what, where, when, how and why of the incident. This seminar will discuss the key elements of an effective investigation. Who should complete these investigations, what should the format look like, and how do we look for behavior that may have contributed to the incident? It will also address how to take the information gathered and reduce it to an understandable report with meaningful recommendations for correction of true causal factors.

**PRESENTER:** Robert Griffin, Monadnock Safety Services

---

### **CONTRACTUAL LIABILITY 101**

**DATE:** Tuesday, December 12, 2006

**REGISTRATION CODE:** 11279

**OVERVIEW:** This program will provide practical advice on how to establish an organized process for contract review, updates, and maintenance. Key issues addressed will include: responsibilities of the organization vs. the contractor, termination clauses, certificates of insurance, hold harmless clauses, and contract coordination and file maintenance.

**PRESENTER:** Elizabeth Norman, AIGC Consultants, Inc.

---

## Prevention of Tap Water Scalds

### **Background Information:**

What is a burn? A burn is damage to the skin and underlying tissue caused by heat, chemicals or electricity. Burns damage or destroy the skin cells. Deeper burns may involve the fat, muscle or bone. Scalds result from the destruction of one or more layers of the skin due to contact with hot liquids or steam. The length of time the skin is exposed to the burning substance and the temperature of the substance determine the depth of the injury. Burns range in severity from minor injuries that require no medical attention to serious, life-threatening and fatal injuries. At 120 degrees Fahrenheit/48 degree Celsius, the recommended temperature setting for home water heaters, skin requires only five minutes of exposure for a full thickness burn (third degree, requiring skin grafting) to occur.

Tap water scalds are 100% preventable. Certain people are at increased risk of scalds. Tap water scalds, common among children, older adults and people with disabilities, are often more severe than cooking related scalds. These high risk groups are also less likely to survive an injury. Most burn injuries happen in the home, with tap water scalds occurring in the bathroom or other bathing areas.

Tap water scalds result in more inpatient care, generally cover a larger area of the person's body, and end in more fatalities than other types of scalds. About 5,000 children are scalded from hot tap water annually. The most frequent causes of tap water scalds in children include:

- unattended child in the bath turns the hot water faucet or falls into hot water;
- inexperienced caretaker fails to test water temperature before placing a child in the tub.

Tap water scalds to older adults or someone with a disability usually happen when they slip or fall in the tub or shower, a caregiver fails to recognize that the water is too hot, when water temperature fluctuates, or a faucet or plumbing fixture malfunctions and the person is unable to escape a sudden burst of scalding water. In all age groups, there are about 100 deaths from scalds, annually.

### **Incident Examples:**

Scalding incidents/claims are not uncommon in residential care. Here are examples of incidents that led to litigation.

In one case, a 27 year old woman with developmental disabilities was scalded in the bathtub at her group home. Despite evidence of burning, the staff member on duty then put her to bed. Medical treatment was delayed until 15 hours after the incident. Investigation of the incident showed that it was known that employees were routinely raising the temperature on the water heater without permission.

In another case, a 51 year old man with a developmental disability died after he suffered severe burns in a scalding, unattended bathtub. When members of the staff discovered him, the report says "the large amounts of white tissue floating on the surface around the client was thought to be toilet paper instead of his skin."

These are avoidable incidents that cause pain for staff as well, who have difficulty dealing with the aftermath and the fact that they may have caused serious injury or death to a client.

## Prevention:

The American Burn Association has numerous recommendations to decrease the risk of tap water scalds. Some of these recommendations are outlined below. You can get more information on these recommendations from their website, [www.ameriburn.org](http://www.ameriburn.org).

- Constant supervision is the single most important factor in preventing tap water scalds.
- Run cool water first, then add hot. Turn hot water off first. Mix the water thoroughly. Turn off water before placing a child, or assisting a vulnerable adult into the tub. Check the temperature by moving your elbow, wrist, or fingers through the water before allowing someone to get in. The water should feel warm, not hot to touch.
- The safest temperature for bathing is about 100 F/37C
- Do not leave the bathroom unattended while the tub is filling.
- Clearly mark the "HOT" water position on faucets.
- Do not allow young children or a person with a mental disability to adjust the water temperature.
- Set the water heater that supplies hot water to tubs/showers no higher than 120F/48C (or the temperature required by your licensing body, if that is lower).
- Avoid flushing toilets, running water, or using the dish- or clothes-washer while anyone is showering, to avoid sudden fluctuations in water temperature.
- **Install anti-scald devices.**

## Anti-Scald Devices:

Thousands of people suffer scald injuries every year due to sudden surges of hot water. Anti-scald devices, as recommended by the American Burn Association, are devices that stop or interrupt the flow of water when the temperature reaches a pre-determined temperature. They prevent hot water from coming out of the tap before scalding occurs. These devices will not allow the faucet to become fully operational until the water temperature is reduced to a safe level.

One of the most common products in use is known as a **Temperature Actuated Flow Reduction Valve** or "TAFR". TAFRs reduce water flow to a trickle of less than 1/4 gallon per minute when the water temperature exceeds a certain temperature at the point of discharge.

These devices can prevent scalding when there is a sudden fluctuation in tub/shower water temperature that sometimes happens with toilet flushing. They can also be especially beneficial when lowering the water heater temperature is not an option.

The American Academy of Family Physicians believes that thermoregulation devices are essential in preventing scald injuries, since education alone has not been effective. (*American Family Physician* vol. 49 no. 2, p469- 2/94). AIG supports this position, since we continue to see scalding incidents severe enough to result in the filing of a claim and in large enough numbers that indicate a significant impact on a vulnerable consumer population. Our recommendation is as follows:

*Install temperature limiting devices that are tamper proof on all hot water faucets and outlets that are accessible to children or used by facility residents. These devices should be regularly maintained to ensure that the hot water does not exceed 115° Fahrenheit. The temperature of the water should be tested with a thermometer before the client is placed in the tub/shower. Generally, the water in the tub/shower should not exceed 100°. In addition, the thermostat of the water heater that supplies hot water to tubs/showers) should be set at a maximum of 120° Fahrenheit.*

**Resources:**

1. NASD, Hot Water Burns, [www.cdc.gov](http://www.cdc.gov)
2. International Shriners Headquarters, <http://www.shrinershq.org/prevention/burntips/water.html>
3. National Safe Kids Campaign, Injury Facts: Burn Injury, [www.safekids.org](http://www.safekids.org)
4. National Resource Center for Health and Safety in Child Care, <http://nrc.uchsc.edu/index.html#TOP>
5. American Burn Association, <http://www.ameriburn.org/>
6. American Society of Safety Engineers (ASSE) - *Standard 1062- Temperature Actuated, Flow Reduction (TAFR) Valves for Individual Fixture Fittings - August 199*





**Incident Reports – RATS Process  
(Report, Analyze, Trend, Summarize)**

**Incident Reports**

What is an incident? An incident is generally defined as any happening which is not consistent with the routine or an unexpected outcome. The incident report was first developed by commercial insurance companies in the early 1970's as a means of loss notification. Many insurance companies have now developed other means for reporting actual or potential claims, but they continue to encourage reporting of all incidents within an organization, so that problem areas can be identified and corrected. In other words, incident reporting may also serve as a proactive method of loss control.

Incident reports serve many purposes---quality improvement, event documentation and liability monitoring. Organizations of all types have found that incident reports can be a positive management tool. Encouraging employees to complete a report when things do not go as planned provides management with the necessary information to improve the quality of services and perhaps limit the possibility of a repeat occurrence.

**RATS Process – Report, Analyze, Trend, Summarize**

Most organizations have some type of incident reporting process in place. A key to a strong risk management program is appropriate review and utilization of the information obtained from your incident reports. If you incorporate the RATS process into your existing incident reporting procedure, you should be able to learn more about how your organization functions on a daily basis and identify opportunities for improvement.

**Reporting** – As mentioned above, incident reporting should be encouraged by management as a positive, proactive loss control tool. Reportable incidents should be defined in a written policy and should go beyond those that are mandated by licensing and/or accrediting bodies. Supervisory and management staff should be asked to evaluate their areas of responsibility to identify the types of events they need to monitor.

There should be a designated form on which all incidents are documented. The narrative portion of these reports should be an objective summary of the facts. Documentation should be concise and to the point. Subjective or judgmental comments or opinions are not helpful and should be discouraged. The reports should not be used to place blame or point fingers. This is not helpful and may actually lead to underreporting.

The information and suggestions contained in this document have been developed from sources believed to be reliable. However, the accuracy and correctness of such materials and information has not been verified. We make no warranties either express or implied nor accept any legal responsibility for the correctness or completeness of this material or its application to specific regulations. This information should not be construed as business, risk management, or legal advice or legal opinion.



## **AIG Consultants, Inc. Program Division**

*RISK MANAGEMENT AND LOSS CONTROL*

# **BUSINESS SOLUTIONS**

**Analysis** – It is important that someone within the organization be assigned responsibility for reviewing and analyzing all incidents. This does not need to be the same individual for every type of incident. For example, those incidents that are mandated as reportable to a State regulatory or administrative agency might be reviewed by one individual, whereas auto or property incidents might be reviewed by someone else in the organization. Close review of each incident report can indicate whether staff are following established procedures and are compliant with applicable standards or regulations. It is important that each incident be analyzed closely for any opportunities for improvement and lessons learned, as well as for the need for policy changes. Any incident that has resulted in an injury or property/auto loss should be investigated promptly to make sure that complete and accurate information is obtained as soon as possible.

**Trending** – Incidents reports should be examined for trends to determine if there are patterns or problem areas. Trends can then be analyzed by supervisory staff to revise policies, revise treatment plans, and educate staff. Reports should also be examined for trends, both in frequency (what are the most common incidents in your organization?) and severity (where is there the most potential for significant loss to the organization?). It is recommended that the organization identify at least the top three most frequent types of incidents and work at reducing frequency in those areas.

**Summarize** – Finally, a risk management report should be prepared at least quarterly to present the incident data to management, with comments on any identified trends or problem areas and recommendations for change. Recommendations should include any areas that might require policy change or additional staff education.

### **Incorporation of Incident Reports into Your Risk Management/Safety Program**

Information from incident reports should be an integral part of your risk management program. It is one of the most common sources of risk identification within an organization and typically covers at least those types of incidents that are required to be reported to state licensing and accrediting bodies. This makes the incident reporting process the heart of your risk management program.

The information and suggestions contained in this document have been developed from sources believed to be reliable. However, the accuracy and correctness of such materials and information has not been verified. We make no warranties either express or implied nor accept any legal responsibility for the correctness or completeness of this material or its application to specific regulations. This information should not be construed as business, risk management, or legal advice or legal opinion.

“AIG Consultants, Inc. is A Member company of American International Group, Inc.”





## **Dealing with the Media**

The media can perform many functions for your agency or organization. It can educate the general public and surrounding community about your organization and its mission. It might also publicize treatment successes and provide positive press. Unfortunately, however, the media is also quickly at your doorstep when things don't go quite right. Picture the following fictitious, but possible headlines: "Child Left Behind in Locked Day Care Facility", "Disabled Adult Elopes from Group Home – In Serious Condition at Local Hospital", "CFO of Local Non-Profit Agency Siphons off Thousands of Dollars for Personal Use"

Certainly it is very important that you take a proactive approach to risk management within your organization in order to avoid situations that might give rise to the headlines identified above. But it is just as important that you develop a comprehensive policy and procedure for dealing with the media both in day to day and crisis situations. Laying that foundation will prepare you for any future interactions with the media. The following are some key suggestions for handling the media and what to do if a crisis occurs within your organization.

### **Key Points for Handling the Media**

*Designate a Media Relations Person within Your Organization* - If your organization is not large enough to have a designated Public Relations officer or Communications Department, identify someone within the organization who can fill this role. It is important that this individual be trained in how to respond to media inquiries, particularly in a crisis situation. Once you have designated an official spokesperson, you should make sure they are well informed about your organization and are kept up to date on any evolving issues or situations. If you utilize more than one spokesperson it is important that they "speak with one voice." Consistency and accuracy are one of the most important goals when dealing with the media.

*Develop a Media Policy for the Organization* – A written policy and procedure detailing the process for handling media inquiries will assist with new employee orientation and will also be a valuable tool for staff when questions arise. This policy should be made available to all employees and the designated spokesperson should be identified and accessible. Some organizations develop press kits, which include background information and fact sheets about the organization.

*Develop a Positive Relationship with Local Media Contacts* - It is important to identify local media contacts and make them your allies. You might want to consider developing a list of reporters who would be likely to cover stories on your type of organization. Developing a good relationship with your local community often begins with positive press.

The information and suggestions contained in this document have been developed from sources believed to be reliable. However, the accuracy and correctness of such materials and information has not been verified. We make no warranties either express or implied nor accept any legal responsibility for the correctness or completeness of this material or its application to specific regulations. This information should not be construed as business, risk management, or legal advice or legal opinion.



## **AIG Consultants, Inc. Program Division**

*RISK MANAGEMENT AND LOSS CONTROL*

# **BUSINESS SOLUTIONS**

---

Volume & Issue: 10-04-01

---

*Return Calls from the Media in a Timely Manner* – It is true that you can't be sure the media will get the facts right, but not returning phone calls, or a consistent "no comment" will not win you friends either. Journalists sometimes want *instant* answers, but you need to make sure you provide *accurate* answers. Efforts to get accurate information and then providing it on deadline will build respect and trust with your media contacts.

*Handling Misinformation* – Some misinformation is unintentional. Perhaps a media representative misunderstood information that was provided. It is advisable to clear this up as soon as possible. If better information comes along after an interview, or you feel there was a misinterpretation of information, call in or email the correct information immediately.

### **When A Crisis Occurs**

*Act Quickly to Alert Administration, Corporate (if applicable), and Board Members* – The media can broadcast a story across the county within seconds. It is important that Administration, including corporate staff and Board members, are made aware of the situation so that they can respond appropriately to questions from outside the organization.

*Contact Your Insurance Company and/or Attorney* – The situation may not end up as a claim, but often your insurance company and attorney can offer good advice on the approach to take when speaking with media representatives. They will also be able to offer loss control approaches that might mitigate any damages or bad will that can often result in litigation.

*Get the Facts* – Interview involved staff to clarify exactly what occurred. Find out as many details as possible. These will be needed by the media spokesperson in order to respond to inquiries.

*Communicate with Your Families/Guardians* – Before talking to the media, or as soon as possible afterwards, set up a system to communicate with the families or guardians that are associated with your organization. It is important that client families learn about potential problems that might bring negative press for the organization. These families can sometimes be your biggest allies and supporters.

*Counsel Staff Regarding Confidentiality* – Whatever you do, don't forget HIPAA! Make sure all employees are reminded about client confidentiality and privacy rules and release of information. They should be advised to refer any calls from media or others outside the organization to the designated spokesperson.

*Damage Control* – Schedule a staff meeting for the involved location or department. Review what happened and emphasize the facts that have been discovered up to that point. Try to minimize gossip and speculation. If

The information and suggestions contained in this document have been developed from sources believed to be reliable. However, the accuracy and correctness of such materials and information has not been verified. We make no warranties either express or implied nor accept any legal responsibility for the correctness or completeness of this material or its application to specific regulations. This information should not be construed as business, risk management, or legal advice or legal opinion.



## **AIG Consultants, Inc. Program Division**

*RISK MANAGEMENT AND LOSS CONTROL*

# **BUSINESS SOLUTIONS**

---

Volume & Issue: 10-04-01

---

employees are not kept fully informed they may be more likely to feed misinformation to the media. Supervisors should evaluate, based on the circumstances of the crisis, whether counseling services might be advisable for staff or other residents/clients.

### **Summary**

Proper preparation can go a long way towards improving your organization's image in the media. You might want to consider performing an organization wide "media audit" to identify your risks, liabilities and exposures from the media's point of view. Developing good media relationships up front will help you in crisis situations when events occur that attract public scrutiny. It is important that, to the best extent possible, you control the information that is written about your organization. One of the best things you can do in times of crisis is to establish yourself as the primary source of information about your organization and the situation in question. This can be done if you have a formal policy in place. Ask yourself the following:

- Is there a written policy for handling the media?
- Is there a designated media relations representative/spokesperson?
- Has this individual been trained specifically on how to deal with the media?
- Is there a mechanism in place to assure that your designated spokesperson is kept up to date with any changes within the organization and is readily accessible in the event of a crisis situation?
- Do all employees within the organization know who the designated spokesperson is?
- Have you taken a proactive approach to media relations and identified the key message(s) you want to communicate?

### **References**

"Establishing Individual and Corporate Crisis Communication Standards: the Principles and Protocols" – by James E. Lukaszewski, *Public Relations Quarterly*, Fall 1997

"Bright Lights and Cameras – How to Use the Media and Not Let the Media Use You" – William T. Evjue, *Self Defense Tools for Your Organization*, American Management Association.

The information and suggestions contained in this document have been developed from sources believed to be reliable. However, the accuracy and correctness of such materials and information has not been verified. We make no warranties either express or implied nor accept any legal responsibility for the correctness or completeness of this material or its application to specific regulations. This information should not be construed as business, risk management, or legal advice or legal opinion.



## *We Want to Hear from You*

AIG Programs policyholders who want to learn more about loss control for public playgrounds can contact the AIG Programs Loss Control Manager (Tel 617-330-8559).

### REFERENCES

1. American Insurance Services Group, Inc. Engineering and Safety Service. *Playgrounds Liability Report LB-30-62*. New York, NY: AISG, 1996.
2. Engineering and Safety Service. *Playground Equipment*. Product Safety Report PS-80-14. New York, NY: AISG, 1993.
3. Engineering and Safety Service. *Vandalism: An Overview of the Problem*. Crime Prevention Report CP-25-10. New York, NY: AISG, 1990.
4. Engineering and Safety Service. *The Americans with Disabilities Act - ADA*. Liability Report LB-70-20. New York, NY: AISG, 1992.
5. American National Standards Institute. *Safety Color Code*. ANSI Z 535.4-1991. New York, NY: ANSI, 1991.
6. *Standard Consumer Safety Performance Specification for Playground Equipment for Public Use*. ASTM F 1487-93. Philadelphia, PA: ASTM, 1993.
7. *Standard Specification for Impact Attention of Surface Systems Under and Around Playground Equipment*. ASTM F 1292-93. Philadelphia, PA: ASTM, 1993.
8. Consumer Federation of America. *Report on Public Play Equipment and Areas*. Washington, DC: CFA, 1992.
9. Consumer Product Safety Commission. *Ban of Lead-Containing Paint and Certain Consumer Products Bearing Lead-Containing Paint*. 16 CFR 1303. Washington, DC: CPSC, 1979.
10. *Handbook for Public Playground Safety*. Washington, DC: CPSC, 1990.
11. *Playground Equipment-Related Injuries and Deaths*. Washington, DC: CPSC, 1990.

## Loss Control for Public Playgrounds

### THE PROBLEM

Today's public playgrounds can have many liability hazards. Bodily injury due to falls is the principal general liability loss incurred on playgrounds. Other hazards that contribute to all types of playground losses include:

- Poorly designed and maintained equipment
- Poorly maintained walks and staircases
- Lack of supervision
- Lack of security
- Lack of resilient surfaces under equipment

The Consumer Product Safety Commission (CPSC) estimates that during one recent 12-month period, some 170,200 injuries to children were associated with playground equipment and auxiliary structures. Of these, 119,600 involved equipment in public playgrounds and 41,600 involved equipment used in home playgrounds. Other injuries were incurred with homemade products, such as rope and tree swings.

A study performed by the CPSC, based on 10,730 injuries treated in hospitals, provided the following data on the percentage of injuries associated with public playground equipment: 32% of all playground injuries reported were attributed to climbers; 29% to slides; 26% to swings; 6% to seesaws; 4% to merry-go-rounds; and 3% to other playground equipment.

### THE SOLUTION

At AIG Programs, we can provide innovative insurance solutions to enhance protection to entities maintaining public playgrounds. But insurance alone is not enough to mitigate the risk these

entities face in maintaining public playgrounds. Implementing a sound risk management strategy is an equally important step in controlling exposure to public playground liability.

### THE BASICS

A basic risk management strategy for playgrounds should include the installation of a perimeter barrier – usually a well-maintained fence. This barrier should completely surround the playground to provide security and to prevent children from wandering off the premises.

Another strategy is for playgrounds to be organized into different areas to prevent injuries caused by conflicting activities. Children playing ball games should not be near areas where others are using swings. Also, children engaged in running games should be remote from quiet areas where others are engaged in predominately passive activities. For example, sandboxes should not be located near ball fields.

Other strategies for playground risk management include:

- Moving equipment (i.e., swings and merry-go-rounds) should be located in a corner or edge of the playground.
- Equipment should be dispersed to avoid crowding in one area of the playground.
- Layout of equipment should be without visual barriers so that supervision of activities is not impaired.
- Separate areas should be designated for younger children, since they require more attentive supervision.

*continued on back page*

## Inside This Issue

Learn about the latest loss control solutions for public playgrounds. *Details inside...*

## FREE Loss Control Checklist for Playgrounds enclosed.

**AIG Programs** manages products and services offered through member companies of American International Group, Inc. (AIG), the leading U.S.-based international insurance organization. AIG Programs draws on AIG's superior financial strength to provide the most dependable commercial and industrial insurance coverages and services available. AIG Programs is committed to providing quality risk management and consulting products. *AIG Programs Business Solutions* is a publication provided as a service to AIG Programs insureds and their insurance agents/brokers.

*The information and suggestions contained in this document have been developed from sources believed to be reliable. However, the accuracy and correctness of such materials and information has not been verified. We make no warranties either express or implied nor accept any legal responsibility for the correctness or completeness of this material or its application to specific regulations. This information should not be construed as business, risk management, or legal advice or legal opinion.*

## Loss Control for Public Playgrounds, continued

- Slide exits should be located in an uncongested area.
- Maintenance of grounds and equipment is vital to safety as well. A playground should be inspected each day, *prior* to admitting the public.

### ENHANCING SAFETY

The enclosed **Loss Control Checklist for Playgrounds** can be used as a self-

assessment tool to evaluate hazards. Careful review of this checklist is an important first step in creating an effective risk management plan. Such a plan, coupled with insurance coverage tailored to the needs of your playground, will help to control your level of risk in maintaining the playground. It will also enhance the safety and enjoyment of the playground for all who use it.

### WHOM TO CONTACT

AIG Programs policyholders who want to learn more about loss control for public playgrounds can contact the AIG Programs Loss Control Manager (Tel 617-330-8559).

## Loss Control Checklist for Public Playgrounds

### GENERAL CONSIDERATIONS

- | YES                      | NO                       |                                                                                                                           |
|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Is playground generally clean and well maintained?                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Can playground be accessed safely by both pedestrians and bicyclists?                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Are automobile parking areas physically separated from the playground?                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Is perimeter fencing provided?                                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Are fencing and gates in good condition?                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there informational signs posted concerning use of the playground and equipment?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Are informational signs presented in both written and graphic formats?                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Is playground surface provided with proper drainage to prevent puddles?                                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are restrooms clean and well maintained?                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are playground areas free from items that could cause tripping, such as utility boxes, drainage ditches and sewer covers? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are trees free of cracked or loose limbs?                                                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Are pesticides/herbicides used on shrubs and trees?                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there any indications of damage caused by vandalism?                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are areas where playground equipment is used separated from areas where running games are played?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is playground equipment suitably separated to prevent collisions?                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Are walkways located away from the equipment in active use?                                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Are walkways free from loose surface materials, irregularities and slippery substances that could cause slips and falls?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is at least one primary entrance provided for persons in wheelchairs?                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Are sharp inclines and abrupt changes in levels avoided at entrances?                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Are walkways clearly defined?                                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Are pathways at least 48 inches (1.22 m) wide?                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Are slopes of walkways at less than a 5° grade?                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Are slopes of pedestrian ramps at less than an 8° grade?                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are pedestrian ramps equipped with handrails?                                                                             |

### SUPERVISION

- |                          |                          |                                                                       |
|--------------------------|--------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Is playground actively supervised?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Is playground supervisor trained to perform required duties?          |
| <input type="checkbox"/> | <input type="checkbox"/> | Are records kept of general playground repairs and equipment repairs? |

### MAINTENANCE

- |                          |                          |                                                                                         |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Is area under and around playground equipment equipped with shock-absorbent material?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is all equipment visibly stable when in use?                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Is metal equipment and hardware free of major corrosion?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Are wooden structural components free of rot, major cracks and splinters?               |
| <input type="checkbox"/> | <input type="checkbox"/> | Is equipment free of protrusions and projections that may entangle children's clothing? |

*continued on back page*

## MAINTENANCE *continued*

YES      NO

- Is equipment free of pinch, crush and shearing points that could injure children?
- Is equipment fabricated to eliminate areas that may entrap children's heads?
- Are bases of equipment free of tripping hazards?
- Are areas above and around equipment free of suspended hazards?

## SLIDES

- Are slides equipped with platforms to facilitate access to the sitting position?
- Are slide platforms equipped with guardrails or equivalent protective equipment?
- Is the average incline of the slides at less than a 30° grade?
- Are exit regions of the slides level?

## SWINGS

- Is swing hardware, including chains, in satisfactory condition?
- Are swings located away from other playground equipment and protected by barriers?
- Are seat edges smooth and free from obstructions?
- Are multiple-axis swings mounted on frames that do not contain single-axis swings?

## CLIMBING EQUIPMENT

- Is interior of climbing equipment free of structural components upon which a child could fall?
- Are tops of climbing equipment provided with an auxiliary means for reaching the ground?

## MERRY-GO-ROUNDS

- Are rotating platforms essentially circular?
- Does equipment contain handholds or equivalent devices?
- Are rotating platforms free of sharp edges?

## SEESAWS

- Are seesaws free of cracks, corrosion and other obvious structural defects?
- Is equipment provided with spring centering devices or cushioning material to prevent abrupt contact with ground?
- Are fulcrums of seesaws free of pinch or crush hazards?
- Are handholds provided at each seating position?

## SECURITY

- Does the entity that manages the playground have a security program?
- Is there access to a phone or radio to allow for communication in the event of an emergency?

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed By:

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Date \_\_\_\_\_

*The information and suggestions contained in this checklist have been developed from sources believed to be reliable. However, the accuracy and correctness of such materials and information has not been verified. AIG Programs makes no warranties either express or implied nor accepts any legal responsibility for the correctness or completeness of this material or its application to specific regulations. This information should not be construed as business, risk management, or legal advice or legal opinion.*





***AI Risk*** Human Services  
Piecing Together a Brighter Future™

100 Summer Street  
Boston, MA 02110  
[www.airisk.com](http://www.airisk.com)