



**Care Providers**  
Insurance Services

19111 N. Dallas Parkway, Suite 250, Dallas, TX 75287  
800-761-7072 \* Fax 800-224-7145 \* Web address [www.ins-cps.com](http://www.ins-cps.com)

## Pregnancy Center - General Application

Insured Name: \_\_\_\_\_ Eff Date: \_\_\_\_\_

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

City/St: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel #: \_\_\_\_\_ email: \_\_\_\_\_

### Insurance Agency

Agency Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel #: \_\_\_\_\_ Email: \_\_\_\_\_

### A. General Information

Year Business Established \_\_\_\_\_ Years Under Present Executive Director \_\_\_\_\_

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

**Professional Services Offered:**

- Pregnancy Testing (other than self administered urine)
- Ultrasound/Sonogram to Determine Pregnancy
- Ultrasound – Medical Professional Diagnosis  
Specify Diagnosis \_\_\_\_\_
- Medical Professional Diagnosis  
Specify Diagnosis \_\_\_\_\_
- Adoption Services
- STD Testing
- RU486 Reversal / Abortion Reversal
- Other \_\_\_\_\_

**Counseling Services Offered:**

- Caring Peer Counseling
- Materials Assistance (diapers, clothing, etc)
- Family Planning
- Information/Education/Referral Svs
- Parenting Classes (Mom & Dad)
- Other \_\_\_\_\_

1. Total Assets \_\_\_\_\_ 2. Annual Revenues \_\_\_\_\_ 3. Total # Employees F/T \_\_\_\_\_ P/T \_\_\_\_\_

4. Do you have all required licenses? Yes \_\_\_ No \_\_\_ Are they current? Yes \_\_\_ No \_\_\_

5. Has any license ever been lost, revoked or suspended? Yes \_\_\_ No \_\_\_ If yes, explain:  
\_\_\_\_\_

6. Do you sell any goods or services to others? Yes \_\_\_ No \_\_\_ If yes, describe: \_\_\_\_\_

7. Do you have a plan for medical emergencies? Yes \_\_\_ No \_\_\_

8. Maternity/Baby Store/Thrift Store Annual Sales: \_\_\_\_\_

### **B. Staff Management Procedures**

1. Do all staff members have written job descriptions? Yes  No
2. Are any staff members under the age of 18? Yes  No   
If yes, list position: \_\_\_\_\_
3. Do you require your staff (paid and volunteer) to complete an employment application? Yes  No   
Do you conduct a personal interview for each prospective staff member? Yes  No   
Do you verify education references? Yes  No   
Do you verify employment related references? Yes  No   
Do you verify licenses and credentials? Yes  No   
Do you obtain criminal background checks on all individuals before hiring? Yes  No   
What are your procedures for evaluating these reports: \_\_\_\_\_  
What actions are taken if a report is considered unfavorable? \_\_\_\_\_
4. Do all employees meet the minimum mandated educational or professional experience level for the position assigned? Yes  No
5. Do you provide workers' compensation for all staff members? Yes  No

### **C. Professional Liability**    N/A

<u><b>Title</b></u>	<u><b>Employees</b></u>		<u><b>Volunteers</b></u>
	<u><b>F/T</b></u>	<u><b>P/T</b></u>	
Peer Counselors			
Medical Directors			
Nurse LPN			
Nurse Practitioner			
Nurse RN			
Sonographer			
Physician Asst/Paramedic/EMT			
Physicians (other than medical director)			
<b>TOTAL</b>			

1. Has the agency entered into any agreements relating to professional liability (such as a Professional service contract with any of the above) which contains either a hold harmless agreement, indemnification agreement, or any other professional agreement? Yes  No   
If yes, submit a copy of each agreement.
2. Does the Agency currently carry a Professional Liability Policy? Yes  No   
If yes, please indicate the following:  
**Name of Carrier:** \_\_\_\_\_  
**Expiration Date:** \_\_\_/\_\_\_/\_\_\_/    **Premium:** \_\_\_\_\_    **Limits:** \_\_\_\_\_  
**Type of Coverage:**    **Occurrence**        **Claims Made - Retro Date** \_\_\_\_\_
3. Has the agency reported any professional liability claims or incidents in the past 3 Years, or is applicant aware of any circumstances, which may result in a claim or suit? Yes  No  If yes, provide Insurance Company loss reports or attach summary of details.
4. Do you obtain Certificates of Insurance and Hold Harmless Agreements from any of your community/contracted professional service providers? Yes  No

**D. Abuse & Molestation**

N/A

1. Does the Agency currently carry an Abuse & Molestation Policy? Yes  No

If yes, please indicate the following:

**Name of Carrier:** \_\_\_\_\_

**Expiration Date:** \_\_\_/\_\_\_/\_\_\_/ **Premium:** \_\_\_\_\_ **Limits:** \_\_\_\_\_

**Type of Coverage:** Occurrence **Claims Made - Retro Date** \_\_\_\_\_

2. Are there rules or guidelines prohibiting closed door one-on-one meetings? Yes  No

3. Do volunteers work directly with patients? Yes  No

If yes, please describe the degree of their job function and responsibilities: \_\_\_\_\_

List situations where a volunteer has direct contact with patients in an unsupervised situation without oversight of another staff member: \_\_\_\_\_

4. Have any employees been the subject of a child abuse/neglect investigation? Yes  No

If so, what were the results of the investigation? \_\_\_\_\_

5. Have there ever been any alleged or actual incidents regarding any abuse or molestation? Yes  No

If yes, please describe: \_\_\_\_\_

What procedures have been instituted to prevent reoccurrences of previous events? \_\_\_\_\_

6. Is any counseling conducted off premises, i.e. students' or counselors' homes? Yes  No

If yes, by whom and what type of students? \_\_\_\_\_

7. What is your procedure on how allegations of abuse are handled? \_\_\_\_\_

\_\_\_\_\_

**E. Planned Event / Fund Raisers**

N/A

Questions	Event #1	Event #2	Event #3	Event #4	Event #5
Describe/Insert letter for event type: A = Wine tasting; B = Golf outing; C = Other Sporting event; D = Picnic; E = Banquet; F = House tour; G = Bingo; H = Walkathon/Run; I = Fashion Show; J = Concert; K = Other (specify)					
Event Type (from above)					
Date(s) held?					
Daily Hours of operation					
Will any event last longer than 3 days? If so, how long?					
Total anticipated revenue					
Location held					
Estimated Attendance					
Are certificates of insurance obtained from all vendors providing products/services?					
Will alcohol be served?					

**F. Automobile**  N/A

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

- 1. Are there any drivers under the age of 21 years old? Yes  No
- 2. Are all of your vehicles equipped with seat belts as required by law? Yes  No 
  - a) Do you have written and strictly enforced guidelines mandating all passengers are secured in their seat belts? Yes  No
  - b) Would you ever make an exception based on a medical condition? Yes  No
- 3. Does insured order/receive/approve MVRs prior to employee driving? Yes  No
- 4. Does the insured maintain driver's record files? Yes  No 
  - Does it include: date of hire \_\_\_\_\_ dates of training \_\_\_\_\_ Drug tests \_\_\_\_\_
  - MVR and date ordered and received \_\_\_\_\_ Reference Checks \_\_\_\_\_
  - Disciplinary actions \_\_\_\_\_ (check those that apply)
- 5. Do you furnish anyone with an auto? Yes  No 
  - a. If yes, are relatives ever allowed to operate an organization's vehicle? Yes  No

**G. Hired/Non-Owned Auto** N/A

- 1. Do you hire vehicles? Yes  No  If yes, what types? \_\_\_\_\_
  - a) Annual # of vehicles hired: \_\_\_\_\_ Annual cost of hire \_\_\_\_\_
- 2. How many employees/volunteers drive personal vehicles for business use:
  - a) Regularly: \_\_\_\_\_ Occasionally: \_\_\_\_\_

**H. Residential Facilities / Maternity Home** N/A

- 1. # of Pregnant Women housed: \_\_\_\_\_
- 2. Number of beds available: \_\_\_\_\_ Number of Units: \_\_\_\_\_

**NOTICE TO APPLICANTS:**

**In most states, any person who knowingly, with intent to defraud, files an application for insurance containing any materially false information or who, for the purpose of misleading, conceals information concerning any fact material hereto, commits a fraudulent act, which is a crime.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

(A quote will not be provided without an applicant's signature.)

TITLE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
AGENT'S SIGNATURE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_