

750 Terrado Plaza  
Suite 238  
Covina CA 91723

**Baker, Romero & Associates Insurance Brokers Inc.**

# Insurance Application

Ph: 626 332 2258 x103

Fax: 626 339 9921

Email:  
lillian@bakerrromero.com

Servicing the insurance needs of social service organizations since 1986.

(New Submission)

License 0G22790

**Please complete the information below and return with a copy of your brochure**

Name of Organization: \_\_\_\_\_ Contact: \_\_\_\_\_

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

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

Web Site \_\_\_\_\_ Fed I.D.# \_\_\_\_\_

Description of Services: \_\_\_\_\_

Annual Payroll: \_\_\_\_\_ Budget: \_\_\_\_\_ # of Employees: \_\_\_\_\_ # of Volunteers: \_\_\_\_\_ Years in Operation: \_\_\_\_\_

If providing residential services, provide # of beds per location: loc #1 \_\_\_\_\_ loc #2 \_\_\_\_\_ loc #3 \_\_\_\_\_ / 24hr supervision? \_\_\_\_\_

Are you a non profit corporation? \_\_\_\_\_ If not, describe ownership i.e individual, partnership \_\_\_\_\_

What % of employees/volunteers use their own vehicles regularly for agency business: Employee % \_\_\_\_\_ Volunteer % \_\_\_\_\_

Do you operate a **school / day care**? # of children \_\_\_\_\_ Age Range \_\_\_\_\_ Average Daily Attendance \_\_\_\_\_ Is school licensed? \_\_\_\_\_

**PROFESSIONAL LIABILITY:** Check here if you have physician on staff (Employed, Contracted or Volunteer) \_\_\_\_\_

**Physician Specialty:** \_\_\_\_\_ **Hours/Week Worked** \_\_\_\_\_ **Employee?** \_\_\_\_\_ **Contractor?** \_\_\_\_\_ **Volunteer?** \_\_\_\_\_

**Do you obtain fingerprint clearance from the Department of Justice for all staff? Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Volunteers** \_\_\_\_\_

Is unsupervised contact allowed with clients? \_\_\_\_\_ Do you hire independent contractors (1099)? \_\_\_\_\_

**Number of Staff:** Administrators \_\_\_\_\_ Case Managers \_\_\_\_\_ Counselors \_\_\_\_\_ Homemakers \_\_\_\_\_ Nurses (LPN) \_\_\_\_\_ Nurses (RN) \_\_\_\_\_

Teachers \_\_\_\_\_ Teacher Aides \_\_\_\_\_ Psychologists \_\_\_\_\_ Physician Assistants \_\_\_\_\_ Social Workers \_\_\_\_\_ Interns/Students \_\_\_\_\_ Clerical \_\_\_\_\_

Speech Therapists \_\_\_\_\_ Occupational Therapists \_\_\_\_\_ Other—Describe \_\_\_\_\_

Annual Outpatient/Client Visits: \_\_\_\_\_ Annual Hotline Call: \_\_\_\_\_ Clients per Day: Case Management \_\_\_\_\_ Day Treatment \_\_\_\_\_ Other \_\_\_\_\_

Have you had any claims in the past five years? \_\_\_\_\_ If so, describe and provide dates \_\_\_\_\_

**Current Insurance:**      **Insurance Company**      **Policy Number**      **Inception/Expiration Date**      **Premium**

General Liability: \_\_\_\_\_ \$ \_\_\_\_\_

Professional Liability: \_\_\_\_\_ \$ \_\_\_\_\_

Property: \_\_\_\_\_ \$ \_\_\_\_\_

Automobile: \_\_\_\_\_ \$ \_\_\_\_\_

**LOCATIONS: PLEASE LIST ALL LOCATIONS AND COVERAGES REQUESTED.**

Address	Square Footage	Use of location i.e. office/ store	Building Value	Contents Value	Computer Value	Own/ Rent or Lease Space?	Alarm System?

# Baker, Romero & Associates Insurance Brokers Inc.

**Please list additional insureds with their insurance interest**

NAME AND ADDRESS	INSURABLE INTEREST <i>(Funding Source/ Landlord/ Contract/ Services, etc)</i>

## SPECIAL EVENTS/FUNDRAISERS

Type of Event? Location? <i>(Dinner, Auction, Golf Tournament, etc)</i>	Date <i>(estimate)</i>	Annual Event? <i>Yes or NO</i>	Estimated Attendance	Estimated Receipts from Admission	Food/Drink Receipts Excluding Alcohol	Alcohol Receipts

**Does your organization own vehicles? If so, please provide the following information:**

Year	Make & Model	VIN# <i>attach vehicle registration</i>	Passanger Capacity	Value of Vehicle? <i>(cost new?)</i>	Use of Vehicle <i>i.e. transport clients</i>	Wheelchair Lifts?

## LIST OF DRIVERS

Name	Date of Birth	Drivers License Number

Please provide any additional information that we should know: \_\_\_\_\_  
 \_\_\_\_\_