

SOCIAL SERVICES QUESTIONNAIRE

(Attach to an ACORD Application)

Applicant Name: <u>ECUMENICAL MINISTRIES OF PERINTON, INC. BY GEORGE HAVENS, TREASURER</u>			
Mailing Address: <u>P.O. Box 733, 101 P. MOSELEY RD, FAIRPORT, NY 14450</u>		City: <u>FAIRPORT</u>	State: <u>NY</u>
Zip code: <u>14450</u>		Applicant's Website Address: <u>PEMEMP.ORG</u>	
Contact's Email Address: <u>GEORGE.HAVENS765@GMAIL.COM</u>		Contact Phone Number: <u>585-223-3445</u>	
GENERAL INFORMATION			
Description of your operations, clients served and mission statement: _____			
Attach separate document or brochures if available.			
Type of entity: <input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Not For Profit <input type="checkbox"/> Governmental <input type="checkbox"/> Other			
Contact Person <u>PRESIDENT: KEVIN COOMAN OR TREASURER: GEORGE HAVENS</u>			
Number of years in operation <u>20</u>			
Is this facility licensed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide a copy of all licenses			
Has any license ever been suspended or revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain _____			
Has any staff member ever had their professional license revoked or suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide the name of the staff member(s), reason for and the date of revocation/suspension and the length of time the employee(s) has been with your facility. _____			
Is the facility accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>N/A</u> If yes, by whom? _____			
What is your annual operating budget? <u>\$54,000</u> RANGE: <u>40,000 - 70,000</u>			
What is the age range of your clients? <u>21 TO 80</u>			
Do you provide:			
Residential care? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please advise the number of beds licensed for: _____			
If professional services are Out-patient (no overnight stays), please list the annual number of client contacts, that is the total number of client meetings annually. <u>N/A</u>			
Childcare? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, please attach Childcare Questionnaire)			
Adult Daycare? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, please provide average number of clients) _____			
Alcohol/Drug Rehab? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Services for Mentally/Physically Disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Sheltered Workshop? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, please describe) _____			
Please supply pamphlets, literature describing the sheltered workshop.			

All	80088	SPECIALTY SOLUTIONS LIABILITY PAK	325		1.03	\$	75.00
000	44444	NONOWN Auto Liability				\$	78.00
All	89089	SOCIAL SERVICES - PROFESSIONAL LIABILITY - NOC	317	21,556	3.50000	\$	105.00
All	89091	ABUSE AND SEXUAL MOLESTATION - NOC (SUBLIMIT)	325	21,556	0.01080	\$	121.00
001	88238	SOCIAL GATHERINGS AND MEETINGS - ON PREMISES NOT OWNED OR OPERATED BY THE INSURED - OTHER THAN NFP	334	4	49.48800	\$	198.00
001	88149	EXHIBITIONS - IN BUILDINGS - NO ADMISSION CHARGED - NFP ONLY	334	2	46.40000	\$	93.00
001	89900	SPECIAL EVENT	334	1	370.37000	\$	370.00

PREMIUM FOR OPTIONAL COVERAGES	\$
PREMIUM FOR THIS COVERAGE PART	\$ 1,108.00

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

All	80088	SPECIALTY SOLUTIONS LIABILITY PAK	325		1.03	\$	75.00
000	44444	NONOWN Auto Liability				\$	78.00
All	89089	SOCIAL SERVICES - PROFESSIONAL LIABILITY - NOC	317	54,000	3.50000	\$	262.00 105 157
All	89091	ABUSE AND SEXUAL MOLESTATION - NOC (SUBLIMIT)	325	54,000	0.01080	\$	302.00 121 181 157+181 = 338
001	88238	SOCIAL GATHERINGS AND MEETINGS - ON PREMISES NOT OWNED OR OPERATED BY THE INSURED - OTHER THAN NFP	334	4	49.48800	\$	198.00
001	88149	EXHIBITIONS - IN BUILDINGS - NO ADMISSION CHARGED - NFP ONLY	334	2	46.40000	\$	93.00
001	89900	SPECIAL EVENT	334	1	370.37000	\$	370.00

PREMIUM FOR OPTIONAL COVERAGES	\$
PREMIUM FOR THIS COVERAGE PART	\$ 1,446.00

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.