



Insurance for Big Brothers Big Sisters

16301 Quorum Dr, Suite 130B, Addison, TX 75001

800-761-7072 * Fax 800-224-7145 *

BBBS - Renewal Questionnaire

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

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

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

Renewal Coverage: Workers' Comp || Property || General Liability || Abuse || Professional
 Auto Liability || Auto Phys Damage || Umbrella || D&O || Accident

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

Exposure Update:

1) Please describe any material changes in your operations (eg; programs administered, services provided, etc.) in the past 12 months? **Yes** **No** Describe: _____

2) Have there been any changes in hiring or screening procedures? **Yes** **No** Describe: _____

3) Number of community based matches: Male _____ Couples _____ Female _____

4) Site-based matches: Children _____ Male Staff/Volunteers _____ Female Staff/Volunteers _____

5) Have you had an incident which resulted in an allegation of sexual abuse or molestation within the last year? **Yes** **No** If yes, describe: _____

6) Do you employ or contract with any of the following professionals? **If yes**, please indicate **how many** you employ or contract, **and** if they are: **FT** – Full Time, **PT** – Part time, **Vol** – Volunteer, or **Con** – Contractor.

	<u>YES</u>	<u>NO</u>	<u>#</u>	<u>FT</u>	<u>PT</u>	<u>VOL</u>	<u>CON</u>
Behavioral Therapist	_____	_____	_____	_____	_____	_____	_____
Clerical/Administrative	_____	_____	_____	_____	_____	_____	_____
Occupational Therapist/Speech	_____	_____	_____	_____	_____	_____	_____
Para-Professional Social Worker	_____	_____	_____	_____	_____	_____	_____
Physiotherapists'	_____	_____	_____	_____	_____	_____	_____
Psychologists'	_____	_____	_____	_____	_____	_____	_____
Psychiatrists'	_____	_____	_____	_____	_____	_____	_____
Social Workers	_____	_____	_____	_____	_____	_____	_____
Agency (All Others)	_____	_____	_____	_____	_____	_____	_____

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

Please QUOTE with the following changes:

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