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Zurich Agency Services



DOMESTIC VIOLENCE SHELTER QUESTIONNAIRE

I. RESIDENTIAL FACILITY

A. Insured: _____

B. Location Address: (Residential Location Only)

Loc. #1 _____

Loc. #2 _____

C. General Information About Residents:

1) Average length of time in residence: _____ days

2) Total number of clients served annually: _____

3) Please explain services rendered to these individuals. _____

4) Please describe your screening process. _____

D. Physical Characteristics of Facilities:

	Location #1	Location #2
1) Year Built/Age	_____	_____
2) # of Stories	_____	_____
3) Square Footage	_____	_____
4) Sprinklered	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage	_____ %	_____ %
Date of Last Sprinkler Inspection	_____	

If you want to learn more about the compensation Zurich pays agents and brokers visit:
<http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192. This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries

- | | | |
|---|--|--|
| 5) Heat & Smoke Detectors | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6) Are they Local (L) or Central Station (CS) | _____ | _____ |
| 7) Floor Construction
Brick (B), Wood (W)
Concrete (C) | _____ | _____ |
| 8) Roof Construction
Non-combustible (N)
Combustible (C) | _____ | _____ |
| | Location #1 | Location #2 |
| 9) Wall Construction
Brick (B), Wood (W)
Cement (C) | _____ | _____ |
| 10) If over 1 story are there fire doors at each landing? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes do these doors have functional, self-closing devices? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are exit/exterior doors equipped with motion sensors or alarms? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11) If building is over 25 years has the electrical system been re-wired in the last 10 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any aluminum wiring? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12) Emergency Lighting? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13) Number of Exits | _____ | _____ |
| 14) Is building inspected by Fire Dept.? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15) Number of live-in staff members | _____ | _____ |
| 16) Are you required to be licensed?
If yes, by whom? _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <hr/> | | |
| 17) Are fire drills conducted?
Frequency _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <hr/> | | |
| 18) Are evacuation procedures & floor plans posted? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19) Are bathing facilities equipped with safety features such as grab bars, non-slip surfaces, water temperature control devices, etc.? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is water temperature control set at 100 degrees maximum? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

20) If risk has cooking, please explain the extent of fire suppression system (e.g., ansul, etc.) _____

F. Activities and Supervision:

- 1) Is smoking confined to a designated area? Yes No
Are "No Smoking" signs posted? Yes No
Are rules enforced? Yes No

2) What are the procedures for medical emergencies and treatment of normal medical situations? Please explain. _____

3) Please describe intake procedures. _____

4) Please describe the types of recreational activities on premises. _____

5) Please describe the types of recreational activities off premises. _____

6) Please explain the management controls of a visitor to the premises. _____

7) Please explain in detail security features and procedures to prevent unwanted visitors to the premises. _____

Comments: _____

8) Do you ever arrange on or off premises visitation between the perpetrator of violence and the victim/client? Yes No
If yes, please explain these activities in detail. _____

9) Are any of these activities unsupervised wherein the perpetrator of violence and the victim(s) are left unattended or alone? Yes No
Comments: _____

II. **ABUSE & MOLESTATION**
(TO BE COMPLETED ONLY IF YOU OPERATE CHILD CARE FACILITY)

Total Number of Staff in Contact with Clients: _____

- 1) Are clients in your care overnight? Yes No
- 2) Are employment applications completed? Yes No
- 3) Do volunteers complete any application? Yes No

- 4) Are personal references obtained? Yes No
- 5) Are police records checked on all employees & volunteers? Yes No
 a. Is fingerprinting checked at local/state level? Yes No
 b. Is fingerprinting checked at federal levels through the FBI? Yes No
- 6) Are education records verified? Yes No
- 7) Do personnel records include this data? Yes No
- 8) Is there a new employee orientation program? Yes No
- 9) Is there a review of the state child abuse law? Yes No
- 10) Is a written policy in place addressing abuse? Yes No
- 11) Are policies and procedures reviewed with employees and volunteers? Yes No
- 12) Describe the procedures to monitor, control, or eliminate potential abuse.

- 13) Is there a procedure in place for reporting possible abuse incidents? Yes No
- 14) a. Are any services involving direct client contact subcontracted to others? Yes No
 Describe. _____

- b. Are subcontractors government licensed? Yes No
 Describe the method of screening a subcontractor. _____

- c. Are Certificates of Insurance required, naming your organization as additional insured? Yes No
 Insurance Carrier _____
 Limits of Liability _____
- 15) Are known/suspected molesters reported to authorities? Yes No
- 16) Describe any closed door counseling provided to individual clients.

- 17) Are procedures in place so that more than one employee/volunteer is present at all times when a client is in your care? Yes No
- 18) Have any claims concerning sexual abuse or misconduct been filed against the organization? Yes No
 If yes, please explain. _____
- 19) Are you aware of any occurrences which could lead to a claim concerning sexual abuse or misconduct? Yes No
 If yes, please explain. _____
- 20) Have any public authorities investigated your operation relating to sexual abuse or misconduct? Yes No
 If yes, please explain. _____
- 21) Have any parents, guardians or others alleged sexual abuse in connection with your premises or operations? Yes No
 If yes, please explain. _____

Comments. (Please comment on any other favorable aspects of the operation.)

AGENCY NAME _____

COMPLETED BY _____ DATE _____

Send to:
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