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Zurich Agency Services

Referral Agency Questionnaire

Named Insured: _____

SERVICES

CHECK TYPE OF REFERRALS

Group I	Number of Annual Referrals
<input type="checkbox"/> Home Care Attendants	_____
<input type="checkbox"/> Group Home Placement	_____
<input type="checkbox"/> Foster Care	_____
<input type="checkbox"/> Adoption	_____
<input type="checkbox"/> Physical Rehabilitation	_____
<input type="checkbox"/> Housing (emergency/temporary/permanent)	_____
<input type="checkbox"/> Legal Advice	_____
<input type="checkbox"/> Tax Preparation	_____
<input type="checkbox"/> Day Care – Latchkey	_____
<input type="checkbox"/> Medical Treatment	_____
<input type="checkbox"/> Senior Services	_____
<input type="checkbox"/> Community Mental Health	_____
<input type="checkbox"/> Other (describe)	_____

Group II	Number of Annual Referrals
Employment - Job Training	_____
Schooling – Educational Advancement	_____
Social Security Benefits	_____

OPERATIONS

1. Is the agency licensed by the state? Yes No
2. Are the service providers licensed by the state? Yes No
3. Does the entity keep a copy of the license on file? Yes No
4. Does the entity obtain current certificates of insurance

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

- for service providers? Yes No
 Are certificates up-dated annually? Yes No
 Limits of Liability required _____
5. Is the entity named as "additional insured" on service providers insurance policy? Yes No
6. Does a contractual agreement between entities provide for a hold harmless? Yes No
7. Are service providers monitored periodically? Yes No
 Explain procedure and frequency _____

8. Has entity been named as a defendant in a suit involving a subcontracted service provider? Yes No
 Explain nature of suit _____
 Paid/Reserves _____

AGENCY NAME _____

COMPLETED BY: _____ DATE: _____

SEND TO:
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