



Non-Profit Senior Independent Living Questionnaire

Name _____

Organization _____

Website address _____

If you do not have a website, attach brochure and detailed description of daily activities of organization. **Yes** **No**

FEIN _____ Is insured a non-profit?

Years in business _____ Years under current management _____

Completed by _____ Title _____

Signature _____ Date Completed _____

A. General Operations and Facilities

1. Provide all applicable information:

Payroll _____ Number of employees _____

Number of volunteers _____ Projected revenue _____

2. Clients or students in each age range: NA _____ <18 _____ 19-61 _____ 62+

3. List all accreditations:

4. Is your organization or any location operated by you licensed by any regulatory authority? **Yes** **No**

If yes,

What was the date of last inspection? _____

Were any violations or deficiencies noted in the most recent inspection(s)? _____

*Attach copies of all licenses and most recent inspection reports for each location.

5. Does your organization: **Yes** **No**

Provide adoption or foster placement services?

Provide detoxification or methadone services?

Dispense, store, or allow use of Cannabis on your property?

Provide crisis intervention services?

Employ professionals who can diagnose and prescribe medications?

Provide medical services (e.g. skilled nursing, medical treatment, etc.)?

Provide alternative medicine services (e.g. acupuncture, chiropractic, diet, etc.)?

Provide assistance with Activities of Daily Living (e.g. bathing, dressing, toileting, etc.)?

Provide services to individuals with severe mental illness (e.g. bipolar, schizophrenia, paranoia, etc.)?

Provide services to individuals with Alzheimer's or dementia?

Provide services to sexual offenders or individuals who have acted out sexually?

Provide services to individuals with suicidal or violent behavior?

Utilize chemical or physical restraint or confinement techniques?

Provide services in private residences or respite care?

Provide alternative sentencing, incarceration or lock-down programs?

A. General Operations and Facilities Continued

Yes No

Provide mentoring programs matching youth with mentors?

Advocate for political action (e.g. lobbying, petitioning, rallies, etc)?

Provide monetary lending services or handle clients' money?

Provide only referrals to other entities (no direct services provided)?

If yes to any listed above, describe type of services and number of clients:

6. Do you have any plans for renovations or new construction during the next 2 yrs?

If yes, describe:

7. Are any of your properties unoccupied, vacant, or under renovation (including partially or temporarily)?

If yes, provide address of building(s) and brief explanation:

8. Do you have any solar panels?

If yes, please advise kilowatt (kW) _____ Number of panels _____ Age of panels _____

9. Do you have any air-supported or tension supported buildings?

If yes, please advise address _____

Age of building _____ Manufacturer _____

B. Organizations in Business Less than 3 Years

Not Applicable

Complete this section if your organization has not been in business at least 3 years.

Please provide current budget including sources & amount of funding or revenue and total projected expenses for the current fiscal year:

Attach copies of business plan and executive staff résumés.

C. Management Practices

Not Applicable

1. Indicate all employee and/or volunteer screening controls utilized by your organization:

	Employees		Volunteers	
	<input type="checkbox"/> No Employees		<input type="checkbox"/> No volunteers	
	Yes	No	Yes	No
a. Signed applications and photo identification required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Personal interviews conducted, and personal references verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Minimum 5 years of employment history verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Drug testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Professional licensing/certification verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Management Practices *Continued*

2. Indicate all employee (and/or volunteer) background checks utilized by your organization:

No Background checks utilized

Employees		Volunteers	
<input type="checkbox"/> No Employees	<input type="checkbox"/> No volunteers	<input type="checkbox"/> No employees	<input type="checkbox"/> No volunteers
Yes	No	Yes	No

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Name check – state level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Name check – national level (e.g. using online vendor services) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. FBI fingerprint check regardless of time person has resided in the state | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. FBI fingerprint check if person has resided in the state less than 5 consecutive years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other – describe: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Do applications contain a notice that a criminal background check may be run on all candidates? Yes No

If yes, does application advise applicant that they may be rejected or terminated based on an unacceptable background check? Yes No

4. Are all screening controls and background clearance controls completed prior to:

- | | | |
|---|--------------------------|--------------------------|
| a. Hiring employee or accepting volunteer? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Employee or volunteer contact with client? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain any **NO** responses _____

5. How long do you retain incident reports for injuries and documentation of actions taken?

Number of years _____ Permanently

D. Independent Living – Residential

Not Applicable Yes No

1. Do you offer Individual Units? Yes No

a. What is your unit vacancy rate? _____

b. If greater than 15%, please explain _____

c. Annual unit turnover rate? _____

d. Total number of Single Room Occupancy (SRO) units _____

e. Are there signs posted at all external entrances and exits advising no solicitation? Yes No

2. Do you have a risk manager on staff? Yes No

3. Do you prohibit acceptance of residents who have been convicted of a violent or sexual crime? Yes No

4. Please indicate the security measures that are regularly in place at your location(s)?

Security Lights Security Cameras Surveillance Cameras Emergency drills

5. Do you have security guards for regular operations? Yes No

a. **If yes**, is security provided by: Employees Volunteers On-Duty Police Off-Duty

Police Contracted Third Party **If contracted, provide copy of contract.*

b. Is security: Unarmed Armed

c. Describe security _____

D. Independent Living – Residential *Continued*

	Yes	No
6. Are firearms or any other weapons permitted on premises <i>(by employees, volunteers, residents, etc.)</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
If no , are signs posted at entrances to inform visitors of the no firearms allowed policy?	<input type="checkbox"/>	<input type="checkbox"/>
<i>*Provide copy of policy/procedures.</i>		
7. Do you permit animals <i>(i.e. pets)</i> to be on premises?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please describe controls/procedures _____		
8. Is the property located in an area prone to brush or wildfires?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please describe risk management controls in place to reduce burn exposure?		
9. Is use of grills or fire-pits on patios or balconies prohibited?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is smoking indoors prohibited?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is use of portable heaters in any buildings prohibited?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are all sleeping areas on the first floor?	<input type="checkbox"/>	<input type="checkbox"/>
Are all residents who rely on the assistance of a wheelchair, walker or cane on the first floor?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all sleeping areas equipped with:		
<input type="checkbox"/> Sprinklers: Are all sprinkler heads either recessed or protected by sprinkler head guards?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Smoke detectors: <input type="checkbox"/> Battery operated <input type="checkbox"/> hard wired <input type="checkbox"/> hard wired with battery back-up		
<input type="checkbox"/> Carbon monoxide detectors: <input type="checkbox"/> Battery operated <input type="checkbox"/> hard wired <input type="checkbox"/> hard wired with battery back-up		
14. Are pull cords present?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , how is system monitored? _____		
15. Regarding inspections,		
a. Are daily site inspections done by the property manager with written documentation of the inspection?	<input type="checkbox"/>	<input type="checkbox"/>
b. How often are unit inspections completed? _____		
c. Is it required that all tenant complaints and requests be written and signed by the tenant?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is it required that the tenant sign off on completed work orders, indicating that repairs were to the tenant's satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>
e. How long are records kept regarding complaints and inspections? _____		
f. If subject to HUD inspection, provide a copy of REAC report. <input type="checkbox"/> Not Applicable		
If subject to REAC scores, please describe any deficiencies noted during the most recent inspection and what actions have been taken to remedy.		
16. Regarding Electrical Systems,		
a. Is your electrical panel or circuit breaker manufactured by Zinsco or Federal Pacific Stab-Lok?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does your facility have aluminum wiring or knob and tube wiring?	<input type="checkbox"/>	<input type="checkbox"/>
17. Regarding the Fire Alarm System,		
a. In the last 5 years, has the system been in a trouble status, supervisory status, or out of service for more than 5 days?	<input type="checkbox"/>	<input type="checkbox"/>

D. Independent Living – Residential *Continued*

Yes No

If yes, please provide details _____

b. Is the fire alarm system inspected annually? Yes No

ii. Were any deficiencies noted on the most recent report? Yes No

iii. **If yes**, were all deficiencies corrected? Yes No

c. Is the fire alarm system a currently manufactured system? Yes No

d. Is the system monitored by a 3rd party/central station monitoring service? Yes No

If no, how is the system monitored?

24-hour onsite security Local FD monitoring Other _____

18. Regarding Fire Suppression,

a. Approximate Fire Sprinklers installation date (if not installed at initial construction) _____

b. Have the fire sprinklers ever been updated from original installation? Yes No

c. Does any part of the sprinkler system use PVC piping or subject to NFPA 13R? Yes No

d. Have all sprinkler heads been verified as not needing replacement due to age or condition? Yes No

e. If the sprinkler system was installed prior to current earthquake code, has the system been retrofitted? Yes No

f. Date of last 5 year inspection? _____

i. Were any deficiencies noted on the report? Yes No

ii. **If yes**, please note deficiencies and when they were corrected _____

g. Date of last annual inspection? _____

i. Were any deficiencies noted on the report? Yes No

ii. **If yes**, please note deficiencies and when they were corrected _____

h. Is the sprinkler system monitored by the building fire alarm? Yes No

i. Are fire extinguishers provided in common areas per NFPA 10 guidelines? Yes No

j. Are fire extinguishers provided in tenant rooms? Yes No

19. Regarding Elevators,

a. Does the elevator comply with local, state, and federal safety codes? Yes No

b. Is the current inspection certificate on display in the elevator? Yes No

c. In the last 5 years, have the elevators been offline or non-functioning for greater than 24 hours? Yes No

i. **If yes**, please give details including total amount of down time _____

ii. Were other elevators available to provide access to all elevator service areas? Yes No

d. Is the system inspected annually by a service company? Yes No

e. Were any deficiencies noted on the most recent report? Yes No

If yes, please note deficiencies and when they were corrected _____

20. Regarding HVAC,

a. Is your HVAC system serviced by a third-party contractor? Yes No

If yes, how often? Quarterly Semi-annual Annual

Other _____

D. Independent Living – Residential *Continued*

Yes No

a. Do you require a signed waiver, including a hold harmless agreement, be signed annually by each member?

If yes, has an attorney reviewed the waiver on your behalf?

**Please provide a copy of the waiver.*

b. How often do you inspect the fitness center equipment? _____

c. Do you maintain an inspection log to document inspections?

25. Does your organization have any outdoor playground equipment?

If yes,

a. Was all equipment commercially manufactured?

b. Was all equipment installed by an insured contractor?

c. Does all equipment have signage indicating recommended age for safe use?

d. Is the equipment gated including a self-closing mechanism?

e. How frequently is the equipment inspected for safety? _____

f. Please indicate the surface installed under the playground equipment _____

If loose-fill material, is it regularly monitored for correct depth and replenished as needed?

g. Would you like property coverage for any paved surfaces, outdoor property or equipment?

If yes, describe type of property or equipment, the location and the value below. If additional space is required, provide an attachment or list on the Acord Property application.

26. Do you own, lease, or operate any swimming pools? *(If yes, please complete pool supplement)*

E. Abuse/Molestation Liability

Not Applicable **Yes No**

1. Are you aware of any situations, occurrences, or allegations of abuse that could lead to an abuse claim being made your organization *(or any individual covered by this policy)*?

If yes, explain _____

2. How long do you retain reports of allegations of abuse and the actions taken?

Number of years _____ Permanently

3. Does your organization have written abuse policies?

If yes, do your policies and procedures:

a. Communicate a zero-tolerance approach to inappropriate behaviors?

b. Define appropriate and inappropriate behavior and contact?

c. Communicate the organization will investigate and cooperate with law enforcement?

4. Does your organization enforce the 3-person rule *(require at least 2 employees or volunteers to be with clients at all times)*, prohibiting all employees and volunteers from being alone with residents, including during unit repairs or transportation?

If no, explain _____

E. Abuse/Molestation Liability *Continued*

Yes No

5. How does your organization monitor client areas?

- Closed circuit monitors
 Staff tours
 Office windows
 Open doors
 Surveillance Cameras
 Other _____
 Not applicable

6. Do you offer any youth programs?

If yes, please describe the program and the number of youth _____

7. Do you conduct regular sex offender registry screening on all employees and volunteers?

If yes, do you collect signed acknowledgements that advise the applicant that the individual may be rejected or terminated if a sex offender match occurs?

F. Professional Liability

Not Applicable

1. List number of employees (*full or part-time*), volunteers and contractors by position:

Check if organization has no degreed professionals.

Name of Position	Employees	Volunteers	Contractors
Religious Professionals			
Teachers, daycare workers			
Health care or Mental health professionals			
Medical Doctor, Dentist, Psychiatrist, Nurse Practitioner			
Nurse, Physician Assistant,			
Professional Interns or Students under your supervision			
Other degreed professionals (Describe degree level and position):			

Please describe the responsibilities of any medical staff:

2. Of the employees, volunteers and contractors listed above, do any carry their own professional liability insurance?

If yes, are procedures in place to verify current insurance is maintained at all times?

3. Do you maintain copies of licenses and/or certifications for all employed, volunteer and contracted professionals who are required to be licensed and/or certified?

If yes, are procedures in place to verify current licenses and/or certifications are maintained?

4. Has any organization employee ever been reprimanded, refused admission or suspended by any association or administrative agency?

5. Has your organization's professional license ever been suspended, revoked or made conditional by any association, administrative or regulatory agency?

6. Have there been any allegations of negligence or failure to comply with any regulatory or licensing guidelines within the past 5 years?

7. Is your organization aware of any situations or circumstances in the last five years (*including lawsuits*) that may result in a professional claim made against your organization or any individual covered by this policy?

If yes, please provide details:

G. Automobile Coverage

Not Applicable Yes No

1. Are all autos submitted for coverage titled to the organization? Yes No

If no, describe which autos are not titled to the organization and list the titled owner:

2. Please indicate the types of vehicles used by your organization (*select all applicable*) Owned Long-term Leased

3. Do you provide transportation to residents or others? Yes No

If yes, describe services _____

a. Do you own or utilize 12-15 seat passenger vans? Yes No

b. Are strict routes and timetables enforced? Yes No

c. When transporting passengers younger than 18 years of age, are 2 adults present? Yes No

d. Are you following all applicable state and federal licensing laws? Yes No

e. Do you maintain driver files on CDL licensed drivers? Yes No

f. Do any autos have wheelchair lifts? Yes No

g. Do you contract with a third-party bus contractor to transport clients? Yes No

i. Do you require a certificate of insurance from the bus contractor? Yes No

ii. Is your organization named as an additional insured on the bus contractor's insurance policy? Yes No

iii. Does the contract contain hold harmless and/or indemnification wording in your organization's favor? Yes No

4. Do you lease or loan your vehicles out to other entities? Yes No

5. Does management have and enforce a written policy restricting use of electronic devices (*including cellphones, smart phone technology*) while driving (*including employees or volunteers that drive their own vehicles for business use*)? Yes No

6. Do you have a distracted driver policy in place (*including employees or volunteers that drive their own vehicles for business use*)? Yes No

If yes, how is it enforced _____

7. Does your organization spend more than \$2,500 on vehicle rentals per year? Not Applicable Yes No

If yes, annual cost \$ _____

Are the vehicles leased with a driver (*chartered*)? Yes No

Please describe the types of vehicles:

8. Provide the total number of employees, volunteers, and contractors using their personal auto for your business needs:

a. Indicate type of usage (*select all that apply and provide description*):

Errands. Daily or Weekly; Average Number of trips per week _____

Delivery of meals or property.
 Daily or Weekly; Average Number of trips per week _____

G. Automobile Coverage Continued

Transportation of others.

Daily or Weekly; Average Number of trips per week _____ **Yes** **No**

b. Does your organization require proof of personal auto insurance annually?

c. Does your organization require at least 100,000 personal auto policy limits?

9. Do you run Motor Vehicle Reports (MVRs) at the time of hire and annually, for all drivers *(including drivers of non-owned autos, employees and volunteers)*?

10. Regarding MVR acceptability, does your organization restrict/suspend driver eligibility if:

a. Driver has more than 2 moving violations/accidents within past three years?

b. Driver has a major violation in last 5 years *(driving while intoxicated, reckless driving, leaving the scene, etc.)*?

c. Driver has a suspended, expired, or revoked license?

11. Do you have a dedicated risk manager for your auto fleet?

Name _____ Title _____

Email _____ Phone _____

12. Do you utilize telematics?

If yes, on how many vehicles _____

Who is your telematics provider? _____

What types of telematics programs are you using?

Data Sensors Integrated GPS Navigation Wireless Mobile Devices

Other _____

H. Special Events *(including sponsored or co-sponsored events or fundraisers)*

Not Applicable **Yes** **No**

1. Total number of events _____

2. Do you work with local authorities for threat assessment prior to the event?

3. Complete chart below for each event. **If additional space is required, provide information on an attachment.**

Provide the following information:	EVENT 1		EVENT 2		EVENT 3	
Name of event						
Date, time and location of event						
Total estimated attendance						
Gross sales from admissions	\$ _____		\$ _____		\$ _____	
Gross sales from food or non-alcoholic beverage	\$ _____		\$ _____		\$ _____	
Gross sales from alcohol	\$ _____		\$ _____		\$ _____	
Annual event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any claim or incident ever arisen out of this event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency medical personnel present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security personnel present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities at event <i>(use all applicable activity codes from list below)</i>						

H. Special Events Continued

Activity Codes (for use above)		
A. Golf outing	F. Fashion or Art Show	K. Fireworks sales or show
B. Wine tasting	G. Bingo or Poker	L. Haunted house or trail
C. Dinner, gala or picnic	H. Aircraft (motorized or not)	M. Inflatable devices
D. Auction	I. Animals	N. Other – describe in space below
E. House or garden tour	J. Athletic participation	O. Describe _____

4. Describe all concerts (music types) and event venues **Not Applicable**

5. Describe all amusement devices and controls in place **Not Applicable**

6. Describe all motorized vehicles or motorized equipment **Not Applicable**

7. Provide parade details, **Not Applicable**

Level of activity: Participation Only Sponsor or Co-Sponsor

a. Number of: floats _____ horses _____ participants _____	Yes	No
b. Do you require certificates of insurance, with \$1,000,000 liability limits from all participants?	<input type="checkbox"/>	<input type="checkbox"/>

8. Are any of the event activities provided by a third party? **Yes** **No**

If yes,

a. Do you require a certificate of insurance from the third party?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are any of the activities under contract with the third party?	<input type="checkbox"/>	<input type="checkbox"/>

9. Liquor or Alcohol Served or Sold **Not Applicable**

Gross annual alcohol sales: \$ _____

Type of alcohol? Beer only Beer and wine only Beer, wine and/or liquor

Type of license you have for sale of alcohol:

Permit for event only Annual liquor license Alcohol served by third party

Is any employee or volunteer of your organization responsible for serving alcohol? **Yes** **No**

What alcohol dispensing controls are in place? Formal server training (TIPS, TAPS, etc.)

Limited # of drink tickets (provide # allotted _____) ID check prior to admission

Wrist bands identifying >21 ID checked at purchase

I. Facility Rental (Complete if you rent your premises to others)

Not Applicable **Yes** **No**

1. Number of times a year your premises is rented, either for a fee or at no cost? _____		
Square footage of premises that is rented? _____		
2. Are all renters required to sign written rental contract?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Does your rental agreement contain “hold harmless” clause in your favor?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does your contract require you to be named as Additional Insured on the renter’s policy?	<input type="checkbox"/>	<input type="checkbox"/>

I. Facility Rental *Continued*

	Yes	No
c. Does agreement make the renter responsible for security during rental period?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you require all third parties to provide certificates of insurance with limits of at least \$1,000,000?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you permit renters to sell, serve or furnish alcohol on premises?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Do you require controls for this exposure in your rental contract terms (<i>training for servers, COI from caterer, etc.</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you maintain a list of acceptable caterers and/or bar services?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a staff member on site and available for questions during rental?	<input type="checkbox"/>	<input type="checkbox"/>

J. Data Compromise

Not Applicable **Yes** **No**

1. Does your organization accept electronic payments/donations or electronically store employee and volunteer Personally Identifiable Information?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your organization suffered a breach of personal information in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain.		
3. Do you post your document retention and destruction policy?	<input type="checkbox"/>	<input type="checkbox"/>
If no, please explain.		
4. Do you maintain regularly updated computer security measures? (<i>e.g. fire wall, secured wireless connectivity, virus protection</i>)	<input type="checkbox"/>	<input type="checkbox"/>
If no, please explain.		
5. Are your employee, customer, and other physical records maintained in a secured environment with limited access?	<input type="checkbox"/>	<input type="checkbox"/>
If no, please explain.		

K. Media Exposures (*Service brochures, Websites, Social Media, etc.*)

Not Applicable **Yes** **No**

1. Does your organization create your own advertising, brochures, pamphlets, websites or other materials using photographs taken by you or someone in your organization?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your organization sell music or printed materials created, published or produced by someone within your organization?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your organization air television, radio or internet broadcast segments (<i>podcasts/blogs/etc.</i>), public service announcements (PSAs) or shows?	<input type="checkbox"/>	<input type="checkbox"/>

K. Media Exposures *Continued***Yes No****4. If yes to 1, 2, or 3 above,**

a. Do you always obtain written waivers that specifically release your organization from all liability arising from Personal or Advertising Injury, prior to using the likeness of others (*e.g. pictures*) or prior to using the work product of others? Yes No

b. Frequency of broadcast segments: N/A Daily Weekly Monthly Infrequently

c. Describe all media created, produced or published by your organization:

d. Do you contract with a third party for creation or legal review of any materials? Yes No

If yes, describe materials subject to review and type of review:

e. Does your organization carry any type of media liability insurance (*broadcasters' liability, publishers' liability etc.*)? Yes No

If yes, attach a copy of the declarations page.