

Name Insured: \_\_\_\_\_

Sheltered Workshop Location Address: \_\_\_\_\_

**I. Sheltered Workshop Operations**

1. Describe type of work and/or services performed by your clients: \_\_\_\_\_

2. Are any new activities being contemplated?  Yes  No

If "Yes", describe contemplated activities: \_\_\_\_\_

3.	List products you produce or services you perform:	How long have you been doing each?

4. Describe the training and supervision of your clients: \_\_\_\_\_

5. Are your clients covered by workers' compensation insurance?  Yes  No

**II. Sheltered Workshop Facility**

1. Do your clients work with power equipment?  Yes  No

If "Yes", list the type of power equipment used: \_\_\_\_\_

2. Is spray painting performed?  Yes  No

If "Yes" is painting done in a U.L. approved spray booth?  Yes  No

3. Are chemicals used?  Yes  No

If "Yes", describe chemical storage practices and dirty rag controls: \_\_\_\_\_

4. Are clients required to wear eye protection?  Yes  No

5. Do you have eye wash stations?  Yes  No

6. Do your operations include woodworking?  Yes  No

If "Yes", describe the dust collection system: \_\_\_\_\_

7. Do your operations create any hazardous wastes?  Yes  No  
 If "Yes", what types? \_\_\_\_\_  
 Do you contract with someone to dispose of the hazardous waste?  Yes  No
8. Indicate type(s) of fire protection provided:  Pull Stations  Automatic Sprinklers  
 Smoking Controls  Extinguishers  Other, describe: \_\_\_\_\_
9. Is any work sub-contracted to others?  Yes  No  
 List the work or services subcontracted: \_\_\_\_\_
10. Does your nonprofit require that subcontractors provide:  
 ▪ certificates of general liability insurance that name it as an additional insured?  Yes  No  
 ▪ certificates of workers compensation insurance that name it as an additional insured?  Yes  No

### III. Job Enclaves

1. Do you have job enclaves at workplaces owned and operated by others?  Yes  No  
 If "Yes", what is the maximum number of clients at any one workplace? \_\_\_\_\_  
 How many job coaches or supervisors do you provide at each workplace? \_\_\_\_\_
- 2.
- | List each workplace and the type of business: | List your clients' job duties at each workplace: |
|---|--|
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3. Do you require the workplaces to be well run with good employment practices?  Yes  No
4. Are the clients paid by:  Your non-profit  The owners of the clients' workplace
5. Are the coaches paid by:  Your non-profit  The owners of the clients' workplace
6. Who provides the workers compensation insurance for the:  
 ▪ clients?  Your non-profit  The owners of the clients' workplace  
 ▪ coaches?  Your non-profit  The owners of the clients' workplace



# Sheltered Workshop or Job Enclave (Supplement to ACORD 125-S)

## FRAUD STATEMENT

Please read the statement applicable to your state and the final statement. Then sign, date and return with your application.

- CALIFORNIA:** In addition, any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.
- COLORADO:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- DISTRICT OF COLUMBIA:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- MASSACHUSETTS: NOTICE:** If you or someone else on your behalf gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.
- MICHIGAN:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.
- MINNESOTA:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.
- OHIO:** ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.
- OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.
- PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.
- RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.* DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?  YES  NO
- UTAH:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."
- VIRGINIA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- WISCONSIN:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

12/03 \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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