

QUESTIONNAIRE THREE

(Applicant must complete all applicable Questionnaires)



REGULATORY AND CLAIMS ACTIVITY QUESTIONNAIRE

(Attachment to NIF Social Services Agencies Application)

Applicant must complete a separate Questionnaire for each Regulatory Matter or Claim.

Name of Applicant: _____

A. Regulatory Matters

Which Regulatory Agency/ Body made inquiries or initiated proceedings against the Applicant?

Type of proceeding initiated _____

Date of alleged error/incident/omission: _____ Date first noticed to you? _____ Date Reported? _____

To what Insurance Company did you report this Matter? _____

Description of the alleged actions/omissions giving rise to the Regulatory Matter: (Provide enough information to allow evaluation and attach a separate page if additional space is required.)

Present Status of the Regulatory Matter (Check One):

Pending Regulatory Matter

Closed Regulatory Matter

If a Closed Regulatory Matter:

Total damages paid including Claim Expenses, Deductible, Settlement Costs, Fines and Penalties:
\$ _____

Fines or Penalties Assessed

If fines and penalties assessed describe the reasons for fines and penalties.

Injunctive Relief Ordered

If injunctive relief ordered describe the nature of the injunctive relief ordered.

Out of court settlement with the Regulator/Agency

If a Pending Regulatory Matter:

Amount demanded/requested by Regulatory Body \$ _____

Total incurred Claims Expenses to date? \$ _____

Injunctive Relief sought by Regulatory Body

Yes No

If Yes, provide complete description of injunctive relief sought.

Has the Applicant changed any policies or procedures as a result of this Regulatory Matter that will reduce the possibility of a similar occurrence in the future?

Yes No

If Yes, provide details of any changes made:

B. Claim Activity

Name of Individual(s) Insureds involved in the Claim: _____

Name of Entity Insureds involved in the Claim: _____

Additional Defendants: _____

Full name of Claimant: _____

Date of alleged error/incident/omission: _____ Date first noticed to you? _____ Date Reported? _____

To what Insurance Company did you report this claim or incident? _____

Description of the alleged actions/omissions giving rise to the Claim: (Provide enough information to allow evaluation and attach a separate page if additional space is required.)

Present Status of Claim (Check One): In Suit Open Incident Closed

IF CLOSED:

Total damages paid including Claim Expenses, Deductible, Settlement Costs, Fines or Penalties:
\$ _____

Indicate whether: Court Judgment or Out of court settlement.

IF PENDING:

Amount asked in Summons: \$ _____

Claimant's settlement demand: \$ _____

Defendant's offer for settlement: \$ _____

Insurer's loss reserve:* \$ _____

Deductible: \$ _____

Are any individual insureds noted above currently working for Applicant?

Yes No

Has the Applicant changed policies or procedures as a result of this Claim that will reduce the possibility of a similar occurrence in the future?

Yes No

If Yes, please describe any changes made:

Date: _____

Signature: _____

(Must be signed by Applicant: Owner/President/CEO/or Executive Director)

Title: _____