

## Basic Form Risk Assessment

Please Fill Out and Submit to [dlaw@libertycompany.com](mailto:dlaw@libertycompany.com)

Basic Information					
Business Name					
Mailing Address					
Website Address					
When Was the Business Started					
FEIN #		Type of Business (LLC, Corp, Partnership, etc.)			
Contact Phone #		CalABA Member	Yes	No	
Contact Email Address		BHCOE Accredited	Yes	No	
		BALC Member	Yes	No	

General Business Information			
Estimated Annual Revenue	\$	Estimated Annual Payroll	\$
Total Number of Clients		Total Number of Employees	

Training Information							
De-Escalation Training Provided	YES	NO	Provider Name				
Formal Training Provided to Staff	YES	NO	Employee Handbook	YES	NO		
Abuse Prevention Program	YES	NO	Parent Required	YES	NO		

### ABA Program Information

Do you provide any of the following Behavioral Health Services?

Autism		Depression		Personality Disorders		Home Based	
Daycare		Family Therapy		Post-Traumatic Stress		Private School	
Crisis Stabilization		Parent Training		Public Clinic		Public School	

Please provide the number of the age of clients served:

Client	Number	Client	Number
Children (1-5 yrs.)		Children (6-12 yrs.)	
Teenagers		Adults	

Please provide the percentage of clients served in the following areas:

Area	Percentage	Area	Percentage
Home-Based	%	Public/Private School	%
Community Center	%	Clinic/Other	%

For Home-Based Programs, does your intake process involve questions on the following:

Physical Inspection	Weapons/Guns	Parking Information	General Safety	
Siblings in the Home	Overall Housekeeping	Dogs/Pets	Other: Specify	
Family in the Home	Unique Characteristics	Access Information		

## Basic Form Risk Assessment {Cont.}

Employment Information							
Motor Vehicle Records Checked	YES		NO		Criminal Background Check	YES	NO
Personal Auto Insurance Req.	YES		NO		Sexual Abuse Registry Check	YES	NO
Driver Safety Program	YES		NO		Reference/Work History Check	YES	NO

Please indicate number of staff:

Position	Employee		Contractor	
	F/T	P/T	F/T	P/T
Behavioral Therapist				
Board Certified Behavior Analyst				
Psychiatrist				
Psychologist				
Therapist – Physical/Occupational				
Social Worker – Bachelors (BSW)				
Social Worker – Masters (MSW)				
Teacher/Tutor/Aide				
Other (Specify)				

Abuse/Molestation			
Written procedures for dealing with physical and sexual abuse?	YES		NO
Supervision plan that monitors staff in day-to-day relationships with clients?	YES		NO
Procedures in place to avoid one-on-one situations with clients?	YES		NO
Documented staff training on recognizing and reporting physical/sexual abuse?	YES		NO

### Property

If you have a physical location for which you need coverage, please complete the following:

Physical Address			
Approximate Square Footage		Leased or Owned	
Fire Sprinklers (Y/N)		Alarm System (Y/N)	Number of Stories
Approximate Age of Building		Type of Construction (Wood Frame, Concrete, Etc.)	
Value of any Business Property to Insure (BPP) *			
Value of Building to Insure (if necessary) *			

\*Replacement Cost Valuation

## Basic Form Risk Assessment {Cont.}

### Current Insurance Information

#### General Liability

Insurer/Company	Limits of Insurance	Expiration Date	Annual Premium
Any claims in the past 5 years?	YES	NO	
If yes, explain:			

#### Automobile Liability

Insurer/Company	Limits of Insurance	Expiration Date	Annual Premium
Any claims in the past 5 years?	YES	NO	
If yes, explain:			

#### Professional Liability

Insurer/Company	Limits of Insurance	Expiration Date	Annual Premium
Any claims in the past 5 years?	YES	NO	
If yes, explain:			

#### Abuse/Molestation

Insurer/Company	Limits of Insurance	Expiration Date	Annual Premium
Any claims in the past 5 years?	YES	NO	
If yes, explain:			

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_