

**OUTPATIENT FACILITIES**  
**SUPPLEMENTAL APPLICATION**

Complete this application once for all locations. Use schedule supplement for multi-location risks. Note any exceptions for multi-location risks to this underwriting information at end of supplement.

Applicant: \_\_\_\_\_

Number of Locations: \_\_\_\_\_ (If more than one location, use schedule supplement)

If only one location, name and location of this facility: \_\_\_\_\_

Square feet at this location: \_\_\_\_\_ ft

(Outpatient Visits (OPV) are determined by taking the number of Clients, times the number of times that they visit the facility)

			# Clients				# Clients
Mental Health Counseling	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Special School	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Family Counseling	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Senior Citizen Daycare	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Referral Agency	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Foster Care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Employee Assistance Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Adoptions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Substance Abuse Counseling	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Treatment of violent or sex offenders	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Public Health Clinics	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Alternative Incarceration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Medical Clinics	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Child Placement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

1. Attach brochure or provide full description of programs and services offered: \_\_\_\_\_

2. a. Number of Group Sessions: \_\_\_\_\_  
 b. Number of Individual Sessions: \_\_\_\_\_  
 c. Total number of contacts made in both: \_\_\_\_\_

3. Does the applicant conduct a methadone maintenance program?  Yes  No  
 If Yes, number of client contacts annually: \_\_\_\_\_

4. Does the applicant operate a crisis hotline?  Yes  No  
 How many calls received yearly? \_\_\_\_\_

5. Does the applicant make telephone referrals?  Yes  No  
 If Yes, how many? \_\_\_\_\_

6. Are there any residential treatment facilities?  Yes  No  
 If Yes, complete Residential Facility Supplement

7. Describe all recreational facilities: \_\_\_\_\_

8. Do you own, operate or sponsor a camping facility?  Yes  No  
 Number of campers: \_\_\_\_\_ Number of days in operation: \_\_\_\_\_

9. Are there any exceptions to this underwriting information at any location?  Yes  No  
 Of yes, explain \_\_\_\_\_

Signature of Applicant:	Date:
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