

**Multifamily Affordable Housing
Insurance Program (MAHIP)**
Wells Fargo Insurance Services



Please e-mail your completed application to MAHIP@wellsfargo.com, or fax completed application to 206-892-9201.

General Information	
First Named Insured <input type="text"/>	Years of Operation <input type="text"/>
Other Named Insured <input type="text"/>	Description of Operation <input type="text"/>
Address <input type="text"/>	Insured is a <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit
City <input type="text"/>	State <input type="text"/> ZIP <input type="text"/>
State of Incorporation <input type="text"/>	Is insured a NAHMA member <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Website <input type="text"/>	If yes, please note AHMA Chapter <input type="text"/>

Affordable Housing	
Describe the insured's funding <input type="text"/>	Annual Budget <input type="text"/>
Are the insured's facilities licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any license ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any claims that alleged negligence or failure to comply with any regulatory guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain: <input type="text"/>	
List all association memberships or affiliations: <input type="text"/>	

Property	
Current Carrier <input type="text"/>	Current Premium <input type="text"/>
Effective Date <input type="text"/>	Expiration Date <input type="text"/>
Have there been any property losses in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details including description of loss, date of loss and the total incurred of the claim(s). Alternatively, you may provide a five-year Loss History Report (Loss Run) with your application. Loss History information can be obtained from your insurance agent or broker.	
Comments <input type="text"/>	

Required Supplement Checklist	
<input type="checkbox"/> Statement of Values (SOV)	<input type="checkbox"/> Last five years of Loss History <input type="checkbox"/> Copy of my current Property policy
<i>You may submit your own SOV, however, we suggest that you contact us for a copy of our SOV template before final submission to be sure all required information has been provided.</i>	

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General Liability		
Current Carrier	<input type="text"/>	Current Premium <input type="text"/>
Effective Date	<input type="text"/>	Expiration Date <input type="text"/>
	Past 12 Months	Projected Next 12 Months
Revenue	<input type="text"/>	<input type="text"/>
Staff Payroll	<input type="text"/>	<input type="text"/>
Contracted Payroll <small>subcontractors are not covered unless added by endorsement</small>	<input type="text"/>	<input type="text"/>
Does the applicant contemplate any construction activity in the next year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sexual Misconduct <input type="checkbox"/> Please click here if this section does not apply.		
Current Limits <input type="text"/>		
What is the age group of clients? <input type="text"/>		
What is the ratio of staff to clients? <input type="text"/>		
Is there more than one person responsible for the welfare of any single client?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe: <input type="text"/>		
Are there rules or guidelines prohibiting closed door one-on-one meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, describe why unnecessary: <input type="text"/>		
Are there written complaint procedures in place and are the procedures displayed prominently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, describe why unnecessary: <input type="text"/>		
Do you have written formal hiring procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Please provide us with a copy of your formal hiring procedures with you application.</i>		
How are employees screened? <input type="text"/>		
Are at least three references secured on all prospective employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are prospective employees checked with Child Abuse Register and with law enforcement agencies for criminal records?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please describe steps taken to ensure that these individuals are suited for job responsibilities: <input type="text"/>		
Has any current employee refused to be fingerprinted and checked with law enforcement agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Do all employees meet the minimum mandated educational or professional experience level for the position assigned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do volunteers work directly with clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
<input type="text"/>	
Have any employees been the subject of a child abuse/neglect investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what were the results of the investigation?	
<input type="text"/>	
For residential risks, what steps are taken to ensure that client-to-client contact is avoided (i.e., separating male from female sleeping quarters)?	
<input type="text"/>	
Are children of different age groups housed together?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, please describe:	
<input type="text"/>	
Are children left alone without any adult supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
List situations where an employee or volunteer has direct contact with clients in an unsupervised situation without oversight of another staff member:	
<input type="text"/>	
Is any counseling conducted off premises (i.e. clients' or counselors' homes)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by whom and what type of clients:	
<input type="text"/>	
Is any counseling provided after normal business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
<input type="text"/>	
What is your procedure on how allegations of abuse are handled?	
<input type="text"/>	
What is your written documentation procedure on how allegations of abuse are handled?	
<input type="text"/>	
Are accused employees removed from client care responsibilities pending an outcome of investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please describe:	
<input type="text"/>	
What procedures have been instituted to prevent reoccurrences of previous events?	
<input type="text"/>	

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Swimming Pools <input type="checkbox"/> Please click here if this section does not apply.	
Does the applicant have swimming facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many? <input type="text"/>	
If no, does the applicant anticipate adding swimming facilities in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are pools used exclusively for clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain: <input type="text"/>	
Minimum age allowed in water <input type="text"/>	Does the pool have a diving board? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the pool have a slide? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are pool depths marked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the pool area fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a self-locking gate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is supervision adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are lifeguards on duty at all times when clients are using the pools? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are all lifeguards certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the walking surface around the pool in good condition? <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Events Fund Raising <input type="checkbox"/> Please click here if this section does not apply.	
Total number of events expected during the year <input type="text"/>	
Description of event(s) <input type="text"/>	
Losses	
Have there been any general liability losses in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details including description of loss, date of loss and the total incurred of the claim(s). Alternatively, you may provide a five-year Loss History Report (Loss Run) with your application. Loss History information can be obtained from your insurance agent or broker.	
Comments <input type="text"/>	
Required Supplement Checklist	
<input type="checkbox"/> Formal written hiring procedures if Sexual Misconduct was selected on this application	
<input type="checkbox"/> Last five years of Loss History	
<input type="checkbox"/> Copy of my current General Liability Policy	

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Auto	
Current Carrier	Current Premium
Effective Date	Expiration Date

Vehicle Schedule (Owned / Long Term Lease) <i>You may attach your own vehicle schedule when submitting this application</i>									
Year	Make	Model	VIN	Garaging City	State	Cost New	Radius of Operation	GVW	Usage

Drivers Schedule <i>You may attach your own driver schedule when submitting this application</i>				
First Name	Last Name	Date of Birth	License Number	State

Owned/ Long Term Lease Auto Information <input type="checkbox"/> Please click here if this section does not apply.	
Are patients/clients transported in vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
List safety measures on board vehicles	Is there any first aid equipment on board? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is seat belt use mandatory? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there wheelchair lifts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there wheelchair mounts within vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any medical support equipment on board? <input type="checkbox"/> Yes <input type="checkbox"/> No
How often are vehicles used?	
Do volunteers operate owned/leased vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are all drivers covered by workers' compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are driver logs maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are any vehicles driven by handicapped personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how are vehicles driven by handicapped personnel equipped?	

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Is there a formal maintenance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who services the vehicles? <input type="text"/>	
Are there any owned or leased vehicles covered under a different policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: <input type="text"/>	
Are employees permitted to take company vehicles home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how often: <input type="text"/>	
Does the insured obtain copies of auto policies from volunteers or employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hired / Non-Owned Auto Information	
Do volunteers or employees use their personal vehicles for company use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how often: <input type="text"/>	
Any professional drivers used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any vehicles rented or leased from others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how often: <input type="text"/>	
Losses	
Have there been any general liability losses in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details including description of loss, date of loss, and the total incurred of the claim(s). Alternatively, you may provide a five-year Loss History Report (Loss Run) with your application. Loss History information can be obtained from your insurance agent or broker.	
Comments <input type="text"/>	
Required Supplement Checklist	
<input type="checkbox"/> Vehicle schedule	<input type="checkbox"/> Driver schedule
<input type="checkbox"/> Last five years of Loss History	<input type="checkbox"/> Copy of my current Auto policy
Workers' Compensation	
Current Carrier <input type="text"/>	Current Premium <input type="text"/>
Effective Date <input type="text"/>	Expiration Date <input type="text"/>

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Payroll schedule - *You may attach your own payroll schedule when submitting this application*

State	Class Code	Description of Work	Number of Employees		Historical Payroll (last 12 months)	Projected Payroll (next 12 Months)
			Part Time	Full Time		

Does applicant own, operate, or lease aircraft/watercraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
<div style="border: 1px solid black; height: 20px;"></div>	
Do you have current operations or have past/discontinued operations involved in storing, treating, discharging, applying, disposing, or transporting of hazardous material (for example, landfills, wastes, fuel tanks, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, provide detailed description of operations:	
<div style="border: 1px solid black; height: 20px;"></div>	
Do you have current operations or have past/discontinued operations been involved in work performed underground above 15 feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide detailed description of operations:	
<div style="border: 1px solid black; height: 20px;"></div>	
Do you have current operations or have past/discontinued operations been involved in work performed on barges, vessels, docks or bridges over water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide detailed description of operations:	
<div style="border: 1px solid black; height: 20px;"></div>	

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Is applicant engaged in any other type of business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide detailed description of operations:	
Does applicant have any undisputed and unpaid workers' compensation premium due from you or any commonly managed or owned enterprises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain including entity name(s) and policy number(s):	
Are sub-contractors used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give percentage of work subcontracted and provide description of operations:	
Is any work sublet without certificates of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Is a written safety program in effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any group transportation provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain services:	
Are there any employees under age 16 or over 60 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any seasonal employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any volunteers or donated labor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any employees with physical handicaps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees travel out of the state on behalf of the organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, to any above, provide detailed description of employment:	
Are athletic teams sponsored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide detailed description of athletic activities/teams sponsored:	
Are physicals required after offers of employment are made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Has any prior coverage been declined/canceled/non-renewed in the last three years (not applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

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Are employee health plans provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Is there a labor interchange with any other business/subsidiary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Do you lease employees to or from other employers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Do any employees predominantly work at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide detailed description of employment:	
Have tax liens or bankruptcy been filed within the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Is there any undisputed and unpaid workers' compensation premium due from you or any commonly managed or owned enterprises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain including entity name(s), policy number(s), and amount outstanding:	
Losses	
Have there been any workers' compensation losses in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details including description of loss, date of loss and the total incurred of the claim(s). Alternatively, you may provide a five-year Loss History Report (Loss Run) with your application. Loss History information can be obtained from your insurance agent or broker.	
Comments	
Required Supplement Checklist	
<input type="checkbox"/> Payroll Schedule	<input type="checkbox"/> Included/Excluded Employee Schedule
<input type="checkbox"/> Last five years of Loss History	<input type="checkbox"/> Copy of my current Workers' Compensation policy

Professional Liability			
Current Carrier	<input type="text"/>	Current Premium	<input type="text"/>
Effective Date	<input type="text"/>	Expiration Date	<input type="text"/>



Professional Operations	
Describe professional services provided	
Years under current management	<input type="text"/>
List all accreditations	
Is your organization or any location operated by you, licensed by any regulatory authority? <i>Copies of all licenses and most recent inspection reports should be attached when submitting this application</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
When were your facilities last inspected?	<input type="text"/>
Were any violations or deficiencies noted on your most recent inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Does your organization provide	
Adoption or foster placement services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide detailed description of services:	
Methadone or detoxification services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide detailed description of services:	
Services to sex offenders or those who have acted out sexually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide detailed description of services:	
Services to bi-polar, schizophrenic, paranoid, psychotic or severely mentally ill clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide detailed description of services:	
Services to clients that are suicidal or violent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide detailed description of services:	
Services to those with Alzheimer's or Dementia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide detailed description of services:	
Alternative sentencing, incarceration, or lock-down programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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If yes, provide detailed description of services:	
Medical services (e.g., skilled nursing, medical treatment, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide detailed description of services:	
Chemical or physical restraints, or restraint techniques on clients or students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide detailed description of services:	
Respite care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide detailed description of services:	
Commercial lending services or handle client's money?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide detailed description of services:	
Alternative or complementary medical practices (e.g. acupuncture, chiropractic, herbal remedies, hypnotherapy, healing services, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide detailed description of services:	
Catheterization, feeding tube maintenance or injection of prescribed medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide detailed description of services:	
Obstetrical/gynecological services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide detailed description of services:	
And/or prescribe medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide detailed description of services:	
Advocacy (representation of individuals in legal proceedings) or legal counsel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide detailed description of services:	
Crisis intervention (hotline, inpatient, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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If yes, provide detailed description of services:				
Counseling for those with eating disorders?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide detailed description of services:				
One-on-one or peer counseling?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide detailed description of services:				
Programs for individuals with infectious or contagious disease?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide detailed description of services:				
Only referrals to other organizations (no direct services)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
List number of employees (full or part-time), volunteers, and contractors by position below				
Name of Position	Employees		Volunteers	Contractors
	Full Time	Part Time		
Clergy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health care professionals (e.g., CNA, LPN, RN, speech therapists, occupational therapists, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Teachers, daycare workers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special education teachers, guidance counselors, vocational counselors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mental health professionals (e.g., psychologists, social workers, counselors)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student interns under your supervision	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other degreed professionals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Describe degree level and position of other degree professionals employed by your organization				
Of the employees, volunteers and contractors listed above, do any carry their own professional liability insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, are procedures in place to verify current insurance is maintained at all times?				
Do you maintain copies of licenses for all employed, volunteer and contracted professionals who are required to be licensed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are procedures in place to verify current insurance is maintained at all times?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

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Does your current insurance program provide professional liability coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does your policy provide claims made coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any organization employee ever been reprimanded, refused admission, or suspended by any association or administrative agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your organization's license ever been suspended, revoked, or made conditional by any association, administrative or regulatory agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any allegations of negligence or failure to comply with any regulatory or licensing guidelines within the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
As respects to professional liability coverage, is your organization aware of any circumstances that may result in a claim being made, or any claims or suits which have been made during the past five years against your organization or any individual to be covered by this policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please provide details including description of loss, date of loss and the total incurred of the claim(s). Alternatively, you may provide a five-year Loss History Report (Loss Run) with your application. Loss History information can be obtained from your insurance agent or broker.

Comments

Required Supplement Checklist

- Copies of all Licenses/Inspection reports or related documents
- Last five years of Loss History
- Copy of my current Professional Liability policy

Crime

Current Carrier	<input type="text"/>	Current Premium	<input type="text"/>
Effective Date	<input type="text"/>	Expiration Date	<input type="text"/>

Employee Dishonesty

Total number of employees	<input type="text"/>
Total number of volunteers	<input type="text"/>
Total number of employees that handle money, securities, or other property	<input type="text"/>
Do you expect the number of employees/volunteers to grow substantially this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please explain

Protective Controls

Is an annual audit performed by one of the following?	<input type="checkbox"/> Outside CPA	<input type="checkbox"/> Public Accountant	<input type="checkbox"/> Staff
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Will there be an audit by an officer or employee who is a C.P.A.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how often?	
<input type="text"/>	
If yes, by whom?	
Name <input type="text"/>	Title <input type="text"/>
Name <input type="text"/>	Title <input type="text"/>
Name <input type="text"/>	Title <input type="text"/>
Are audit reports given directly to the board of directors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
At what level of check amounts are countersignatures required on all checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does someone not making deposits or withdrawals reconcile the monthly bank statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is inventory (for example, computers and office equipment) monitored and tracked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is verification or review made on accounts receivables ledger by a staff member other than the person(s) normally working with such records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by whom?	
Name <input type="text"/>	Title <input type="text"/>
Name <input type="text"/>	Title <input type="text"/>
Name <input type="text"/>	Title <input type="text"/>
Do branch locations of your operation bank locally?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are duplicate copies of monthly bank statements & deposit slips sent direct to the main office by the bank?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Computer Controls	
Do you use a computer for any accounting, payroll, payment, or banking function?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the output reconciled or audited by persons who do not prepare the input or process it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Purchasing or Related Functions	
Are any employees permitted to have a financial interest in firms that supply goods or services to your organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a policy prohibiting staff from accepting gifts or favors from suppliers or clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are purchase orders used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are they pre-numbered and are copies made for accounting department staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any one person have sole authority to handle the order placement and disbursement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are suppliers' invoices matched with related purchase orders and attached to the checks for review at the time the checks are signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Are invoices cancelled or stamped "paid" after payment is made to avoid reuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have a positive system to detect payment to fictitious suppliers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please explain:

Authority of Employees

List the names, positions, and tenure of the employees authorized to do any of the following activities

	Name	Title	Tenure
Sign checks			
Handle bank deposits			
Approve payroll			
Sign checks			
Handle bank deposits			
Approve payroll			
Sign checks			
Handle bank deposits			
Approve payroll			

Losses

Have there been any crime losses during the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please provide details including description of loss, date of loss, and the total incurred of the claim(s). Alternatively, you may provide a five-year Loss History Report (Loss Run) with your application. Loss History information can be obtained from your insurance agent or broker.

What procedures have been instituted or remedial actions taken to prevent reoccurrences of these losses?

At the present time, do you suspect any dishonest activity in your operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Has your organization ever contacted authorities to investigate suspected dishonest acts by one of your employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please explain circumstance:

Required Supplement Checklist

<input type="checkbox"/> Last five years of Loss History
<input type="checkbox"/> Copy of my current Crime policy

Please e-mail your completed application to MAHIP@wellsfargo.com, or fax completed application to 206-892-9201. Please remember to attach any additional documents when sending your completed application.