

This application must be completed and signed by the applicant. Please include with the application.

- ACORD applications
- Currently valued loss reports of prior carriers (5 years minimum)
- Most current audited financial statement
- Expiring policy
- Copy of facility license

I. CORPORATE/PARENT INFORMATION

Whenever used in this Application, the term "Applicant" shall mean the organization identified in response to question 1 of section I of this Application.

1. Corporate/Parent name: _____
2. Corporate address: _____
(STREET)
3. _____
(CITY) (STATE) (ZIP)
4. Total number of facilities owned: _____
(if more than one, please fill out separate application for each additional location)
 - For-profit Not-for-profit
 - Religious affiliation Hospital affiliated
 - Partnership Corporation Individual

II. APPLICANT/FACILITY INFORMATION

5. Facility name: _____
6. Facility address: _____
(STREET)
7. _____
(CITY) (STATE) (ZIP)
8. Website address: _____
9. Federal Employer ID #: _____
10. Provider ID: _____
11. Year ownership acquired the facility: _____
12. Is facility managed by a management company? Yes No
If yes, please provide name of management company: _____

III. FACILITY LICENSURE INFORMATION

13. Has any facility had its license suspended, revoked, or placed on probation in the last 5 years? Yes No
14. Has Medicare or Medicaid Certification been revoked or suspended in the last 5 years? Yes No
15. Has any facility been the subject of federal/state fines, sanctions, or civil monetary penalty against it or any of its staff? Yes No
16. Has the facility been classified by CMS as a Special Focus Facility in the last 5 years? Yes No
- If the answer to any of the above questions is yes, please provide details on separate attachment.
17. Do any facilities participate in a State Compensation Fund (IN, LA, PA)? Yes No

IV. PRIOR CARRIER AND CLAIMS HISTORY

18. Prior carrier: _____
19. Effective date: _____
20. Expiring premium: _____
 Occurrence Claims-made
21. Claims-made retro date: _____

Missouri Applicants – Please do not answer the following question.

22. In the past 3 years, has any insurance carrier cancelled, non-renewed, or refused coverage? Yes No
- If yes, please explain: _____

V. CLAIMS

23. Is the applicant or any facility proposed for coverage aware of any fact, circumstance, incident, or loss which has occurred after the proposed retroactive date, which is not yet a claim but is likely to result in a claim that would be subject to the coverage requested? Yes No
- If yes, please explain: _____

VI. CLASSIFICATION

24. Please indicate licensure and occupancy of resident services:

Resident services	Licensure	Occupancy
Sub-acute	Total licensed beds:	Average occupancy:
Skilled care	Total licensed beds:	Average occupancy:
Intermediate care	Total licensed beds:	Average occupancy:
Assisted living	Total licensed beds:	Average occupancy:
Memory care	Total licensed beds:	Average occupancy:
Personal care	Total licensed beds:	Average occupancy:
Independent living	Total # of units:	Average occupancy:
Post-acute care	Total licensed beds:	Average occupancy:

25. Indicate the percentage of residents by age range (100%): _____ <18 _____ 18-45 _____ 46-55 _____ 56-75 _____ >75

26. Are facilities approved for Medicare? Yes No

27. Are facilities approved for Medicaid? Yes No

28. Do facilities include private pay residents? Yes No

If yes, please indicate the number of beds: _____

29. If facilities are multi-story buildings, are all non-ambulatory residents on the first floor? Yes No

30. Do any facilities operate as a managed care provider? Yes No

31. Please indicate client information and revenue of non-resident services:

Non-resident services	Client information	Revenue
Home health care (social)	Total annual visits:	Annual revenue:
Home health care (medical)	Total annual visits:	Annual revenue:
Adult day care (social)	Total number licensed:	Annual revenue:
Adult day care (medical)	Total number licensed:	Annual revenue:
Hospice	Annual number of clients:	Annual revenue:
Pharmacy <input type="radio"/> Yes <input type="radio"/> No	Open to public <input type="radio"/> Yes <input type="radio"/> No	Annual revenue:
Child day care <input type="radio"/> Yes <input type="radio"/> No	Open to the public <input type="radio"/> Yes <input type="radio"/> No average attendance: _____	Annual revenue:
PACE (Program of All-Inclusive Care for the Elderly) <input type="radio"/> Yes <input type="radio"/> No		Annual revenue:

32. Are any of the above non-resident services provided by independent contractors? Yes No

33. Please indicate possible additional exposure:

Additional exposure	Open to the public	Rating basis
Pool If yes, is full-time lifeguard on duty? <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	#
Hot tub/saunas <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	#
Community centers <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	Sq. footage:
Restaurants <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	Total revenue:
Tennis/Pickle ball courts <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	#
Exercise/Weight room <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	#

34. Please indicate behavioral health residents by age:

Behavioral health	# of residents by age		Behavioral health	# of residents by age	
	< 55	> 55		< 55	> 55
Addiction issues			Bipolar disorder		
Post-traumatic stress disorder			Developmental disabilities		
Schizophrenia			Methadone maintenance		
Traumatic brain injury			Criminal justice referred		

35. Are behavioral health residents separate from the rest of the population at all facilities? Yes No

VII. NURSING & ACTIVITIES OF DAILY LIVING SERVICES RENDERED

36. Indicate the number of current residents who receive the following types of nursing services:

Classification	# of residents	Classification	# of residents
Catheter care		Wound care	
Ostomy care		Anticoagulation monitoring	
Diabetes care (including insulin injections)		On-premises dialysis care	
Medication injections		Ventilator patient care	
Medication administration		Chemical dependency treatment	
Tube feeding therapy		Mobility (ambulating, transferring to wheelchairs, etc.)	
Continence care		Bowel and bladder management	

VIII. STAFFING

Category	1st shift				2nd shift				3rd shift			
	SNF	ALF	MC	ILF	SNF	ALF	MC	ILF	SNF	ALF	MC	ILF
RN												
LPN/LVN												
CNA												
Agency												
Pool												

37. Do facilities maintain the same staffing levels on each shift on weekends/holidays as weekdays? Yes No
 If the answer to above is no, please provide details: _____
38. Total number of employees: _____
39. Total employee turnover for prior 12 months: _____ %
40. Are background checks performed on all staff for the following items? Yes No
- Licensure type and status Yes No
 - Work history and education Yes No
 - National Criminal Records Yes No
41. Does the organization annually obtain driving records/MVRs on employees assigned to driving residents? Yes No
42. Do you verify nursing licenses upon hire and annually? Yes No
43. Is there a formal, documented assessment process to measure staff competency skills? Yes No
44. Are regularly scheduled in-service education programs available for all staff/employees? Yes No

IX. ADMINISTRATION

45. Name of administrator: _____
 License number: _____
 State: _____
 Year started as administrator: _____
 Year started at this facility: _____
 Full-time at this facility: Yes No
46. Name of Director of Nursing (DON): _____
 Professional credentials: RN LPN
 Year started as DON: _____
 Year started at this facility: _____

X. VOLUNTEERS

47. What is the total number of volunteers? _____
48. Is there a formal screening and orientation process for volunteers? Yes No
49. Are background checks performed on volunteers? Yes No

XI. EMPLOYEES/CONSULTANTS/INDEPENDENT CONTRACTORS & SERVICES

50. Please indicate services provided by the following:

Services	Total employed	Total contracted employees	Required limits of insurance
Physicians			
Nursing			
Wound care			
Pharmaceutical			
Physical therapy			
Occupational therapy			
Speech therapy			
Dietary			
X-Ray			
Medical records			
Laboratory			
Social services			
Transport/Ridesharing			
Barber/Beautician			
Food			
Laundry			
Other: _____			

51. Are facilities included as an Additional Insured on these policies? Yes No

XII. RISK ASSESSMENTS

52. Are nursing assessment protocols in place and completed according to state/federal regulations to identify residents at risk for:
- Elopement Yes No
 - Falls Yes No
 - Cognitive impairment Yes No
 - Nutritional deficiency Yes No
 - Skin integrity Yes No
53. Are risk assessments done prior to admission of residents? Yes No
54. How often are residents monitored during the first 72 hours after admissions?
- Hourly Daily As needed

XIII. RESIDENT ABUSE/SEXUAL ABUSE & MOLESTATION

55. Do all employees and volunteers undergo a comprehensive background check including the following?
- Social Security Number Yes No
 - Residency information Yes No
 - Present and previous work history Yes No
 - State/County criminal search Yes No
56. Does resident assessment include cross check of National Sex Offender Registry prior to admission? Yes No
57. Do facilities have a written Resident Abuse and Sexual Abuse Policy? Yes No
58. Do facilities have a Resident Abuse and Sexual Abuse Policy that is reviewed annually with each employee/volunteer? Yes No
59. Do facilities have a Resident Abuse and Sexual Abuse Policy that trains employees and volunteers on the following?
- Identifying resident abuse and sexual abuse Yes No
 - Reporting resident abuse and sexual abuse Yes No
60. Do facilities have a Resident Abuse and Sexual Abuse Policy that includes reporting and investigating procedures that require contacting local or state authorities? Yes No
61. Do facilities have a Resident Abuse and Sexual Abuse Policy that requires notification of appropriate family member of alleged instance of resident or sexual abuse? Yes No
62. Do facilities have a Resident Abuse and Sexual Abuse Policy that requires the immediate suspension/termination of employees or volunteers suspected or involved in resident abuse? Yes No
63. Is the Applicant or any proposed insured for coverage aware of any fact, circumstance, incident, or loss related to resident abuse or sexual abuse which has occurred in the past 5 years which is not yet a claim but is likely to result in a claim that would be subject to the coverage requested? Yes No
- If the answer to the above is yes, please provide details on separate attachment.
64. Number of abuse incidents in the past quarter: _____
65. Abuse incidents in past year: _____

XIV. RISK MANAGEMENT

66. Is there a risk management program implemented throughout all facilities? Yes No
67. Is there a designated risk manager? Yes No
68. Is there a formal preventive maintenance program that includes the following?
- Retention of maintenance and inspection records Yes No
 - Scheduled evaluations of equipment and devices including electrical supply Yes No
69. Are exits control released for residents and alarmed to central security desk or nurses station? Yes No
70. Is an electronic monitoring device used as part of elopement prevention practices? Yes No
- If the above question is answered yes, is it maintained according to manufacturer's specifications? Yes No
71. Number of elopements in past 3 years: _____
72. Is a monthly review of drug regimens performed? Yes No
73. Is there an automatic medication dispensing system in place? Yes No
74. Do facilities have a formal grievance procedure in place to address resident/family complaints? Yes No

XV. ADDITIONAL PROPERTY/LIFE SAFETY INFORMATION

75. Type of construction: _____

76. Year constructed: _____

77. Number of floors: _____

78. Was the building originally constructed for current occupancy levels? Yes No

If no, please explain: _____

79. Is the operation equipped with a back-up generator? Yes No80. Are there other occupancies in the building not related to resident care? Yes No

If yes, describe: _____

81. Are smoking residents supervised in a designated area? Yes No

82. Areas protected by Approved Automatic Sprinkler System

 None Residents rooms Entire facility Common areas Hallways Trash collection area Attic83. Are hardwire smoke detectors in resident rooms/apartments? Yes No84. Are all alarm signals monitored by a UL-approved central station or the responding fire department? Yes No

85. Are fire/evacuation drills conducted?

 At least monthly At least 4 times per year86. Does the fire department have pre-planned emergency procedures at this location? Yes No87. In cooking areas (other than independent living units), is there a fire suppression system? Yes No88. Is there a hood and grease filter? Yes No

FRAUD STATEMENTS/SIGNATURE

The following is part of the Application:

Applicable in AL

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Applicable in AR, LA, MD, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

*Applies in MD Only.

Applicable in CA

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO

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.

Applicable in DC

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other 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.

Applicable in FL

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.

Applicable in KS

A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Applicable in KY

Any person who knowingly and with intent to defraud any insurance company or other 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.

Applicable in ME

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.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NM

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in NY

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in OH

Any person who, with intent to defraud or knowing that he 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.

Applicable in OK

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.

Applicable in OR

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.

Applicable in PA

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 such person to criminal and civil penalties.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in TN and VA

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.

Applicable in WA

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

FRAUD STATEMENTS / SIGNATURE

A signature from the Applicant can be obtained electronically or as a “wet” signature prior to quote or binding.

If the Applicant decides to submit its signature electronically, the Applicant must check the “Accept” button below. By doing so the Applicant hereby consents and agrees that its use of a key pad, mouse or other device to check the “Accept” button constitutes its “signature”, acceptance and agreement as if actually signed by the Applicant in writing and has the same force and effect as a signature affixed by hand. Further, the Applicant agrees the lack of a certification authority or other third-party verification will not in any way affect the validity or enforceability of its signature of any resulting contract. After checking the “Accept” button the Applicant must type in the name of the person completing this application, including the Applicant’s title and the date signed.

If the Applicant decides to submit a “wet” signature, the Applicant must sign, and add the title and date to the Application prior to quoting or binding.

SIGNATURE

Accept

Name: _____

Title: _____

Date: _____

An insurance agent is required to transact your business with Applied Financial Lines.

Agency Name: _____

Address: _____

Individual Agent Submitting Application: _____

E-Mail Address: _____

Phone: _____