

HOME HEALTH CARE APPROVED FRANCHISE SUPPLEMENTAL APPLICATION

Effective Date:

Firm Name:

(If more than one entity/subsidiary, please attach description and % owned for each)

For Profit Non Profit Partnership Other:

Web site address:

Billing Address:

Date business established:

(Attach current financial statement and principal's resumes if in business less than three years.)

Employer Federal Tax I.D. Number:

This application is to be used for non-skilled Home Health Care Approved Franchise Agencies only. If there is any skilled nursing involved with the Agency, please complete the Home Health Care Supplemental in lieu of this application.

SUBMISSION REQUIREMENTS

- ACORD Application including drivers list
- Franchise employee handbook
- Currently valued loss for the current year plus prior three years
- Client contract
- Brochure and/or Newsletter, if available
- Franchise quality control program
- Resume of owner/principle if less than 3 years in business

SECTION I – ACCOUNT INFORMATION

1. Total number of employees:
2. Number of clients / customers per year:
3. Applicant's total annual gross receipts: \$
4. Type of firm: (Please check all those that apply.)

Companionship	Home Helper	Personal Care
Medical Equipment Supplier	Other:	
5. Description of operations:

6. Any locations / square footage leased to others? Yes No
 If yes, number of locations: Square footage of each:
7. Are employee / contractor references contacted before hired / placed? Yes No
8. How are references checked? Written Verbal Both
 If verbal only, please explain:

9. Do you conduct criminal background checks on prospective employees? Yes No
10. Has your organization ever had an incident which resulted in an allegation of sexual abuse? Yes No
 If yes, please explain:

11. Does your current insurance program exclude Abuse and Molestation coverage? Yes No
 If no, please indicate the limit of liability provided: \$
12. Previous Professional Liability Insurance:

Company	Limits of Liability	Effective Dates	Annual Premium	Claims Made or Occurrence	Retroactive Date (claims made only)
			\$		
			\$		
			\$		

13. Are the Applicant's independent contractors required to carry their own professional liability coverage? Yes No
 If yes, are minimum limits of liability required? Yes No
14. Are certificates of insurance maintained on file for all independent contractors? Yes No
15. Do you obtain updated certificates of insurance on an annual basis? Yes No
16. Location where services are provided? (Total must equal 100%)
 Private Home % Nursing Home % Hospitals %
 Hospice % Other Locations: %
17. Types of services provided (Total must equal 100%):
 Companionship % Cooking/Light Housekeeping/Errands %
 Sleep over service % Bathing/Grooming/Incontinence Care %
 Incidental Transportation % Other: %
18. Employees/Independent Contractors – Annual Staffing:

	Employees		Annual Hours of Service	Annual Payroll
	Full Time	Part Time	Employees	
Nurses (RN)				\$
LPN / LVN				\$
Nurse Practitioner				\$
Licensed Medical Assistant				\$
Social Worker				\$
Homemaker / Home Health Aide				\$
Clerical				\$
Administrators				\$
Other:				\$
TOTAL				\$

SECTION II - AUTOMOBILE

1. What percentage of employees use their own vehicles regularly (daily/weekly) for agency business? %
 Describe use:
2. Do you require employees to carry and show evidence of personal insurance? Yes No
3. What limits are required? \$
4. Do you run MVR's on employees? Yes No
 If yes, how often?
5. Do you have a driver safety training program? Yes No
6. Does your agency transport clients? Yes No
 If yes, in employee vehicles? Yes No %
 If yes, in clients vehicles? Yes No %

Fraud Notice

NOTICE TO APPLICANTS: 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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "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."

NOTICE TO NEW MEXICO APPLICANTS: "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."

NOTICE TO TENNESSEE APPLICANTS: "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."

Insured Signature: _____ Date: _____
Agent Signature: _____ Date: _____