



ELDERLY RESIDENTIAL CARE SUPPLEMENTAL

Applicant Name:
 E-mail Address: For-Profit Non-Profit Website Address:
 Annual Budget: \$ Annual Payroll: \$
 SIC code: FEIN:
 Year business established: Years under present management:
 Name of executive director / administrator:
 Number of years at facility:

REQUIREMENTS FOR SUBMISSION

- Completed ACORD applications
- Copy of the current license
- Copy of facility evaluation
- Currently valued company loss runs for this policy period plus three year's prior

This application consists of the following sections. Complete all sections that apply. Some questions may not apply to your operations. In that case, Please put an N/A in the space for the answer.

Section I – General Application Information	Section VI – Abuse & Molestation
Section II – Management Practices	Section VII – Life Safety
Section III – Residential Facilities	Section VIII - Automobile
Section IV – Professional Liability / Staff	Section IX – Directors and Officer Liability
Section V – Consultant / Independent Contractors	

SECTION I – GENERAL INFORMATION

- | | | |
|--|-----|----|
| 1. Are ALL operated residential facilities licensed? | Yes | No |
| 2. Has Applicant's license ever been suspended, revoked, or placed under conditional statutes? | Yes | No |
| 3. Any mergers or operations under another name within the past five (5) years? | Yes | No |
| 4. Primary funding source: Private SSI/SSP Other: | | |
| 5. Does the Applicant operate any locations not included in this application?
If yes, describe: | Yes | No |
| 6. Are any locations leased to others? | Yes | No |
| 7. List all association memberships or affiliations: | | |

- | | | |
|---|-----|-----------|
| 8. Have there been any claims that allege negligence or failure to comply with any regulatory / license guidelines?
If yes, explain: | Yes | No |
| 9. Does the Applicant participate in or supervise any sports activities for their clients? | Yes | No |
| 10. Does the Applicant have any swimming pools?
Indicate location number(s): | Yes | No |
| 11. Are all swimming pools and spas compliant with the Virginia Graeme Baker Pool and Spa safety act?
If no, provide time table and action plan: | N/A | Yes
No |

SECTION II – MANAGEMENT PRACTICES

- | | | |
|--|-------------------|----------------|
| 1. Does the Applicant have sign / out procedures for:
Staff?
Clients / Residents?
Visitors / Public? | Yes
Yes
Yes | No
No
No |
| 2. Describe precautions utilized to prevent unauthorized access to facility(s): | | |
| 3. Is the Applicant's staff trained at initial hire and through in-service training regarding the importance of reporting all incidents? | Yes | No |
| 4. Is workers' compensation insurance maintained for all employees? | Yes | No |

SECTION III – RESIDENTIAL FACILITIES

(photocopy this section for each additional liability)

- | | | | | |
|---|--------------------|-------------------------|--|--|
| 1. Number of beds: | Average occupancy: | Average length of stay: | | |
| 2. Date of last State (CCL) inspection:
If any violations / deficiencies noted, date compliance completed: | | | | |
| 3. Are residents screened by a physician prior to admission?
If no, please explain: | Yes | No | | |
| 4. Does the Applicant accept residents who have suffered a traumatic brain injury?
If yes, how many does the Applicant have? | Yes | No | | |
| 5. How many residents does the Applicant have who suffer from Alzheimer's or dementia? | | | | |
| 6. How often are residents checked or monitored to ensure that they are at facility or have returned to facility? | | | | |
| 7. Are security cameras included in monitoring of residents? | Yes | No | | |
| 8. Does the Applicant have a locked Alzheimer's/dementia unit?
If yes, number of residents: | Yes | No | | |

9. Does the Applicant require home health agencies and hospice agencies hired by the residents or residents' families to provide a certificate of liability insurance naming their facility as an additional insured on their general and professional liability policy? Yes No
 If no, is the Applicant willing to implement a program to require certificates of insurance as described above? Yes No

SECTION IV – PROFESSIONAL LIABILITY / STAFF

1. Does the Applicant create written job descriptions for each employee? Yes No
 Are employees provided a copy? Yes No
2. Does the Applicant require all employees to report all incidents to management? Yes No
 Is a written record of all incidents kept? Yes No
 Does management investigate each incident and record findings in writing? Yes No
3. Does the Applicant's current insurance program include professional liability? Yes No
 If yes, is it: Occurrence or Claims Made?
 Limit: \$ Retro Date:
4. In the past five (5) years, has there been or is there now any pending litigation against the Applicant or any person proposed for this insurance? Yes No
 If yes, provide details:
5. Is the Applicant, any person, or any entity proposed for this insurance cognizant of any fact, circumstance, or situation (including, without limitation, any suspected or threatened claim against any such person or entity) which might give rise to a claim being made against the Applicant or any person proposed for this insurance? Yes No
 If yes, provide details:
6. What is the staff turnover ratio for the last twelve (12) months?
7. Number of full time employees: Part time employees: Volunteers:
8. Staffing:

Position	# of Full Time	# of Part Time
Administrators		
Nurses RN		
Nurses LPN		
Clerical		
Caregivers		
Kitchen / Maintenance		
Other:		

SECTION V - CONSULTANTS/INDEPENDENT CONTRACTORS

1. Please indicate which of the following contracted service providers are utilized:
- | | |
|--------------|--------------------|
| Physicians | Nurse Practitioner |
| Dentist | Optometrist |
| Psychiatrist | Other: |
2. Are there written agreements with independent contractors? Yes No
3. Are certificates of malpractice/liability insurance obtained and maintained for all contracted service providers (independent contractors)? Yes No
4. Please indicate the limits of liability: \$

SECTION VI – ABUSE & MOLESTATION

N/A

1. Does Applicant’s employment process include verification of whether the individual has ever been convicted of any crime, including sex related or child-abuse related offenses, before an offer of employment is made? Yes No
2. During new staff orientation, does the Applicant discuss sexual abuse, how to recognize the signs, and what to do if a client reports that someone molested him or her? Yes No
3. Does the Applicant’s state permit Applicant to do criminal background investigations? Yes No
4. Does the Applicant perform criminal background investigations on all current employees and volunteers? Yes No
- How long has the Applicant been performing these checks? Years
- For how many years does the Applicant keep these records on file after employee’s leaves? Years
5. Does the Applicant verify employment-related references? Yes No
6. Does the Applicant conduct a personal interview? Yes No
7. Does the Applicant have a plan of supervision that monitors staff in day-to-day relationships with clients both on and off premises? Yes No
8. Does the Applicant have written procedures for dealing with sexual abuse? Yes No
- MANDATORY: PROVIDE A COPY
9. Has the Applicant ever had an incident which resulted in an allegation of sexual abuse? Yes No
- If yes, please complete:
- A. Is that individual still employed with the Applicant’s organization? Yes No
- B. Was a claim made against the organization? Yes No
- C. What changes were made to prevent recurrence?
- D. Was the case settled? Yes No
- E. What were the monetary damages awarded to the victim? \$
- Provide complete details on a separate document .
10. Regarding coverage for Abuse & Molestation; does Applicant’s current insurance program:
- Exclude Coverage
- Limit coverage (please indicate limit of liability) \$
- Neither exclude or limit coverage
11. Please indicate age range of clients:
- Remarks:

SECTION VII – LIFE SAFETY

Do all the Applicant’s facilities (buildings) have the following life safety features?

1. Fire alarms?						Yes	No
2. Smoke detectors:	Hardwired	Yes	No	Battery operated		Yes	No
3. Emergency lighting?						Yes	No
4. Ceiling sprinklers?						Yes	No
5. Are evacuation routes posted throughout the building?						Yes	No
6. In the event of an evacuation, has the Applicant established a central meeting point outside the building?						Yes	No
7. Are exit signs illuminated?						Yes	No
8. How often are the fire drills held?							
9. Are there at least two exit doors per building?						Yes	No
10. Are exit doors equipped with panic hardware?						Yes	No
11. Is smoking permitted inside the premises?						Yes	No
12. Are any non-ambulatory residents located above the 1 st floor?						Yes	No
If yes, provide number of residents and which floor they reside on.							
13. Does the property have aluminum wiring?						Yes	No
If yes, has it been retrofitted with one of the PIC approved connectors by a licensed Electrician? (indicate which one):							
	COPALUM?	Yes	No	AlumiConn?		Yes	No

SECTION VIII - AUTOMOBILE

N/A

1. Are all vehicles listed on the ACORD application registered to the applicant?						Yes	No
If no, explain:							
2. Are there any vehicles for more than eight (8) passengers?						Yes	No
If yes, do they have an audible backup warning device?							
						Yes	No
3. What percentages of employees/volunteers use their own vehicles regularly (daily/weekly) for company business?	% of employees	% of volunteers					
4. Does the Applicant require employees and volunteers to carry and show evidence of personal insurance if they use their personal vehicle in the business?						Yes	No
5. What limits are required? \$							
6. Does the Applicant run MVR's on employees?						Yes	No
If yes, how often?							
7. Does the Applicant have a driver safety training program?						Yes	No
8. Does the Applicant have any drivers less than 21 or greater than 70 years of age?						Yes	No
9. Do any drivers between the ages of 21 and 25 operate vehicles with eight (8) passenger seating capacity or greater?						Yes	No
10. Does the Applicant have a formal vehicle maintenance program in effect?						Yes	No

- | | | |
|--|-----|----|
| 11. Does the Applicant transport clients? | Yes | No |
| a. Is training provided for new employees and/or volunteers prior to their transporting clients? | Yes | No |
| b. Are vehicles checked after passengers disembark to make sure no one is left behind? | Yes | No |
| c. Do vehicles equipped for wheelchairs have tie-down belts to stabilize the wheelchair and passenger? | Yes | No |
| d. Does the Applicant require seat belts to be worn by all passengers? | Yes | No |

FRAUD NOTICE STATEMENTS

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."

RESIDENTS OF ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

RESIDENTS OF ARKANSAS 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 FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF ARIZONA APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF COLORADO APPLICANTS: "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."

RESIDENTS OF 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."

RESIDENTS OF FLORIDA RESIDENTS 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."

RESIDENTS OF KANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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 STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY 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, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF KENTUCKY APPLICANTS: "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."

RESIDENTS OF LOUISIANA 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 FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MAINE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MINNESOTA APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF 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."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VERMONT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

RESIDENTS OF 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 MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "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."

RESIDENTS OF WEST VIRGINIA 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 FINES AND CONFINEMENT IN PRISON."

Name (Please Print/Type)

Title
(MUST BE SIGNED BY THE PRESIDENT CHAIRMAN OR EXECUTIVE DIRECTOR)

Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

Produced By: (Section to be completed by Producer/Broker)

Producer

Agency

Producer License Number

Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)