



PROGRAM UNDERWRITERS

Return to: Amwins Program Underwriters, Inc.
1250 Camp Hill Bypass, Suite 104
Camp Hill, PA 17011
P: (717) 214-2800 | F: (717) 214-2801
Julie Reisinger (ext. 7616): julie.reisinger@amwins.com
Charles Fields (ext. 7623): charles.fields@amwins.com

Home Healthcare HNOA Insurance Program
Supplemental Application & Submission Checklist

Contingent and Excess Vicarious Hired & Non-Owned Auto Liability Coverage

Submission Checklist

- Completed APU Home Healthcare HNOA Supplemental Application
Complete location schedule including street address, city, state, and zip code for each location
Complete list of all Named Insureds, including brief summary of operations and ownership of each one
Current Drivers List
Current MVRs for all owners, managers, and drivers (Run within 6 months of requested effective date)
Resume of owner (only required on those accounts with less than 3 years of loss history)
Currently-valued HNOA Loss Runs for the current year and four prior years (5 years total)

Business Name:
Majority Owners' Name: Contact Name:
Mailing Address:
Proposed Effective Date: Years in Business:

FEIN# Individual Corporation Partnership LLC

Do you own any other business operations/entities under the name listed above? Yes No

a. If yes, explain:

Operations (Please check ALL that apply):

- Visiting nurses Physical therapists Occupational therapists Phlebotomists Doctors or nurse practitioners
Dialysis technicians Massage therapists Counseling or mental health professionals Blood delivery services
Any in-home medical-related services Client or patient transport Hospice care Non-medical home assistants
Other:

Do the majority owners have ownership interests in other home healthcare entities insured separately? Yes No

a. If yes, provide entity names, franchisor, and city/state of locations.

Have the majority owners previously had ownership interests in other home healthcare entities that have been closed or sold?

Yes No

a. If yes, provide entity names, franchisor, city/state of locations closed/sold.

Does the prospective insured currently utilize any sort of telematics solution (GPS unit, phone app, camera system, etc.) to monitor and/or coach their drivers? Yes No

a. If yes, provide name of telematics vendor, status of telematics implementation, # of years in use.

TOP 10 OPERATING VENUES			
City	State	ZIP	% of miles driven

EMPLOYEES AND REIMBURSABLE MILES		
	# of employees	Annual reimbursable miles
Prior year:		
Current year:		
Projected year:		

General Operations:

Number of years the entity has been under the current management? _____

How do employees keep mileage logs? _____

Are there any independent contractors employed? Yes No

Does the applicant have MVR guidelines in place? Yes No (If yes, please provide separately.)

Does the applicant require proof of insurance from employees? Yes No

Will the applicant use Non-Owned Autos other than those owned by employees? Yes No

What type of HNOA autos will be used? (Private Passenger; vans; other)? _____

Will the Insured be leasing vehicles? Yes No a. Please specify the term of the lease: _____

What is the radius of operation? _____

Are ALL driving employees at least 18 years of age? Yes No

Does the applicant perform formal drug and alcohol employee screening? Yes No

Does the applicant do criminal background checks? Yes No

Do you currently have a driver training course in place? Yes No

Do your employees EVER transport clients or patients? Yes No (NOTE: Client/Patient transport is EXCLUDED under our policy)

Are hold harmless agreements in applicant's favor and Certificate of Insurance naming applicant as additional insured obtained for all independent contractors or vendors? Yes No

If no, explain: _____

Requested Limits of Liability:

- \$500,000 \$1,000,000 \$1,500,000 \$2,000,000
- \$3,000,000 \$4,000,000 \$5,000,000

Does prospect have current coverage? _____

Expiring Coverage Information:

Auto Limit:		Exp. Date:	
Premium:		Deductible:	

Insured Name: _____

Insured Signature: _____ **Date:** _____

FRAUD WARNING

Notice to Applicants of all states except Kentucky, Louisiana, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Puerto Rico, Virginia and Washington D.C.:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material 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 the person to criminal and civil penalties and denial of insurance benefits.

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 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.

Notice to 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.

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 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 New York Applicants:

Any person who knowingly and with the 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 provision.

Notice to Oregon Applicants:

Any person who knowingly and with intent to defraud or deceive any insurance company or other person who files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto upon which the insurance company or any other person relies may be a crime and may provide grounds for criminal or civil penalties.

Notice to Pennsylvania Applicants:

Any person who knowingly and with intent to defraud any insurance company or other person who, files an application for insurance or a 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 Puerto Rico Applicants:

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 by 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.

Notice to 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 Washington D.C. 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.