



LONG TERM CARE ORGANIZATION LIABILITY
NEW BUSINESS APPLICATION

PROGRAM UNDERWRITERS

INSTRUCTIONS:

- 1 Please complete all sections (Applicant, General, Facility, Staffing-RM, Ins. Coverage, Claims & Warranty)
- 2 Please sign and date the application on the Warranty page

CORPORATE INFORMATION:

A. Applicant Information

- 1 Corporate Name: _____
- 2 Address: _____
- 3 Website: _____
- 4 Ownership Type:

Individual	Corporation
Partnership	Joint Venture
- 5 Profit Status:

For Profit	Not For Profit
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- 6 Number of years owned: _____
- 7 Number of facilities owned: _____
- 8 Number of facilities to insure: _____

****If more than one location, please Click below to download and complete the Schedule of Location**
<https://www.amwins.com/products/long-term-care-facilities>

B. General Information

- | | | |
|--|-----|----|
| 1 Is any part of the applicant operated / leased by a management corporation? | Yes | No |
| If "Yes" please explain and/or provide an organization chart: | | |
| 2 Has the Applicant or any associated entity ever had a license suspended, revoked, or placed under probation by any government licensing agency? | Yes | No |
| 3 Has the Applicant been accused of any Medicare or Medicaid fraud or abuse violations, or paid any fines or penalties? | Yes | No |
| 4 Has the applicant ever filed for bankruptcy? | Yes | No |
| 5 Does the Applicant anticipate any facility expansions (increase in licensed beds or new facilities) within the next 12 months? | Yes | No |
| 6 Does Applicant have any plans for mergers, acquisitions, new services, sale of assets or business, or any similar corporate plans within the next 12 months? | Yes | No |
| 7 Please explain any "Yes" answer for questions 1-6: | | |

FACILITY INFORMATION:

Facility Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

C. Description of Services

1 Exposures:	Total Licensed Beds	Current Number of Occupied Beds
Skilled Nursing & Intermediate:	_____	_____
Assisted Living:	_____	_____
Dementia & Alzheimer:	_____	_____
Independent Living (unlicensed):	_____	
Home Health Services:	_____ number of annual visits	
Adult Daycare	_____ number of daily attendees	

2 Resident Age Ranges:

Number of residents	Under 21: _____	21 to 54: _____
	55-75: _____	75+: _____

3 Is there a separate locked Alzheimer unit? Yes No

4 Wanderguard or similar system used? Yes No

5 Number of elopements in last three years _____

6 Are pull cords or call buttons provided? Yes No

7 Who responds to pull cords Insured Outside Vendor

8 Name of outside vendor used _____

9 How frequently are pull cords tested? _____

D. Physical Premises

1 Number of stories: _____ Square feet: _____ Year built: _____

2 Construction Type:

Fire Resistive	Frame	Brick
Masonry Non-Combustible	Other	

3 Sprinklers: None Entire Facility Common Areas

4 Smoke Detectors: None Entire Facility Common Areas

5 Describe any building security provided _____

6 Does the facility maintain a centralized alarm system? Yes No

7 Are there alarms on all exit doors? Yes No

8 Do you offer onsite daycare for children? Yes No

9 If "Yes" to the previous question, is it open to the public? Yes No

10 Recreational Facilities Pool Sauna Fitness Room Other

E. Staffing

1		Employed or Contracted	Years at this facility	Years of experience
	Director of Nursing			
	Medical Director			
	Administrator			

2 Actual number of employees working at a time on each shift (average):

	1st shift	2nd Shift	3rd Shift
RNs			
LPNs			
CNAs			
Medication Aides			
Other Direct Care Staff			

- 3 Are Certificates of Insurance obtained for all independent contractors? Yes No
- 4 Are background checks completed for all staff? Yes No
- 5 What percentage of the licensed nursing staff has been working for the applicant for more than one year? %

F. Risk Management Policies and Procedures:

- 1 Is there an established risk management program? Yes No
- 2 Are nursing assessment protocols in place to identify residents at risk for:
- Falls: Yes No
- Elopement: Yes No
- Nutritional deficiency: Yes No
- 3 Is a comprehensive nursing assessment conducted for new residents? Yes No
- 4 Does the facility have a formalized resident complaint resolution program? Yes No
- 5 Who is responsible for overseeing any documents resulting from a resident complaint?
- 6 Are all visitors required to sign-in at the receptionists area? Yes No
- 7 Does the facility have locked doors prior to entering the reception area? Yes No
- 8 Is there a written evacuation plan? Yes No
- 9 Are evacuation plans posted in all areas of the facility? Yes No
- 10 Is review and "walk through" of disaster plans a part of staff orientation? Yes No
- 11 How often are fire/evacuation drills conducted?
- 12 Does the Applicant offer continuing education for their staff? Yes No
- 13 Does the Applicant provide an Employee Handbook to every employee? Yes No
- 14 Does the Applicant utilize a vendor to analyze MDS submissions? Yes No
- 15 Are background checks completed for all residents including sex offender registry? Yes No
- 16 Are background checks completed for all volunteers including sex offender registry? Yes No
- 17 Are volunteers allowed to feed residents? Yes No

G. Current and Past Professional Liability Coverage History

List prior Primary Professional & General Liability insurance carried for each of the past five (5) years:

Insurance Carrier	Effective Date	Deductible	Premium	Limits of Liability	Retro Date	Excess Carrier (N/A if none)	Excess Limits	Excess Premium

H. Coverage Terms Requested

(Please note that coverage for this request is not automatically available; the terms and conditions of the policy, if issued, will determine actual coverage.)

Requested Limits of Liability:

Per Claim

Annual Aggregate

Requested Deductible:

Per Claim

I. MISSOURI APPLICANTS/AGENTS: DO NOT ANSWER THIS QUESTION:

Has any insurance company ever cancelled, non-renewed or declined to accept your Professional Liability and/or General Liability insurance?

Yes

No

If Yes, please provide details:

J. Claims

- 1 Please provide five (5) years of insurance company or third party administrator produced loss runs that have been valued within the last three (3) months. The loss run should describe all claims/incidents during the past five (5) years made against the Applicant or any individual or entity proposed for coverage hereunder that would fall within the scope of the proposed insurance. Please include both primary and excess coverage loss runs as applicable.
- 2 Please provide detailed descriptions of all claims with either paid or reserved amounts of \$50,000 or more. Attach the descriptions to this application.
- 3 During the past five (5) years are you aware of any fact, circumstance, situation, transaction, event, act, error, or omission which you have reason to believe may result in a claim that has not been reported on the loss runs attached to this application?

Yes

No

K. Warranty Statement

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSONS AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS HEREIN ARE TRUE AND COMPLETE. THE INSURER IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO COMPLETE THE INSURANCE.

IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE POLICY EFFECTIVE DATE, THE APPLICANT WILL NOTIFY THE INSURER WHO MAY MODIFY OR WITHDRAW ANY QUOTATION.

THE INFORMATION CONTAINED AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE INSURER AND, ALONG WITH THE APPLICATION, IS CONSIDERED TO BE PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME PART OF THE POLICY ISSUED.

Print Applicant Name:

Applicant Signature:

Title:

Date:

Risk Management Contact:

Name:

Phone:

Email:

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment for 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 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.
NOTICE TO 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.
NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third
NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.
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 MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
NOTICE TO 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.
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 INSURANCE 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 be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
NOTICE TO OHIO APPLICANTS: 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.
NOTICE TO OKLAHOMA APPLICANTS: 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
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 RHODE ISLAND APPLICANTS: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson.
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.
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 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 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.
NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.