



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:

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation
<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture
- 5 Profit Status:

<input type="checkbox"/> For Profit	<input type="checkbox"/> 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
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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
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- 3 Has the Applicant been accused of any Medicare or Medicaid fraud or abuse violations, or paid any fines or penalties?

_____ Yes	_____ No
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- 4 Has the applicant ever filed for bankruptcy?

_____ Yes	_____ No
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- 5 Does the Applicant anticipate any facility expansions (increase in licensed beds or new facilities) within the next 12 months?

_____ Yes	_____ No
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- 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
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- 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	_____
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4 Smoke Detectors:

None	_____	Entire Facility	_____	Common Areas	_____
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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	_____
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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? _____ Yes _____ No
- 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? _____ Yes _____ No
- 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.