

Long-Term Care Organization Liability Independent Living Application

Instructions:

- Please complete all pages 1-3
- Sections D-G should be completed for all insured locations
- Please sign and date the application on the Warranty page
- Please complete the Claims Supplement if the Applicant answers "Yes" to Question 3 in Section L. Claims

CORPORATE INFORMATION:

A. Applicant Information

1. Corporate Name: _____
2. Address: _____
3. Website: _____
4. Is abuse coverage included in the applicant's current liability policy? Yes No
5. Ownership Type: Individual Corporation
Partnership Joint Venture
For Profit Not For Profit
6. Profit Status:
7. Number of facilities: _____

B. General Information

1. Is there a property manager? Yes No
 - i. If "Yes", are they on-site? Yes No
 - ii. If "Yes", are they full-time or part-time? FT PT
2. Is there subsidized housing? Yes No
3. Has the applicant ever filed for bankruptcy? Yes No
4. Does the Applicant anticipate any facility expansions (increase in licensed beds or new facilities) within the next 12 months? Yes No
5. 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
6. Please explain any "Yes" answer for questions 2-5:

FACILITY INFORMATION: Please complete a separate copy of sections C - H for each facility or building location.

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

C. Services

Please provide a full description of senior services offered:

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D. Description of Service

1. Exposures:

	Licensed Beds / Units	Occupied Beds / Units
Independent Living:	_____	_____
Home Health Services provided by applicant:	_____ annual visits	
Adult Daycare:	_____ daily attendees	
2. Pull cords or call buttons provided?	Yes	No
i. Who responds to pull cords:	Insured	Outside vendor
ii. Name of outside vendor used:	_____	
iii. How frequently are the pull cords tested:	_____	
3. Resident Age Groups:		
Under 21: _____ residents	21 to 54: _____ residents	55 Yrs +: _____ residents

E. Physical Premises

1. Is abuse coverage included in the applicant's current liability policy?	Yes	No
2. Number of stories: _____ Square feet: _____ Year built: _____		
3. Construction Type:	Fire Resistive	Frame
	Masonry non-combustible	Brick
		Other
4. Sprinklers:	None	Entire facility
		Common areas
5. Smoke detectors:	None	Entire facility
		Common areas
6. Recreational facilities (check all that apply):	Fitness room	Pool
	Tennis courts	Other water
		Sauna
		Other
7. Is the property fenced?	Yes	No
8. Are there outside balconies?	Yes	No
9. Are there parking facilities?	Yes	No
10. Is there a full-time maintenance staff?	Yes	No

F. Security

1. Is there security staff?	Yes	No
2. Are there security cameras?	Yes	No
3. Are tenants screened prior to leasing?	Yes	No
4. Are employees screened prior to hiring?	Yes	No

G. Risk Management Policies and Procedures:

1. How often are residents monitored?	_____	
2. What is the system for identifying when a resident needs to be transferred to another level of care?	_____	
3. Does the facility have a formalized resident complaint resolution program?	Yes	No
4. Who is responsible for overseeing documents resulting from a resident complaint?	_____	
5. Are all visitors required to sign in at the receptionist's area?	Yes	No
6. Does the facility have locked doors prior to entering the reception area?	Yes	No
7. Is there a written evacuation plan?	Yes	No
8. Are evacuation plans posted in all areas of the facility?	Yes	No
9. How often are fire/evacuation drills conducted?	_____	

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H. Current and Past Liability Coverage History

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

Insurance Carrier	Effective Date	SIR	Premium	Limits of Liability	Retro Date	Include (Y/N)	Excess Carrier	Excess Limits	Excess Premium

I. 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.)

1. Is abuse coverage included on the applicant's current liability policy? Yes ☐ No ☐
2. Requested Limits of Liability: _____
Per Claim Annual Aggregate
3. Requested Self-Insured Retention: _____
Per Claim

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

1. Has any insurance company ever canceled, non-renewed, or declined to accept your Professional Liability or General Liability insurance? Yes ☐ No ☐
2. If Yes, please provide details:

K. 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.
 - i. If you are not aware of any claims in the last five (5) years, please state, "None": _____
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
 - i. If the Applicant answered "Yes" to question number 3 above, please complete the attached Claims Supplement.



PROGRAM UNDERWRITERS

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L. 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.

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: _____

Please attach the following documents to the application:

- Copy of Brochure(s), marketing, or advertising materials
- Copy of most current declarations page from professional liability policy

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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.

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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.

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SUPPLEMENTAL CLAIM INFORMATION FORM

(Complete one form for each claim)

Name of applicant: _____

Name of other parties or defendants named in suit: _____

Date of alleged occurrence: _____

Date claim was reported: _____

Name of claimant: _____

Name of the insurance company or third-party administrator handling the claim: _____

Is abuse coverage included on the applicant's current liability policy?

Yes

No

Present status of claim or final disposition:

Open

Closed

Defense costs paid to date inclusive of any deductible or self-insured retention: _____

Indemnity costs paid to date inclusive of any deductible or self-insured retention: _____

Defense reserves inclusive of any deductible or self-insured retention: _____

Indemnity reserves inclusive of any deductible or self-insured retention: _____

Description of case and events including allegations and assessment of liability:

Claimant's last settlement demand: _____

Signature

Date