



**LONG TERM CARE ORGANIZATION
PROFESSIONAL AND GENERAL LIABILITY
NEW BUSINESS APPLICATION**

A. APPLICANT INFORMATION:	
1.	Legal Name of Facility/ FNI:
2.	Address:
3.	Mailing Address:
4.	Website: (Please provide copies of any brochures and/or advertising materials used to promote the facility)
5.	How many years has the Applicant been in operation?
	Under present ownership?
	Management?
6.	Applicant is: For Profit Not for Profit

B. GENERAL INFORMATION (If answer is "Yes" to any of the following questions, please provide details.)	
1.	Is any part of the Applicant operated / leased by a management corporation? Yes No
	If yes, please provide the name of the management corporation:
	If yes, please provide a list of additional facilities owned and managed.

List below all subsidiaries and direct affiliates, with a description of operations, acquisition/formation date and ownership interest.

Name & Address	Description of Operations	Relationship	Date Acquired	Ownership %

(Please note that coverage for these entities is not automatically included. The policy, if issued, will determine coverage.)

8.	Please provide % of residents receiving services for mental illness (outside of Dementia/Alzheimer's)
9.	What acuity level and conditions would preclude the insured from accepting a resident?
10.	How often are residents reassessed for acuity level/conditions that wouldn't meet acceptance criteria of facility?
11.	For AL or IL facilities, are you affiliated with a skilled facility where you would recommend relocating a resident due to advancement in acuity? Please provide your discharge protocol:
12.	<p>Applicable to FL ALF only: Please check the type of AL license associated with the facility below:</p> <p>Extended Congregate Care</p> <p>Limited Nursing Services</p> <p>Limited Mental Health</p> <p>Standard</p>
13.	<p>Please provide a copy of the facility license</p> <p>Please confirm whether or not it has never been revoked or suspended</p>
14.	<p>Does your facility provide any wound care services? Yes No</p> <p>If so, provide policy and procedure:</p>

C. DESCRIPTION OF SERVICES AND RESIDENT PROFILE:

1. Total Exposure:

Bed Census	Number of Licensed Beds / Units	Number of Occupied Beds / Units
Skilled Nursing Facility		
Dementia / Alzheimer		
Sub-Acute / Rehabilitation		
Assisted Living		
Independent Living**		

** Please confirm if IL component has emergency call buttons or pull cords Yes No

* If applicant has more than 1 facility, please complete Attachment #1 for all scheduled locations and breakdown of exposures

Other Professional Services:

None	
Adult Daycare	Number of Daily Attendees
Home Health Services	Number of Annual Visits:
Hospice	Number of Annual Visits:
Ventilator/Tracheostomy beds	Number of occupied beds:
Pharmacy	Receipts:
Other:	

Behavioral Health	Number of Residents	Behavioral Health	Number of Residents
Traumatic Brain Injury		Addiction Issues	
Post-Traumatic Stress Disorder		Bipolar Disorder	
Developmental Disabilities		Methadone Maintenance	
Schizophrenia		Criminal Justice Referred	
Are there formal behavioral health programs provided by outside mental health professional(s)?		Yes	No
Are there in-house behavioral health resources and/or programs?		Yes	No
Is there a separate unit/section for the behavioral health residents?		Yes	No

2. Resident Age Groups:		
Age Group	Number of Residents	
Age 0-18		
Age 19-40		
Age 41-65		
Age 65+		
3. If you accept residents under the age 65, what are the circumstances?		
4. Please confirm if insured has a pool and/or other body of water on premise:		
	Yes	No

D. ADMINISTRATION AND STAFF:							
	Name	FT/PT	Employed / Contracted	Limits of Liability	Years of Experience	Tenure at Facility	Licensed (Y/N)
Administrator							
DON							
Medical Director							
Does the Medical Director also act as the attending physician to any residents?						Yes	No
If "Yes", to how many residents?							
Risk Management Contact:							
Phone:							
Email:							

1.	Is there a formal, documented assessment process to measure staff competency skills?	Yes	No
2.	Does the insured have a formal cell phone policy?	Yes	No

Physicians and Medical Director:

1.	Number of physicians:	Employed:	Affiliated:	Contracted:		
2.	Do you obtain and review physicians' certificates of malpractice insurance?				Yes	No
3.	Do you require limits of liability comparable to your own?				Yes	No
	If "No", define the differences in limits:					

4.	What limits do you require your physicians to carry?		
5.	Are the physicians credentialed?	Yes	No
	a. If "Yes", how often are they re-credentialed?		
	b. Do you conduct credentialing internally or with the assistance of a third party? If a third party, who?		
6.	Is a physician on site or on call on a 24-hour basis?	Yes	No

Nursing Staff Census:

CATEGORY	Avg. hours worked per day	Turnover rate
RN		
LPN / VN		
CNA / Personal caregiver		

Show percentage of nursing staff by experience level:

< 5 yrs	
6 – 10 yrs.	
11 – 20 yrs.	
> 25 yrs.	

E. POLICIES AND PROCEDURES:			
1.	Does the Applicant have a written emergency evacuation plan?	Yes	No
	a. Are evacuation plans posted in all parts of the facility?	Yes	No
	b. How often are evacuation / fire drills conducted for each shift?		
	c. Does the staff orientation plan include a review and "walk through" of any disaster plan?	Yes	No
	d. If in a CAT prone area, please provide your emergency evacuation plan.		
2.	Please confirm if any residents have eloped from the facility.	Yes	No
	a. If "Yes", how many? When?		
	What was the outcome?		
	b. Was this reported to the prior carrier?	Yes	No
	c. Please provide a copy of your elopement policy and procedures.		
3.	Are you aware of any abuse incidents that have occurred at your facility?	Yes	No
	a. If "Yes", how many? When?		
	What was the outcome?		
	b. Was this reported to the prior carrier?	Yes	No

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, declares, warrants and represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete.

The information in this Application is material to the risk accepted by the Underwriter. If a policy is issued it will be in reliance by the Underwriter upon the Application, and the Application will be the basis of the contract. Should any of the information in this Application be false or inaccurate, this policy may be void *ab initio*, as if the policy had never existed.

The information contained in and submitted with this Application is on file with the Underwriter, and along with the Application will be considered physically attached to, part of, and incorporated into the policy, if issued.

The Underwriter is authorized to make any inquiry in connection with this Application. The Underwriter's acceptance of this Application or the making of any subsequent inquiry does not bind the Applicant or the Underwriter to complete the insurance or issue a policy.

If the information in this Application materially changes prior to the effective date of the policy, the Applicant must immediately notify the Underwriter, and the Underwriter may modify or withdraw any quotation or agreement to bind insurance.

The undersigned declares that all individuals and entities proposed for this insurance understand that:

- a) If any portion of the policy to be issued is written on a "Claims Made" basis, then such portion(s) shall apply only to "Claims" that are first made against the "Insured" during the "Policy Period" and are reported to the Underwriter in writing during the "Policy Period" or within the time period set forth in the policy or to "Claims" that are first made against the "Insured" during the Extended Reporting Period or within the time period set forth in the policy; and
- b) the limit of liability available under the policy to be issued available to pay damages, settlements, or judgments may be reduced, and may be exhausted, by payment of "Defense Expenses," and "Defense Expenses" also shall be applied against the retention.

NOTICE TO ARKANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM OR 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 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.

NOTICE TO 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**.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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 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 AND 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, CRIMINAL PENALTIES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND 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 MAY INCLUDE IMPRISONMENT, FINES, OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR 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 MINNESOTA APPLICANTS: ANY PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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 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

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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 FELONY.

NOTICE TO OREGON AND TEXAS APPLICANTS: ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.

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.

Applicant (signature):		
By (Chairman and/or President – Print Name):	Title:	Date (mm/dd/yy):