



**LONG TERM CARE ORGANIZATION  
PROFESSIONAL AND GENERAL LIABILITY  
RENEWAL APPLICATION**

<b>A. APPLICANT INFORMATION:</b>
<p>1. Legal Name of Facility/ FNI:</p> <p>2. Address:</p> <p>3. Risk Management Contact:</p> <p style="margin-left: 40px;">Name:</p> <p style="margin-left: 40px;">Phone:</p> <p style="margin-left: 40px;">Email:</p>

<b>B. EXPOSURE INFORMATION:</b>											
<u>Facility Name</u>	<u>Complete Address</u>	<u>SNF Beds</u>		<u>AL Beds</u>		<u>Memory Care Beds</u>		<u>IL Beds</u>		<u>Rehab</u>	
		Lic	Occ	Lic	Occ	Lic	Occ	Lic	Occ	Lic	Occ

\* Please complete Attachment #1 for additional scheduled locations

Resident Age Groups:

Age Group	Number of Residents
Age 0-18	
Age 19-40	
Age 41-65	
Age 65+	

**C. General Information**

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

If yes, please explain:

2. Does the 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

If yes, please explain:

3. 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.

4. 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

c. Please provide a copy of the facilities abuse policy and procedures.

5. Are you aware of any facts or circumstances that might give, or have given, rise to a claim that may be covered under the insurance policy that is up for renewal or any renewal of that policy? Yes No

If yes, please explain:

**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?							

Nursing Staff Census:

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

**PLEASE DISCLOSE ANY INFORMATION MATERIAL TO THIS RISK THAT HAS NOT OTHERWISE BEEN ADDRESSED IN THIS APPLICATION. ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**Attachment #1**

1. Facility Name:		
Facility Address:		
<b><u>Bed Census</u></b>	<b><u>Number of Licensed Beds / Units</u></b>	<b><u>Number of Occupied Beds / Units</u></b>
Skilled Nursing Facility		
Dementia / Alzheimer		
Sub-Acute / Rehabilitation		
Assisted Living		
Independent Living		

2. Facility Name:		
Facility Address:		
<b><u>Bed Census</u></b>	<b><u>Number of Licensed Beds / Units</u></b>	<b><u>Number of Occupied Beds / Units</u></b>
Skilled Nursing Facility		
Dementia / Alzheimer		
Sub-Acute / Rehabilitation		
Assisted Living		
Independent Living		

3. Facility Name:		
Facility Address:		
<b><u>Bed Census</u></b>	<b><u>Number of Licensed Beds / Units</u></b>	<b><u>Number of Occupied Beds / Units</u></b>
Skilled Nursing Facility		
Dementia / Alzheimer		
Sub-Acute / Rehabilitation		
Assisted Living		
Independent Living		

4. Facility Name:

Facility Address:

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

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 GULTY 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.

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