



IRONSHORE COMPANIES
175 Powder Forest Drive
Westport, CT 06899

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

A) APPLICANT INFORMATION:

- 1) Legal name of facility: _____
- 2) Address: _____
- 3) Website: _____
- 4) How many years has the Applicant been in operation? _____ Under present ownership? _____ Management? _____
- 5) Applicant is: Not for Profit For Profit

B) DESCRIPTION OF SERVICES AND RESIDENT PROFILE:

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

- 2) Other Professional Services None
 - Adult Daycare Number of Daily Attendees _____
 - Home Health Services Number of Annual Visits _____
 - Other _____

- 3) Resident Age Groups

<u>Age Group</u>	<u>Number of Residents</u>
Age 0-21	_____
Age 22-50	_____
Age 51 and over	_____

C) 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

- 2) Has the Applicant ever been accused of any Medicare or Medicaid fraud or abuse violations, or paid any fines or penalties? Yes No

- 3) 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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- 4) 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
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D) ADMINISTRATION AND STAFF:

	<u>Name</u>	<u>FT/PT</u>	<u>Employed/ Contracted</u>	<u>Limits of Liability</u>	<u>Years Experience</u>	<u>Tenure at facility</u>	<u>Licensed (Y/N)</u>
Administrator							
DON							
Medical Director							
Risk Management Contact:			Phone:			Email:	

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
- 2) Have any residents eloped from your facility? Yes No
- a) If "Yes", how many? _____ When? _____ What was the outcome? _____

F) PHYSICAL PREMISES:

- 1) Please complete the information requested below for all the buildings the Applicant owns, controls, leases or occupies. List additional facilities on the Physical Premises Supplemental Application if necessary.

<u>Location #</u> _____							
Address:			City:		State:	Zip:	
Year Built:		# Stories:		Total Square Feet:			
Was the building originally designed and constructed for nursing home occupancy?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this building meet applicable current NFPA life safety codes?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Construction Type:</u>		<input type="checkbox"/> Frame	<input type="checkbox"/> Brick	<input type="checkbox"/> Non-combustible	<input type="checkbox"/> Masonry Non-Combustible	<input type="checkbox"/> Fire resistive	
<u>Location of Smoke Detectors:</u>				<u>Areas Protected by Approved Automatic Sprinkler System:</u>			
<input type="checkbox"/> None		<input type="checkbox"/> Hallways		<input type="checkbox"/> None		<input type="checkbox"/> Resident Rooms	
<input type="checkbox"/> Entire Facility		<input type="checkbox"/> Common Areas		<input type="checkbox"/> Entire Facility		<input type="checkbox"/> Soiled Linen Chutes and Rooms	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Resident Rooms		<input type="checkbox"/> Hallways		<input type="checkbox"/> Trash Collection Area	
_____				<input type="checkbox"/> Common Areas			

<u>Location #</u> _____					
Address:		City:		State:	Zip:
Year Built:	# Stories:	Total Square Feet:			
Was the building originally designed and constructed for nursing home occupancy?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this building meet applicable current NFPA life safety codes?					<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction Type:</u>	<input type="checkbox"/> Frame	<input type="checkbox"/> Brick	<input type="checkbox"/> Non-combustible	<input type="checkbox"/> Masonry Non-Combustible	<input type="checkbox"/> Fire resistive
<u>Location of Smoke Detectors:</u>			<u>Areas Protected by Approved Automatic Sprinkler System:</u>		
<input type="checkbox"/> None	<input type="checkbox"/> Hallways	<input type="checkbox"/> None	<input type="checkbox"/> Resident Rooms		
<input type="checkbox"/> Entire Facility	<input type="checkbox"/> Common Areas	<input type="checkbox"/> Entire Facility	<input type="checkbox"/> Soiled Linen Chutes and Rooms		
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Resident Rooms	<input type="checkbox"/> Hallways	<input type="checkbox"/> Trash Collection Area		
_____			<input type="checkbox"/> Common Areas		

G) SECURITY AND LIFE SAFETY:

- 1) Is smoking permitted in resident's rooms? Yes No
 In common areas? Yes No
- 2) Describe specific rules applicable to smoking: _____

H) COVERAGE INFORMATION:

<u>Current Professional Liability Coverage:</u>	<u>Current General Liability Coverage:</u>	<u>Current Excess Coverage:</u>
Carrier:	Carrier:	Carrier:
Policy Term:	Policy Term:	Policy Term:
Limits of Liability:	Limits of Liability:	Limits of Liability:
<input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence
If Claims Made, Retroactive Date:	If Claims Made, Retroactive Date:	If Claims Made, Retroactive Date:
<input type="checkbox"/> Deductible: \$	<input type="checkbox"/> Deductible: \$	Premium: \$
<input type="checkbox"/> Self Insured Retention: \$	<input type="checkbox"/> Self Insured Retention: \$	
Premium: \$	Premium: \$	

I) CLAIMS INFORMATION: (MISSOURI RESIDENTS DO NOT ANSWER)

- 1) Has any insurer cancelled or declined professional liability insurance for the Applicant? Yes No
- 2) Please attach a loss run describing all claims/incidents during the past 7 years made against the Applicant or any individual or entity proposed for coverage hereunder that would fall within the scope of the proposed insurance. (Attach additional sheets, if necessary).

If "None", so state: _____

- 3) Neither the Applicant nor any individual or entity proposed for coverage, is aware of any fact, circumstance, situation, transaction, event, act, error, or omission which they have reason to believe may result in a claim that may fall within the scope of the proposed insurance, except as follows. _____

If "None", so state: _____

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

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, declares 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.

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 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 AND CRIMINAL PENALTIES.

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, 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 MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO MINNESOTA, OHIO, AND ARKANSAS 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, WHICH IS 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 OKLAHOMA APPLICANTS: 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:

NOTE: This Application must be signed by the Chairman or President of the Applicant acting as the authorized agent of all individuals and entities proposed for this insurance.