

Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:

Adult Day Care Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____
Proposed Policy Period _____ to _____ Phone Number for Inspection Contact: _____
Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____
Location #2 _____
Location #3 _____

GENERAL INFORMATION

- Number of years this facility has been:
Operating: _____ Owned by present owners: _____ Under present management: _____
- Is this facility operating for profit? Yes No
- Administrator's name and brief summary of administrative experience: _____

Attach a copy of the facility's brochure

OPERATIONS

- List all association memberships held by your facility _____
- Do you verify employee/volunteer references and check for any possible criminal records? Yes No
- Do you have a formalized employee/volunteer screening and monitoring procedures in place? Yes No
- How often are employee records updated? _____
- Do you employ any professionals? Yes No
If yes, describe: _____
- Do you have any contractual agreements with others to provide professional services for you? Yes No
If yes, describe _____
- Do you accept any of the following as clients? Check all that apply and the percentage for each.

<input type="checkbox"/> Ambulatory	_____ %	<input type="checkbox"/> Chemically Dependent	_____ %
<input type="checkbox"/> Non-Ambulatory	_____ %	<input type="checkbox"/> Physically Impaired	_____ %
<input type="checkbox"/> Elderly	_____ %	<input type="checkbox"/> Emotionally Disturbed	_____ %
<input type="checkbox"/> Mentally Retarded	_____ %	<input type="checkbox"/> Other	_____ %
- Do you require evidence of acceptable health (physical examination) for all new clients to your facility? Yes No
- Do you obtain advance written consent from each client or guardian that allows your facility to provide non-emergency medical care when it is needed? Yes No

OPERATIONS (Continued)

10. How many employees? _____ Describe their duties. _____
-
11. Is a nursing assessment conducted for new clients? Yes No
 If yes, does this assessment include evaluation of:
 Mobility limitations? Yes No
 History of prior injuries? Yes No
 Required assistance? Yes No
 Disorientation? Yes No
12. Are written attending physician orders required for:
 All drugs or medicines? Yes No
 Special dietary requirements? Yes No
 Any other specific therapy or treatment? Yes No
13. Are all drugs kept in a locked cabinet? Yes No
14. What is the maximum number of clients present at the facility at any one time? _____
15. What are the hours of operations? _____
16. Describe services and activities offered to clients: _____
-
-

PREMISES INFORMATION

1. Describe buildings: (**Attach** a separate sheet, if there are additional buildings)

BUILDING #	YEAR BUILT	CONSTRUCTION		
		<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry	<input type="checkbox"/> Fire Resistive
		<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry	<input type="checkbox"/> Fire Resistive
		<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry	<input type="checkbox"/> Fire Resistive

2. Has the building been renovated to code for current occupancy? Yes No
3. Are there at least two exits, located remotely from each other, on each floor and fire section? Yes No
4. Evacuation Procedures
 Do you have a written emergency evacuation plan? Yes No
 Are evacuation directions posted in all parts of your facility? Yes No
 Does your staff orientation plan include a review and "walk through" of any disaster plan? Yes No
 How often do you conduct evacuation or fire drills each year for each shift? _____
5. When was this building's electric, heating and plumbing systems last inspected and/or updated?

	ELECTRIC	HEATING	PLUMBING
Date replaced or updated			
Date of last qualified inspection			

6. Does the premises have smoke detectors? Yes No
 If yes, check all areas protected: None Hallways Common areas
7. Does the premises have an automatic sprinkler system? Yes No
 If yes, check all areas protected by approved automatic system: None Hallways Common areas
 Trash collection area Other areas: _____

PREMISES INFORMATION (Continued)

8. When did the Local Fire Authorities last inspect the building(s)?

State Department of Health?

How many recommendations did the Fire authorities and the State Department of Health make?

Have all deficiencies been corrected? Yes No

9. Is smoking permitted on premises? Yes No

Describe any rules applicable to smoking: _____

10. Are there alarms on exit doors to prevent clients from leaving the premises without proper authorization? .. Yes No

If no, how is this otherwise controlled? _____

11. Are handrails provided in hallways and bathrooms? Yes No

12. Abuse or Molestation desired? (If yes, indicate limits below) Yes No

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____

PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____

PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____

EACH OCCURRENCE \$ _____

DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____

MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

OPTIONAL COVERAGE:

ABUSE OR MOLESTATION – LIMITED LIABILITY

EACH EVENT \$ _____

AGGREGATE \$ _____

PRIOR CARRIER HISTORY & LOSS INFORMATION

Has the applicant been cancelled or non-renewed in the last three years?..... Yes No

If yes, Explain. _____

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

PRIOR CARRIER HISTORY & LOSS INFORMATION (CONTINUED)

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: 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.

Colorado: 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.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic,

electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: 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.

Maine, Tennessee, Virginia, Washington: 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.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or 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.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: 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.

New York: 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.

Oklahoma 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.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date