



INSURANCE AGENCY, INC.
 PRIMARY / EXCESS AND SURPLUS LINES BROKERS
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Adult Day Care General Liability Application

Applicant's Name	
Mailing Address	
Location	
Web site Address	

Agency Name	
Agent	
Address	
E-Mail	
Phone	

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

Limits Of Liability & Deductible Requested:

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 premise)	\$
Medical Expense (any one person)	\$
Other Coverage, Restrictions, and/or Endorsements:	\$
Deductible	\$

1. **Number of years in business?** _____
2. **Is applicant licensed?** Yes No
 Is a license required by the state?..... Yes No
3. **What is maximum number of clients permitted by license?** _____
4. **What is maximum number of clients on premises at any one time?** _____
 Average daily attendance? _____

5. Please describe all the activities at this facility: _____

6. Indicate type of facility: Social Medical Mental

7. Indicate type of counseling, if any, provided: Financial Medical

8. Is this an in-home facility?..... Yes No

If yes, please explain: _____

9. Is there a swimming pool on the premises? Yes No

If yes:

a. Number of pools? _____

b. Are the pools fully fenced?..... Yes No

c. Are the rules posted? Yes No

d. Is there life-safety equipment at poolside? Yes No

e. Is there a diving board, platform, or slide? Yes No

f. Is a certified lifeguard or CPR certified attendant present at all times? Yes No

g. Are all swimming pools, wading pools, hot tubs and spas in compliance with the Virginia Graeme Baker Pool and Spa Safety Act?..... Yes No

10. Describe any special equipment on premises: _____

11. Any off-premises field trips? Yes No

If so, how many? _____ Describe: _____

12. Describe the building, including age, construction, number of stories, alarms, sprinklers, etc.: _____

13. Are there any non-ambulatory attendees? Yes No

If yes: How many? _____

14. Are there any Alzheimer's afflicted adults?..... Yes No

If yes: How many? _____

Are there anti-wandering devices on all the exits?..... Yes No

15. Describe how injuries or illnesses are handled: _____

16. Is there a doctor on staff or on call? Yes No

If yes, please explain: _____

17. Does applicant have Workers' Compensation coverage in force? Yes No

18. Ratio of caregivers to clients: _____

19. Total number of employees: _____

20. Are certificates of insurance obtained from all subcontractors?..... Yes No

If yes, minimum Limits required: \$ _____

Are you included as an additional insured on the independent contractors' policy? Yes No

Do you use uninsured subcontractors? Yes No

If yes, percentage of total subcontracted cost: _____ %

21. Is there any overnight exposure?..... Yes No

If yes, please explain: _____

22. Is there any physical therapy exposure at this facility? Yes No

23. Is there any administering of medicine at this facility?..... Yes No

If yes, please explain: _____

24. Has the applicant had any past or present allegations of physical/sexual abuse? Yes No

If yes, please explain: _____

25. During the past three years, has any company ever cancelled, declined or refused to issue similar insurance to the applicant (Not applicable in Missouri)?..... Yes No

If yes, please explain: _____

26. Does applicant have an accident and health policy? Yes No

If yes, what limits? _____

27. Does applicant have other business ventures for which coverage is not requested? Yes No

If yes, please explain and advise where insured: _____

Previous Insurer and Loss History: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. Check if no losses in the last three years

YEAR	COMPANY	COVERAGE	PREMIUM	DATE OF LOSS	LOSSES PAID/RESERVED	DESCRIPTION OF LOSS

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

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 FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO MAINE 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 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.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND 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 include imprisonment, fines and denial of insurance benefits.

APPLICABLE IN THE STATE OF 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.

NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

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.