

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, Arkansas, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, 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:**

**NOTICE:** In some states, any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution,*) fines and confinement in prison (For Alabama add: *or any combination thereof*).

**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.

**Alaska**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**California**

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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.

### **District of Columbia**

**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.

### **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.

### **Idaho**

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

### **Indiana**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **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 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.

### **Minnesota**

Any person who files a claim with intent to defraud or help commit a fraud against an insurer is guilty of a crime.

### **New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

### **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.

### **Ohio**

Any person who, with intent to defraud or knowing that he 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.

### **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. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
  - 1. Material to the risk assumed by us; or
  - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**Pennsylvania**

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.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date