

SENIOR LIVING APPLICATION (PART I)

TODAY'S DATE: _____

VARIOUS PROVISIONS OF THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURANCE COMPANY DURING THE POLICY PERIOD OR APPLICABLE EXTENDED REPORTING PERIOD. PLEASE READ THE ENTIRE APPLICATION AND THE POLICY FORMS CAREFULLY BEFORE SIGNING.

REQUIRED ATTACHMENTS

Please include a current copy of each of the following documents with the application:

1. Declarations Page from your current policy, showing all policy details and endorsement information.
2. Five (5) years of currently valued loss run reports from prior carriers, with narrative for any claim in excess of \$100,000
3. Current Financial Statement (income, balance sheet, cash flow) with management notes.
4. Copies of licenses for each location.
5. All state survey reports, including complaints, from the recent 15 months (including corrective action plans).
6. For SNF's: Skin/wound care protocols
7. For SNF's: Facility Quality Measures/Indicator Reports for a cumulative six-month period not older than 90 days.
8. For SNF's: Current CMS Forms 671 Facility Staffing & 672 Resident Census.

INSTRUCTIONS

1. Please type or print legibly. If the application is approved, the policy will be issued based on the information provided.
2. Please answer all questions. If a question is not applicable, print, "N/A".
3. Complete a separate version of the *Senior Living Facility Application* for each location proposed for coverage.

I. APPLICANT INFORMATION

A. Applicant Name: _____
 Applicant Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ Website: _____

B. Description of Applicant (check all that apply):

<input type="checkbox"/> For Profit	<input type="checkbox"/> Hospital Affiliated	<input type="checkbox"/> Individual	<input type="checkbox"/> CCRC
<input type="checkbox"/> Not-for-Profit	<input type="checkbox"/> ACO	<input type="checkbox"/> Corporation	<input type="checkbox"/> CARF Accredited
<input type="checkbox"/> Religious Affiliated	<input type="checkbox"/> JCAHO Accredited	<input type="checkbox"/> LLC	

C. How many years has the Applicant been under current ownership? _____

D. How many facilities does the Applicant own/operate? _____

E. Is a management company utilized to manage the Applicant's operations? Yes No

- If yes, please provide the following:
1. Name of the management Company: _____
 2. How many years has the management company been engaged? _____

F. Has any insurance carrier cancelled or refused coverage, similar to that being applied for here, in the past three (3) years? Yes No

If yes, please indicate the reason for cancellation, non-renewal, or restriction:

- Insurer withdrawal from state or line of business
- Insurer insolvency
- Claims frequency and/or severity
- Other: _____

G. Describe on separate attachment the details of any claims made during the past five (5) years with combined amounts paid or reserved in excess of \$100,000, including the alleged cause of loss and status of claim. Attached

H. Is the Applicant, or any entity or individual proposed for coverage under this insurance aware of any fact, circumstance, incident, or loss which is not yet a claim, but is likely to result in a claim that would be subject to the coverage requested? Yes No

If yes, please provide the following:

1. Date of event: _____
2. Potential claimant name(s): _____
3. Reported to carrier Yes No

I. Proposed Policy Effective Date: _____

J. Prior Insurer: _____ n/a

1. Expiration Date: _____
2. Limits of Liability: _____
3. Expiring Premium: _____
4. Coverage Type: Occurrence Claims-Made
5. Claims-Made Retro Date: _____
6. Retention Type: Deductible SIR
7. Retention Amount: _____

K. If any *Additional Named Insureds* are required, please describe Name, Address and Description of Operations of each on separate sheet.

L. If any *Additional Insureds* are required, please describe Name, Address, Description of Operations and whether GL coverage or PL coverage is required on separate sheet.

II. RISK MANAGEMENT

A. Has a risk management program been implemented throughout all facilities? Yes No

- B. Is there a full-time, dedicated Risk Manager? Yes No
1. Name of Risk Manager: _____
- a. Phone: _____ Email: _____
- b. How long has the Risk Manager been in that position with the Facility? _____
- C. Do all Facilities have an "incident reporting" policy? Yes No
- If yes,
1. Are all incident reports reviewed by the Risk Manager and Medical Director? Yes No
2. Are incidents trended and presented to the quality/risk management committee? Yes No
- D. Do all facilities perform a monthly review of drug regimens? Yes No
- If yes, by whom? _____
- E. Have all Facilities established admission, discharge, and transfer criteria? Yes No
- If yes, who ensures compliance with these established criteria? _____
- F. Do resident assessments include a cross check of National Sex Offender Registry prior to admission? Yes No
- G. Do all Facilities have a formal grievance procedure in place to address resident/facility complaints? Yes No
- If yes, please explain the process: _____

III. INFECTION CONTROL

- A. Have any Facilities been cited for the Tags F880, F881, F882, F883, F945 on CMS Surveys within the past (3) years? Yes No
- If yes, please identify the Facility and date of citation and include a copy of the plan of correction for each.
- _____ Attached
- B. Have any facilities had an outbreak of Norovirus, Scabies, Influenza, COVID-19, Legionella, MRSA, Hep B or C, a Superbug (antibiotic resistant bacteria), or other communicable disease within the past three (3) years? Yes No
- If yes, please identify the location and the date of such outbreak.
- _____

FRAUD WARNINGS:

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

ALABAMA AND 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.

ARKANSAS, MINNESOTA, AND 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, which is a crime.

CALIFORNIA APPLICANT: For your protection California law requires the following to appear on this form. Any person who knowingly presents a 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 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to any insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, any insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

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

KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud an 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.

LOS ANGELES 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.

LOUISIANA, NEW MEXICO, RHODE ISLAND, AND WEST VIRGINIA 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.

MAINE, TENNESSEE, AND VIRGINIA 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.

MISSOURI APPLICANTS: Any person commits a "fraudulent insurance act" if such person knowingly presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker, or any agent thereof, any oral or written statement including computer generated documents as part of, or in support of, an application for the issuance of, or the rating of, an insurance policy for commercial or personal insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance, which such person knows to contain materially false

information concerning any fact material thereto or if such person conceals, for the purpose of misleading another, information concerning any fact material thereto. An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether an insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not renew it.

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.

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.

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.

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.

PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) no more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggregated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

WASHINGTON APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

ALL OTHER STATES: 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/or civil penalties.

SIGNATURE AND AUTHORIZATION:

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. **For Florida accounts**, the preceding sentence is replaced with the following: The undersigned, as authorized agent of all individuals and entities proposed for this insurance, 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 us. If a policy is issued it will be in reliance upon the Application, and the Application will be the basis of the contract.

The undersigned further acknowledges that any and all responses to questions, statements and explanations made in this application, or in any and all documents, supplemental pages, or other attachments (hereinafter "Attachments") are true and that neither they, nor any applicant, have knowingly suppressed or misstated any material facts and they, and any applicant, agree that this application, and any Attachments, shall be the basis of the contract with the Company.

THE UNDERSIGNED IN THEIR CAPACITY AS AUTHORIZED AGENT AGREES THAT IF THEY FAIL TO COMPLY WITH THESE TERMS, THE APPLICANT/NAMED INSURED WILL HAVE NO COVERAGE FOR ANY CLAIM UNDER ANY POLICY OF INSURANCE FOR WHICH THEY ARE APPLYING.

The Insurer will maintain the information contained in and submitted with this Application on file and along with the Application will be considered physically attached to, part of, and incorporated into the policy, if issued.

The Insurer is authorized to make any inquiry in connection with this Application. The Insurer's acceptance of this Application or the making of any subsequent inquiry does not bind you or us to complete the insurance or issue a policy. By signing this Application, the applicant hereby authorizes and directs any person or organization whatsoever to release and furnish to the Company and its agents or representatives, any and all information requested which may relate to insurability under the policy. The applicant furthermore authorizes the release of all such information by the Company as required by law to any governmental agency or professional society or association. The applicant furthermore releases and agrees to hold harmless the Company, and all of its agents and representatives, any prior insurer, governmental agency, or professional society or association from any liability arising out of the release or review of any and all information released or furnished pursuant to this authorization and application for insurance, notwithstanding the fact that there may be errors, omissions, or mistakes contained in such released information.

The information provided in this Application is for underwriting purposes only and does not constitute notice to us under any policy of a Claim or potential Claim.

Completion of this form does not bind coverage or obligate the Company to offer coverage. The Company's receipt of the applicant's acceptance of the Company's quotation is required before the coverage may be bound, and the policy issued. I further understand and agree that I, or any applicant, have no right to demand or expect coverage until the Company has: (1) received the completed application(s); (2) offered a premium quote; and (3) received, as a precondition to coverage, the total premium due or, if the Company has agreed to finance the premium, the first installment due. In addition, I or any applicant understands that if payment of premium or first installment is by check, electronic transfer, or money order, it shall not be considered "received" by the Company until it has been honored by the bank.

If the information in this Application materially changes prior to the effective date of the policy, you must notify us immediately and we may modify or withdraw any quotation or agreement to bind insurance.

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.

By signing this application on behalf of the applicant (which may include a professional corporation, a professional association, a limited liability company, a general business corporation, a partnership, a joint venture, or a governmental entity), I represent that I am an Officer, Shareholder, Partner, or other Authorized Representative of the group or entity applying for coverage.

APPLICANT NAME

BY (signature)

PRINTED NAME OF SIGNER

TITLE

DATE

NOTE: THIS APPLICATION MUST BE SIGNED BY A PARTNER, PRINCIPAL, DIRECTOR OR OFFICER OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.

PRODUCED BY

AGENCY

SURPLUS LINES LIC. NO.

AGENCY ADDRESS

NOTE: **FOR NEW HAMPSHIRE APPLICANTS**, PRODUCER'S NAME AND SIGNATURE ARE REQUIRED.

PRODUCER SIGNATURE

DATE