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## ADULT DAY CARE GENERAL LIABILITY APPLICATION

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_  
 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

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

**Applicant is:**  Individual     Corporation     Partnership     Joint Venture  
 Limited Liability Company     Other (Specify): \_\_\_\_\_

**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)	\$
Errors and Omissions Coverage (Included up to General Liability Limits)	Each Claim \$ Aggregate \$
Sexual and/or Physical Abuse Coverage (Included up to \$100,000/\$300,000 limits—cannot exceed General Liability Limits)	<input type="checkbox"/> \$100,000/\$300,000 <input type="checkbox"/> \$300,000/\$300,000 <input type="checkbox"/> Other
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. **Describe all 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, explain: \_\_\_\_\_  
 \_\_\_\_\_
9. **Is there a swimming pool on the premises?** .....  Yes  No  
 If yes:  
 a. Number of pools: \_\_\_\_\_  
 b. Pool area fenced with self-latching gate? .....  Yes  No  
 c. Depths marked? .....  Yes  No  
 d. Rules posted? .....  Yes  No  
 e. Life safety equipment at poolside? .....  Yes  No  
 f. Is there a diving board, platform, or slide? .....  Yes  No  
 g. Is a certified lifeguard or CPR certified attendant present at all times? .....  Yes  No  
 h. Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal 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 all exits equipped with anti-wandering devices? .....  Yes  No
15. **Describe how injuries or illnesses are handled:** \_\_\_\_\_  
 \_\_\_\_\_
16. **Is there a doctor on staff or on call?** .....  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

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

18. Ratio of caregivers to clients: \_\_\_\_\_

19. Total number of employees: \_\_\_\_\_

20. Does applicant subcontract any operations? .....  Yes  No

If yes:

a. Description of operations subcontracted: \_\_\_\_\_

b. Annual cost of subcontracted work: \_\_\_\_\_

c. Are all subcontractors required to carry General Liability Insurance? .....  Yes  No

If yes, minimum limits required: \_\_\_\_\_

If no, what percentage of total subcontracted costs are uninsured? \_\_\_\_\_

d. Are all subcontractors required to carry Workers Compensation Insurance? .....  Yes  No

e. Are certificates of insurance required from all subcontractors? .....  Yes  No

f. Is applicant included as an additional insured on all subcontractors' policies? .....  Yes  No

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

If yes, 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, explain: \_\_\_\_\_

\_\_\_\_\_

24. Has the applicant had any previous or pending allegations of sexual and/or physical abuse? .....  Yes  No

If yes, 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, explain: \_\_\_\_\_

\_\_\_\_\_

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

If yes, what limits? \_\_\_\_\_

27. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? .....  Yes  No

If yes, describe: \_\_\_\_\_

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

If yes, explain and advise where insured: \_\_\_\_\_

\_\_\_\_\_

29. Additional Insured Information:

Name	Address	Interest

**30. Prior Carrier Information:**

	<b>Year:</b>	<b>Year:</b>	<b>Year:</b>
<b>Carrier</b>			
<b>Policy No.</b>			
<b>Coverage</b>			
<b>Occurrence or Claims Made</b>			
<b>Total Premium</b>			

**31. Loss History:**

<p><b>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.</b> <input type="checkbox"/> Check if no losses last three years.</p>				
<b>Date of Loss</b>	<b>Description of Loss</b>	<b>Amount Paid</b>	<b>Amount Reserved</b>	<b>Claim Status (Open or Closed)</b>

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. **Not applicable in Nebraska, Oregon and Vermont.**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**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 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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 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 LOUISIANA 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 fines and confinement in prison.

**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.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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 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 RHODE ISLAND 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 fines and confinement in prison.

**FRAUD WARNING (Applicable in Tennessee, Virginia 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.

**NOTICE TO NEW YORK APPLICANTS (Other than automobile):** 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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.