



APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Facility License must be attached to this application.

GENERAL INFORMATION

- 1. Applicant
2. Mailing Address.
3. Location of Risk (including Zip Code):
4. Applicant is: Individual, Partnership, Corporation, Other
5. Facility is: Profit, Non-Profit
6. Applicant's interest in premises is: Owner, General Lessee, Tenant
7. Licensed By State of, License No., Expiration Date
8. Does applicant own or operate any other types of facilities?
9. Has license ever been suspended, revoked or placed under probation?
10. How long has home been in operation? How long under present management?
11. Describe affiliation, if any, (Hospital, Church, Retirement Facility, etc.)
12. Contact for Audit and Inspection Name: Phone

RESIDENT INFORMATION

- 13. Identify whether the residents have any of the following: Mild or Moderate Mental Retardation, Severe or Profound Mental Retardation, Mentally Disturbed/ Mentally Ill, Schizophrenia/ Bipolar Disorder/ Psychosis, Alzheimer's/Dementia, Cerebral Palsy, Non ambulatory or requiring wheelchair, Violent or Aggressive Behavior / Requiring Restraint
14. Number of residents: Under Age 18, Age 18-60, Over Age 60
15. Do all residents leave the facility to attend work or a sheltered workshop?
16. Is there staff on premises 24 hours a day? Is there "awake" staff at night?
17. List any medications that the staff is required to administer
18. Are field trips regularly taken?

24. PRIOR CARRIER & LOSS INFORMATION

Yes No

Have there been any General Liability or Professional claims in the past 3 years?
 If Yes, provide details _____

Have there been any Property claims in the past 3 years?
 If Yes, provide details _____

Have there been any allegations of Abuse or Molestation?
 If Yes, provide details _____

Prior Insurance Carrier _____ Expiring Premium _____

FRAUD STATEMENT: 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 FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Applicant's Warranty Statement

The applicant warrants that the Group Home(s) submitted here for consideration of insurance coverage are maintained to provide services to adult residents diagnosed with mild to moderate mental retardation or developmental disability only, The residents are ambulatory, under the age of 60, able to provide for their own personal hygiene, can communicate sufficiently to make known their own wants and needs, and are able to differentiate between societal mores of right and wrong. The applicant further warrants that no residents have a recent history of violence or anti-social behavior (not treatable by medication) or who are mentally ill (bipolar, schizophrenic, psychotic, etc.).

The above applicant also warrants that the above statements and particulars, together with any attached or appended documents, are true and complete and do not misrepresent, misstate or omit any material facts.

Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon the information.

Applicant's Signature: _____ Date: _____

Broker's Signature: _____ Date: _____

Address: _____

Some states require that we have the Name and Address of your (insured's) authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail Completed Application
 Through Local Agent or Broker To: _____