# ADULT DAY CARE GENERAL LIABILITY APPLICATION

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| Applicant’s Name:    Mailing Address:    Location Address: | Agency Name:  Agent No.:  Address:    E-mail:  Phone No.: |

**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” (N/A)

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture

Limited Liability Company  Other (Specify):

**Website Address:**

**E-mail Address:**       **Phone No.:**

**Limits Of Liability & Deductible Requested:**

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| 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 Each Claim (Included up to General Liability Limits) Aggregate | $      $ |
| Sexual and/or Physical Abuse Coverage (Included up to $100,000/$300,000 limits—cannot exceed  General Liability Limits) | $100,000/$300,000  $300,000/$300,000  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?

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| **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

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| If yes, explain: |

**9. Does applicant provide assisted living facilities?**  Yes  No

**10. 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

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| **11. Describe any special equipment on premises:** |

**12. Any off-premises field trips?**  Yes  No

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| If so, how many?       Describe: |

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| **13. Describe the building, including age, construction, number of stories, alarms, sprinklers, etc.:** |

**14. Are there any non-ambulatory attendees?**  Yes  No

If yes: How many?

**15. Are there any attendees with dementia, including Alzheimer’s?**  Yes  No

If yes: How many?

Are all exits equipped with anti-wandering devices?  Yes  No

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| **16. Describe how injuries or illnesses are handled:** |

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

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| If yes, explain: |

**18. Does applicant have Workers’ Compensation coverage in force?**  Yes  No

**19. Ratio of caregivers to clients:**

**20. Total number of employees:**

**21. 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

**22. Is there any overnight exposure?**  Yes  No

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| If yes, explain: |

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

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

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| If yes, explain: |

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

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| If yes, explain: |

**26. 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

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| If yes, explain: |

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

If yes, what limits?

**28. 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:

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

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| If yes, explain and advise where insured: |

**30. Additional Insured Information:**

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| **Name** | **Address** | **Interest** |
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**31. Prior Carrier Information:**

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|  | **Year:** | **Year:** | **Year:** |
| **Carrier** |  |  |  |
| **Policy No.** |  |  |  |
| **Coverage** |  |  |  |
| **Occurrence or Claims Made** |  |  |  |
| **Total Premium** |  |  |  |

**32. Loss History:**

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| **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 last three years. | | | | |
| **Date of Loss** | **Description of Loss** | **Amount Paid** | **Amount Reserved** | **Claim Status (Open or Closed)** |
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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 AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties   
under state law.

**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.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing state-ments are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S SIGNATURE: DATE:

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

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|  | **IMPORTANT NOTICE** |  |
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| 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. | | |