



Allied Healthcare Programs and Facilities

VGM MEMBER No. _____ Proposed Effective Date _____

Legal Named Insured (full name of all companies to be insured under this policy)

DBA _____

Entity is: S Corp C Corp Individual Partnership Limited Partnership LLC Other

If other, please describe: _____

Please check all that apply: Home Healthcare Agency Temporary Staffing Agency Residential Hospice
 Nurse Registry Medical Testing and Imaging Lab Hospice – Home
 Dialysis Center Physical Therapy Clinic Referral Agency CDPAP/CDPAS
 Other: Please describe _____

Website _____

Mailing Address _____

Physical Address _____

City _____ State _____ ZIP _____ County _____

Contact Person _____ Email _____

Phone No. _____ Fax No. _____

FEIN _____ Medicare Provider No. _____ NPI No. _____

List all locations and areas of operations (if more room is needed, please attach a separate piece of paper)

Street _____ City _____ State _____ Zip _____ County _____

Street _____ City _____ State _____ Zip _____ County _____

Street _____ City _____ State _____ Zip _____ County _____

COVERAGE REQUESTED

___ **Professional Liability** Occurrence Claims Made Retroactive Date _____

\$ 100,000 per Incident / \$ 300,000 Aggregate

\$ 500,000 per Incident / \$ 500,000 Aggregate

\$1,000,000 per Incident / \$1,000,000 Aggregate

\$1,000,000 per Incident / \$3,000,000 Aggregate

\$2,000,000 per Incident / \$4,000,000 Aggregate

\$3,000,000 per Incident / \$3,000,000 Aggregate

Other: _____

___ **General Liability** Occurrence Claims Made Retroactive Date _____

\$ 100,000 per Incident / \$ 300,000 Aggregate

\$ 500,000 per Incident / \$ 500,000 Aggregate

\$1,000,000 per Incident / \$1,000,000 Aggregate

\$1,000,000 per Incident / \$3,000,000 Aggregate

\$2,000,000 per Incident / \$4,000,000 Aggregate

\$3,000,000 per Incident / \$3,000,000 Aggregate

Other: _____

Additional Coverages:

Employee Benefits Liability: **Limits** _____ **Retroactive Date:** _____

Hired and Non-Owned Auto Liability: **Limits** _____ **Retroactive Date:** _____

Entity – Years in Business? _____ Applicant – Years of Experience? _____

Percentage of client’s ages 0-18 ___% 19-40 ___% 41-64 ___% 65 and older ___%

Do you provide overnight beds at any of your locations? Yes No

Do you provide treatment or services on premises which you own or rent/lease? Yes No

Exposure Information

Last 12 Months: Revenue \$ _____ Payroll \$ _____

Patient/Client Contacts or Visits _____ Telehealth Patient/Client Contacts _____

Next 12 Months: Revenue \$ _____ Payroll \$ _____

Patient/Client Contacts or Visits _____ Telehealth Patient/Client Contacts _____

Staffing Roster Full Time Employees/Part Time Employees/Contractors

	Full Time	Part Time	Contractors
Physical Therapists	_____	_____	_____
Nurses Temporary Staffing	_____	_____	_____
Nurses – Other than Temporary Staffing	_____	_____	_____
Nurse Aides/Home Health Aides/Homemakers	_____	_____	_____
Medical Technicians	_____	_____	_____
Pharmacists	_____	_____	_____
Speech & Hearing Therapists	_____	_____	_____
Social Workers	_____	_____	_____
Physician/Physician Assistant	_____	_____	_____
Nurse Practitioner/Clinic Nurse Specialist	_____	_____	_____
Live-In Companions	_____	_____	_____
Occupational Therapists	_____	_____	_____
Ultrasound/Sonography Technicians	_____	_____	_____
Laboratory Technicians	_____	_____	_____
X-Ray Technicians	_____	_____	_____
Respiratory Therapist	_____	_____	_____
All Others	_____	_____	_____
If others, please describe: _____			

Designated Professionals

Please provide information requested for each employed or contracted physician.

Name	Current In-Force Medical Malpractice Insurance	Employee or Contractor	Annual Hours	Direct Patient Care (DPC) or Medical Director (MD)

If Nurse Practitioners/Physicians Assistants are employed or contracted, do they provide direct patient care?

Yes No

Has any Professional or General Liability claim or suit been brought in the past five years against the applicant or any predecessor in interest concerning the entity to be insured? Yes No If yes, please describe.

Please attach a copy of loss runs.

Are you aware of any claims or suits, or any incident that could become a claim or suit, that has not been reported to your current insurance carrier? Yes No If yes, please describe below or attach an explanation.

Check all the following that apply if obtained, verified, and filed as part of each employee screening and hiring process: Applications Drug/HIV/Hep Testing Education/Competency Written/Verbal References

Multi-State Registry Criminal Background Checks Licenses/Annual Confirmation

Are employees required to actively participate in continuing education? Yes No

Is your facility accredited? Yes No If yes, with whom? _____

Do you have a formal written quality assurance and risk management program? Yes No

Do you keep files or medical records on all patients? Yes No If yes: Paper Records Digital Records

Do all employees/contractors maintain and provide daily reports on all patients for whom they provide services?

Yes No If yes: Paper Records Digital Records

Home Healthcare

CHECK HERE IF N/A

Where are employees/independent contractors placed, (by percentage)?

Private Homes _____ % Hospitals _____ % Nursing Homes _____ % Assisted Living _____ %

Medical Clinics _____ % Doctor's Offices _____ % Other _____ %

If other, please describe. _____

What percentage of clients require?

Wound Care _____ % Cardiac Care _____ % Respiratory Support _____ % Infusion Therapy _____ %

If wound care services are provided, are they done so by a **Certified Wound Care Nurse (CWCN)**? Yes No

If no, please explain. _____

If infusion therapy services are provided, are they done so by a certified nurse? Yes No

If no, please explain. _____

Are any PICC/Central Lines inserted? Yes No If yes, what % _____

Temporary Staffing

CHECK HERE IF N/A

Where are employees/independent contractors placed?

Hospitals _____ % Nursing Homes _____ % Assisted Living _____ % Medical Clinics _____ %

Doctor's Offices _____ % Other _____ % If other, please describe. _____

What % of your services are provided in the following departments?

Emergency Room _____ % ICU _____ % Surgery _____ % Labor & Delivery _____ %

Do you execute contracts with any of the following:

- Individual patients
- Facilities (Hospitals, Assisting Living, Nursing Homes)
- Both of the above

If you contract with facilities, do you require that you be named as additional insured on the facility's insurance? Yes No

Do you perform any of the following prior to entering into a contract with a facility?

- Conduct thorough site inspections of healthcare facility
- Develop an understanding of client facility operations/culture
- Conduct customized client-specific orientations
- Review specific job descriptions for required staff
- Review existing safety and employee manual(s)
- Review OSHA reports

Medical Testing and Imaging Labs

CHECK HERE IF N/A

Percentage of revenue from the following testing:

Xray _____ % MRI _____ % Ultrasound _____ % PET _____ % CT _____ % EKG _____ %

Mammogram _____ % Drug Testing _____ % Routine Blood Work _____ % Urinalysis _____ %

DNA _____ % Sleep Testing _____ % Other _____ %

If other, please describe. _____

Are results released directly to patient? Yes No

Are any treatments performed? Yes No

Are any reads/interpretations provided by an employee or contractor of the insured? Yes No

Are any overnight services provided? Yes No

Physical Therapy Clinics

CHECK HERE IF N/A

What percent of your practice is associated with the following?

Sports Injuries _____ % Professional Athletes _____ % Collegiate Athletes _____ %

Aquatic Therapy _____ % Spinal Manipulations _____ %

Fitness Classes/Wellness Services _____ %

Fitness/Exercise Classes? Yes No

High Endurance/High Intensity Classes? Yes No

Provide Exercise Equipment for Client User? Yes No

Dry Needling/Acupuncture _____ %

No. of treatments? _____

Guarantee Results? Yes No

Complete assessment prior to treatment? Yes No

Fully disclose side effect or risk to client? Yes No

Needles are single use only? Yes No

Pediatric Clients _____ %

Percentage of services provided to ages 10 or under _____ %

Percentage of services provided to ages 11 – 18 _____ %

Is a parent/guardian present during the therapy session? Yes No

Length of session? _____ Minutes.

Maximum number of clients in a session? _____

Do you sell any products? Yes No

If yes, please explain. _____

Do you recommend any supplements for use by clients? Yes No

Do you recommend client consult with PCP prior to using any supplements? Yes No

Do you obtain signed and dated waiver of liability from client when recommending use of a supplement? Yes No

Do you have policies and procedures for the following?

Heat Therapy Yes No Electro Stimulation Yes No

Medical fragile or mobility challenged clients Yes No

Controlled substances/opioids – clients/employees Yes No Physical/Sexual Abuse Yes No

Protocol for injured clients Yes No Clients deemed to be unfit for a therapy session Yes No

Do you assess all clients prior to beginning a therapy session? Yes No

Dialysis Centers

CHECK HERE IF N/A

Is the dialysis process supervised by a licensed physician? Yes No

Does the dialysis center maintain a sterile environment? Yes No

How often is the dialysis equipment inspected? _____ Serviced? _____

Do you perform Peritoneal dialysis? Yes No If yes, what percent? _____%

Residential Hospice

CHECK HERE IF N/A

Does each patient have a detailed plan of care specifying the inpatient services to be given? Yes No

Are formal procedures in place to appropriately and fully disclose all information to the patient or their family/guardian/caregiver? Yes No

Is a written patient's consent form obtained prior to releasing medical records to third parties? Yes No

Are medications kept in a secured area to prevent tampering? Yes No

Percentage of your patients that are terminally ill? _____%

Are all medications securely stored and accessible by authorized parties only? Yes No

Is any portion of the properties listed above subleased to 3rd parties? Yes No

Is there a pool or gymnasium on premises? Yes No

How often are fire drills conducted? _____

If Hired and Non-Owned Auto is requested, please answer the following:

Non-Owned Auto Liability

Do you require your employees/contractors to use their personal automobiles to provide services on your behalf? Yes No

Do you provide client transportation? Yes No If yes, please answer the following:

How many client transports annually? _____ Reimbursable miles? _____

Market/Sell stand-alone transport services? Yes No

Advertise stand-alone transport services on Website? Yes No

Include stand-alone transport services in client service contracts? Yes No

Do you require the employees/contractors to carry minimum limits of liability equal to or greater than the applicable state minimums on their personal automobile policy? Yes No

It is management's responsibility to establish and enforce driver selection criteria. Do you order MVR's annually for all employees and volunteers driving their own vehicles on your behalf for business purposes? Yes No
If no, will you implement an annual MVR process? Yes No

How often are non-owned automobiles used in your business? Daily Weekly Monthly

Have you had any non-owned automobile losses in the past five years? Yes No

(If yes, please attach current loss runs)

Hired Auto Liability

For what purpose do you rent vehicles for business? _____

Average number of automobiles rented/leased annually: _____

Average term of lease/rental agreement: _____

Use of the Client's Vehicle

Do you ever use the client's vehicle when providing services on behalf of the business, or as part of your business operations? Yes No (If yes, please answer below)

If so, how often? _____

Do you verify that the client carries and maintains minimum limits of liability equal to or greater than the applicable state minimums on their personal automobile policy? Yes No

Do you verify that coverage under the client's personal auto policy will extend to your use of the vehicle while providing the agreed upon services? Yes No

By signing this application, the Applicant acknowledges, understands and agrees that they are representing all of their drivers proposed for coverage do not have: **a.** Any more than two moving violations within the past three years **b.** Any at-fault accidents within the past three years **c.** Any convictions of Driving Under the Influence (DUI), Reckless Driving, Driving While Intoxicated (DWI), Vehicular Manslaughter, Driving Dangerously, or any similar offense.

This insurance does not apply to any of the following: physician, surgeon, dentist, nurse midwife, chiropractor, podiatrist, osteopath, and psychiatrist. Unless otherwise provided by endorsement, these medical professional occupations are excluded from coverage. The insurance described herein is subject to all terms, conditions, and exclusions of the insurance certificate.

FRAUD WARNING

YOUR APPLICATION CANNOT BE PROCESSED UNLESS COMPLETED IN ITS ENTIRETY, INCLUDING READING AND EXECUTION OF THE WARRANTY AND FRAUD STATEMENTS CONTAINED BELOW.

Applicant's warranty statement: The undersigned states, represents and warrants that, to the best of his/her knowledge and belief and upon reasonable inquiry, the particulars and Statements set forth and the information contained in documents, if any, attached to this Application are true and accurate and agree that such particulars, statements and information are material to the acceptance of any risk assumed by the Company. The undersigned further declares and agrees that, if any claim, incident or event taking place prior to the effective date of any insurance applied for pursuant to this Application may render inaccurate, untrue or incomplete any statement, particular, or information contained in or attached to the Application, he or she will, as a condition to the effectiveness of any insurance issued pursuant to this Application, immediately report such in writing to the Company, and the Company may in its sole discretion withdraw or modify any outstanding quotations, proposed terms and/or any authorization or agreement to bind the insurance. The signing of the Application does not bind the applicant to purchase the insurance, nor does the review of the Application by the Company bind the Company to issue a policy. It is understood that the Company is relying on the Application and all attachments thereto in the event the policy is used. It is agreed that this Application, including any attachments thereto and material submitted therewith, shall be the basis for the issuance of any policy as to which this Application applies and the Application and any attachments thereto may be attached to and become a part of the policy issued.

Any person who knowingly and with intent to defraud any insurance company or other entity or person submits 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 to the Application, statement of claim or any other submission, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

SPECIFIC STATE FRAUD WARNINGS

PLEASE CAREFULLY REVIEW THE BELOW WARNING THAT IS

APPLICABLE TO THE APPLICANT

APPLICABLE IN CT, GA, HI, IL, IA, MA, MI, MS, MO, MT, NE, NV, NC, ND, SC, SD, VT, WI & WY: Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit with the intent to defraud or deceive any insurer is guilty of a crime and may be subject to criminal and civil penalties and denial of insurance benefits.

APPLICABLE IN ALABAMA: 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. Workers Compensation: Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining workers compensation benefits for himself or herself or any other person is guilty of a Class C felony.

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

APPLICABLE IN 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.

APPLICABLE IN ARKANSAS: 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.

APPLICABLE IN CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN 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.

APPLICABLE IN DELAWARE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN 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.

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

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

APPLICABLE IN INDIANA: A 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.

APPLICABLE IN KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

APPLICABLE IN LOUISIANA: 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.

APPLICABLE IN MAINE: 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.

APPLICABLE IN MARYLAND: 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.

APPLICABLE IN MINNESOTA: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

APPLICABLE IN 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.

APPLICABLE IN NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

APPLICABLE IN 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.

APPLICABLE IN NEW YORK: GENERAL: 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

APPLICABLE IN 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.

APPLICABLE IN 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.

APPLICABLE IN OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN PENNSYLVANIA: GENERAL: 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.

APPLICABLE IN RHODE ISLAND: 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.

APPLICABLE IN TENNESSEE: 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.

APPLICABLE IN TEXAS: 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.

APPLICABLE IN VIRGINIA: 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.

APPLICABLE IN 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.

APPLICABLE IN WEST VIRGINIA: 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.

The above has been read and understood by the Applicant.

SIGNATURE OF APPLICANT: _____ DATE: _____

(Must be signed by a principal, partner or officer of the Applicant who is duly authorized to execute this Application on behalf of and as binding on the Applicant)