



## ALLIED HEALTHCARE PROGRAMS AND FACILITIES

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  Hospice – Home  Nurse Registry  
 Physical Therapy – Home  Temporary Staffing Agency  Residential Hospice  Dialysis Center  
 Physical Therapy Clinic  Medical Testing and Imaging Lab

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
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Street	City	State	Zip	County
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Street	City	State	Zip	County
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What percent of your services are provided to pediatric clients? \_\_\_\_\_

Years in Business? \_\_\_\_\_ Owner/Principal – Years of Experience? \_\_\_\_\_

### Exposure Information

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

Patient/Client Contacts or Visits \_\_\_\_\_ Telehealth Patient/Client Contacts \_\_\_\_\_

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

Patient/Client Contacts \_\_\_\_\_ Telehealth Patient/Client Contacts \_\_\_\_\_

**Staffing Roster: Full-Time Employees/Part-Time Employees/Independent Contractors**

Please provide the number of the following:	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: \_\_\_\_\_

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

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 services?  Yes  No If yes, please answer the following:

How many client transports annually? \_\_\_\_\_ Reimbursable miles? \_\_\_\_\_  
Market/Sell stand-alone transportation services?  Yes  No  
Advertise stand-alone transportation services on Website?  Yes  No  
Include stand-alone transportation services in client service contacts?  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 warrants that only those drivers that meet the following conditions will be allowed to drive on company business:**

**(a) No more than two (2) moving violations within the past three (3) years; (b) No At-fault accidents within the past 3 years; (c) No convictions of Driving Under the Influence (DUI), Reckless Driving, Driving While Intoxicated (DWI), Vehicular Manslaughter, Driving Dangerously, or other similar type of offense.**

**I understand that the information submitted herein becomes a part of my application, and in the event that coverage is bound, is subject to the same warranty and conditions.**

## Home Healthcare

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 \_\_\_\_\_ %

## Temporary Staffing

Where are employees/independent contractors placed?

Hospitals \_\_\_\_\_ %      Nursing Homes \_\_\_\_\_ %      Assisted Living \_\_\_\_\_ %      Medical Clinics \_\_\_\_\_ %  
Doctor's Offices \_\_\_\_\_ %      Other \_\_\_\_\_ %      If other, please describe. \_\_\_\_\_

Are any of your employees/contractors staffed in the following departments?

Emergency Room  Yes  No      If yes, number of staff? \_\_\_\_\_  
Labor & Delivery Rooms  Yes  No      If yes, number of staff? \_\_\_\_\_  
Intensive Care Units  Yes  No      If yes, number of staff? \_\_\_\_\_  
Maternity Ward  Yes  No      If yes, number of staff? \_\_\_\_\_

## Medical Testing and Imaging Labs

Percentage of revenue from the following testing:

X-ray \_\_\_\_\_ %      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

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 Use?  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

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

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? \_\_\_\_\_%

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 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 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)