



**GENERAL LIABILITY/PROFESSIONAL LIABILITY UNDERWRITING**

1. Type of Facility:  ALF  AFCH  Group Home  Other \_\_\_\_\_
2. Are you licensed by the state? If yes, License # \_\_\_\_\_ Exp. Date \_\_\_\_\_  Yes  No
3. Has your license ever been revoked, suspended or restricted?  Yes  No  
(If yes, provide a detailed explanation on a separate sheet of paper)
4. Are any residents diagnosed by a physician as having Alzheimer's Disease?  Yes  No  
If yes, number in each stage: Early \_\_\_\_\_ Mid \_\_\_\_\_ Late \_\_\_\_\_
5. Are any residents diagnosed by a physician as having Dementia?  Yes  No
6. Do you bath and dress patients?  Yes  No
7. Do you dispense medication?  Yes  No
8. Are there any non-ambulatory patients? If yes, how many \_\_\_\_\_  
If yes, are they required to leave their room for meals each day?  Yes  No
9. Do you obtain criminal background checks on all current and potential employees?  Yes  No
10. Have you or any employee, volunteer or other person working for you been convicted, arrested or had allegations made against them?  Yes  No
11. Is there a written procedure in place for handling trip and fall claims?  Yes  No
12. Do you have off-premises field trips/activities?  Yes  No  
If yes, provide frequency and details? \_\_\_\_\_
13. Are precautions taken to track residents?  Yes  No
14. Are sign out procedures in place for all residents?  Yes  No
15. Do you have alarms on your doors when exited from the interior?  Yes  No
16. Are there security cameras on the premises?  Yes  No  
If yes, how many cameras? \_\_\_\_\_ Do they have nightvision?  Yes  No
17. Do you have a swimming pool, spa, beach or pond on or near the premises?  Yes  No  
If yes, are residents allowed to use it?  Yes  No
18. Is there a dog on the premises? Breed of dog: \_\_\_\_\_  Yes  No
19. Do you have any licensed professional under contract?  Yes  No  
If yes, do you obtain certificates of insurance from them?  Yes  No
20. Do you keep records on all patients and record all incidences?  Yes  No
21. Does the premises have all life safety equipment fire alarms, clearly marked exits, existence of an evacuation plan, availability of emergency services, etc.)?  Yes  No
22. Are all admissions to the facility on a voluntary basis?  Yes  No
23. Does the owner(s) reside on the premises?  Yes  No
24. Do you organize or sponsor any athletic events or sports teams other than for your residents?  Yes  No
25. Do you ever serve alcohol to residents or others?  Yes  No

**HIRED AND NON-OWNED AUTO COVERAGE (Answer only if coverage is desired)**

1. Do you have a commercial automobile insurance policy in force?  Yes  No
2. Type of auto's hired, how many and how are they used?  
\_\_\_\_\_

3. Estimated cost of hired autos? This year: \$ \_\_\_\_\_ Last Year: \$ \_\_\_\_\_
4. Do you provide drivers to operate the hired autos?  Yes  No
5. Number of Employees/Volunteers using their own automobiles in your business? \_\_\_\_\_
6. How will the automobiles be used? \_\_\_\_\_
7. How often are employees/volunteers automobiles used in your business?  Daily  Weekly  Monthly
8. Do you obtain Motor Vehicle Records on all employees using their autos in your business?  Yes  No
9. Have you ever had a hired or non-owned automobile loss?  Yes  No

**PROPERTY UNDERWRITING**

**1. Building Information (indicate year of updates – attach a separate sheet if necessary)**

Prem #	Bldg. Age	Roof	HVAC	Plumbing	Electrical	Sprinklered (Circle One)	Fire Alarm* (Circle One)
1						Yes No	L P CS
2						Yes No	L P CS

\* (L=local, P=Police Connected, CS= Central Station)

2. Have you or anyone with a financial interest in the property been convicted of arson, fraud, or other crime related to loss of property owned now or during the past five years?  Yes  No
3. Distance to nearest fire hydrant? \_\_\_\_\_ Distance to nearest Fire Department? \_\_\_\_\_

**YOU MUST INCLUDE THE FOLLOWING ITEMS WITH YOUR APPLICATION:**

- 1) ORIGINAL SIGNED APPLICATION**
- 2) PRIOR INSURANCE COMPANY AND POLICY NUMBER**
- 3) DETAILED INFORMATION ON ANY PAST CLAIMS**
- 4) COPY OF LICENSE(S)**
- 5) COPY OF MOST RECENT STATE AGENCY HEALTH CARE SURVEY**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an Insurer, submits an application or files a claim containing false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Producing Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Name and Address

\_\_\_\_\_  
Phone Number