

☐ **Scottsdale Insurance Company**

Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

☐ **Scottsdale Surplus Lines Insurance Company**

Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

☐ **Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

## HALFWAY HOUSE GENERAL LIABILITY APPLICATION

Applicant's Name: _____	Agency Name: _____
_____	Agent No.: _____
Mailing Address: _____	Address: _____
_____	_____
Location 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 and Deductible Requested:**

General Aggregate (other than Products/Completed Operations)	\$
Products and Completed Operations Aggregate	\$
Personal and 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 \$
(Limits must be equal to General Liability limits)	Aggregate \$
Sexual and/or Physical Abuse Coverage	<input type="checkbox"/> \$ 25,000/\$ 50,000 (included) <input type="checkbox"/> \$ 50,000/\$100,000 <input type="checkbox"/> \$100,000/\$300,000
Other Coverages, Restrictions and/or Endorsements:	\$
Deductible	\$

1. **Applicant operates as:** ☐ Profit ☐ Nonprofit Number of years in operation: \_\_\_\_\_
2. **How long under present management?** \_\_\_\_\_ (If fewer than five years, attach principals' resumes. If principals in the firm do not have a health care background, then also include the resume of the individual responsible for hiring, screening and monitoring the work activities of employees.)
3. **Is facility owned by physician(s)?** ..... ☐ Yes ☐ No  
If yes, is physician(s) involved in day-to-day operations? ..... ☐ Yes ☐ No
4. **Type of operation:**
- |   |   |
|---|---|
| <input type="checkbox"/> Birth control, pregnancy or abortion counseling/clinic | <input type="checkbox"/> Mission or settlement house                                  |
| <input type="checkbox"/> Blood testing or communicable disease clinic           | <input type="checkbox"/> Non-medical drug and alcohol rehabilitation center           |
| <input type="checkbox"/> Crises center (rape, domestic violence, etc.)          | <input type="checkbox"/> Outpatient aftercare and support program (AA, Al-Anon, etc.) |
| <input type="checkbox"/> Food bank  | <input type="checkbox"/> Outpatient counseling or guidance center                     |
| <input type="checkbox"/> Halfway house  | <input type="checkbox"/> Prisoners work release or rehabilitation program             |
| <input type="checkbox"/> Healthcare clinic                                      | <input type="checkbox"/> Psychiatric institution                                      |
| <input type="checkbox"/> Homeless shelter                                       | <input type="checkbox"/> Soup kitchen   |
| <input type="checkbox"/> Hospice facility                                       | <input type="checkbox"/> Youth hostel   |
| <input type="checkbox"/> Medical urgent care facility                           |   |
- Describe type of operation and services provided (attach brochure and/or advertising material if available): \_\_\_\_\_  
\_\_\_\_\_
5. **Does applicant provide any off-premises services?** ..... ☐ Yes ☐ No  
If yes, advise: \_\_\_\_\_
6. **Any previous or pending allegations of sexual and/or physical abuse?** ..... ☐ Yes ☐ No
7. **Total number of employees:** .....
8. **As part of hiring/screening of new employees, does applicant:**
- a. Obtain copies of their professional licenses/certifications? ..... ☐ Yes ☐ No
- b. Contact applicants' references before they are hired? ..... ☐ Yes ☐ No
- c. Require that they carry their own professional liability policy? ..... ☐ Yes ☐ No
9. **Operations conducted in the following states:**
- State: \_\_\_\_\_ Licensed with state? ..... ☐ Yes ☐ No License No.: \_\_\_\_\_
- State: \_\_\_\_\_ Licensed with state? ..... ☐ Yes ☐ No License No.: \_\_\_\_\_
- State: \_\_\_\_\_ Licensed with state? ..... ☐ Yes ☐ No License No.: \_\_\_\_\_
10. **Has license ever been revoked?** ..... ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
11. **Name all subsidiary companies/locations and others coming under applicant's control:** (if none, please state)  
\_\_\_\_\_
12. **Has applicant sold, acquired or discontinued any operations in the last five years?** ..... ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
13. **Is at least one of the principals or an Administrator/Director involved in the operation on a full-time basis?** ..... ☐ Yes ☐ No

**14. Physical features of risk:**

- a. Year built: \_\_\_\_\_
- b. Construction of building: \_\_\_\_\_
- c. Number of floors: \_\_\_\_\_ On which floor(s) is applicant located? \_\_\_\_\_  
Square foot area occupied by applicant: \_\_\_\_\_
- d. Equipped with sprinkler system? ..... ☐ Yes ☐ No  
Equipped with fire alarm? ..... ☐ Yes ☐ No  
If yes: ..... ☐ Central station ☐ Local alarm  
Equipped with smoke detectors? ..... ☐ Yes ☐ No  
If yes, how many on each floor?..... \_\_\_\_\_
- e. Number of fire extinguishers on premises: \_\_\_\_\_ Number of fire escapes: \_\_\_\_\_
- f. Is smoking allowed on premises? ..... ☐ Yes ☐ No  
If yes, where is it permitted? \_\_\_\_\_
- g. Is there a swimming pool or hot tub/spa on premises? ..... ☐ Yes ☐ No  
If yes:  
• Number of pools:..... \_\_\_\_\_  
• Are the pools fully fenced with self-latching gates? ..... ☐ Yes ☐ No  
• Are the rules posted? ..... ☐ Yes ☐ No  
• Is there life-safety equipment at poolside? ..... ☐ Yes ☐ No  
• Is there a diving board, platform or slide? ..... ☐ Yes ☐ No  
If yes, height of each: \_\_\_\_\_  
• 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
- h. Was building originally built for this type of occupancy? ..... ☐ Yes ☐ No

**15. Evacuation procedures:**

- a. Does applicant have a written Emergency Evacuation Plan? ..... ☐ Yes ☐ No
- b. Does evacuation plan include advance agreement for transportation and temporary shelter?..... ☐ Yes ☐ No
- c. Are evacuation procedures posted in all parts of the facility?..... ☐ Yes ☐ No  
If yes, are posted evacuation procedures bilingual? ..... ☐ Yes ☐ No
- d. How often are drills conducted? \_\_\_\_\_

**16. State patients'/residents' ages:** Youngest: \_\_\_\_\_ Oldest: \_\_\_\_\_ Average age: \_\_\_\_\_

**17. Physicians on premises, if any, are:**

- ☐ Private practitioners (personal physicians of the residents)
- ☐ Employees of applicant
- ☐ Contracted physicians through written contract with applicant
- If contracted physician, are certificates/evidence of professional liability insurance required and kept  
on file? ..... ☐ Yes ☐ No

**18. Do services provided include?**

- Infusion therapy? ..... ☐ Yes ☐ No
- Dialysis? ..... ☐ Yes ☐ No
- Physical therapy? ..... ☐ Yes ☐ No
- Does treatment process involve the administration of methadone or other drugs? ..... ☐ Yes ☐ No

**19. Are employees authorized to use their personal vehicles to transport residents or patients? .....** ☐ Yes ☐ No

20. Are residents/patients placed in applicant's facility by court order?..... ☐ Yes ☐ No
21. Any involvement in medical detoxification? ..... ☐ Yes ☐ No
22. Does facility accept prisoners? ..... ☐ Yes ☐ No
23. Does facility accept teens with a past history of violence or attempted suicide? ..... ☐ Yes ☐ No
24. Does facility provide pregnancy and/or abortion counseling services?..... ☐ Yes ☐ No
25. Does facility, if an inpatient facility, accept children under the age of eighteen (18)? ..... ☐ Yes ☐ No  
If yes, does applicant also require the child's guardian to be in residence at the same facility? ..... ☐ Yes ☐ No
26. Is facility a foster home or foster care facility? ..... ☐ Yes ☐ No
27. Does facility provide inpatient services or permanent housing for either of the following:
- a. **Developmentally Disabled**—Adults or children able to care for themselves despite their disability or mental retardation. Examples of this category include Down Syndrome, autism and brain injuries. This category does not include individuals whose primary diagnosis is an emotional or mental illness. .... ☐ Yes ☐ No
- b. **Mentally Disabled**—Adults or children able to care for themselves (with substantial numbers able to hold jobs). Behavior is controlled through medication and monitored by their personal physician. This category would include individuals whose primary diagnosis is an emotional or mental illness including, but not limited to, schizophrenia, psychopathic and sociopathic diagnosis. .... ☐ Yes ☐ No
28. Does applicant provide bed and board facilities? ..... ☐ Yes ☐ No  
If yes, number of beds: .....  
Length of stay: From (shortest): ..... To (longest): ..... Average: .....
29. Are there temporary safe parking/overnight vehicle dwelling operations? ..... ☐ Yes ☐ No
30. Does applicant provide outpatient services? ..... ☐ Yes ☐ No  
If yes, number of annual outpatient visits:.....
31. Explain arrangement for medical emergencies (i.e., M.D. on call, transfer arrangements with hospital, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
32. Does applicant have Workers' Compensation coverage in force?..... ☐ Yes ☐ No
33. Does applicant have any contractual agreements wherein applicant assumes the liability of others? ..... ☐ Yes ☐ No  
If yes, attach a list of each entity that has requested to be named as an additional insured and the type of service(s) applicant provides.
34. Any other premises or operations exposures not stated in this application? ..... ☐ Yes ☐ No  
If yes, attach a complete description and underwriting/rating information.
35. During the past five years, have any claims been made or suits brought against the applicant because of alleged malpractice, error, mistake or premises accident arising in any manner out of applicant's operation? ..... ☐ Yes ☐ No  
If yes, advise date and details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

36. Additional Insured Information:

Name	Address	Interest

37. During the past three years, has any company canceled, declined or refused similar insurance to the applicant? (Not applicable in Missouri) ..... ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

38. 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: \_\_\_\_\_  
 \_\_\_\_\_

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

If yes, explain and advise where insured: \_\_\_\_\_  
 \_\_\_\_\_

40. Schedule of Hazards:

Loc. No.	Classification Description	Class. Code	Exposure	Premium Basis (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other

41. Prior Carrier Information:

	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy Number					
Coverage					
Occurrence or Claims Made					
Total Premium	\$	\$	\$	\$	\$

42. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years. <input type="checkbox"/> Check if no losses last five years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

**NOTICE TO ALABAMA APPLICANTS:** 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.

**NOTICE TO CALIFORNIA APPLICANTS.** 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.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

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

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO MAINE APPLICANTS:** 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.

**NOTICE TO MARYLAND APPLICANTS:** 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.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND 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.

**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.

**NEW YORK 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 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.

**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 statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_