



HAMILTON

LONG-TERM CARE RESIDENTIAL RENEWAL APPLICATION

Instructions:

- Please print or type clearly all responses and answer all questions as instructed.
- If you need more space than is given, continue in the supplemental information section of this application or attach a separate sheet of paper.
- Coverage will not be bound until this application is completed and signed, and all required documents are provided.

Required documents, in addition to this application:

- Loss runs, dated within 60 days of submission, covering the past five years
- Most recent state survey reports, licensure reports and accreditation survey reports as applicable
- Current license

APPLICANT INFORMATION

Legal name of Applicant:			
Mailing Address: (Street, City, State, Zip Code):			
Location Address: (Street, City, State, Zip Code):			

(If there are multiple locations, please attach a list separately)

Main Contact (name, position):		Telephone Number:	
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Please provide information regarding any changes to ownership, affiliated entities or other material changes since the inception of the last policy.

GENERAL INFORMATION

1. Is the applicant managed by a management company?	Yes	No
If yes, please answer the following:		
a) Name of management company?		
b) How many years in place with this management company?		
c) Who is the professional liability insurance carrier for the management company?		
d) Do you require proof of coverage?	Yes	No
e) Describe management services provided:		

2. Please provide the total annual revenue for the years indicated below:		
Revenue Source	Projected	Last 12 months
Medicare:	\$	\$
Medicaid:	\$	\$
Private Pay:	\$	\$
Charitable:	\$	\$
Other:	\$	\$
Total Gross Revenue:	\$	\$

3. Please provide details on any subsidiaries or affiliates:				
Subsidiary/Affiliate	Operations	Ownership %	Date Acquired:	Coverage Sought?

4. Licensing (include copies of licenses)		
Has the applicant's license ever been suspended, revoked, or placed under probation?	Yes	No
If yes, please explain:		

5. Has the applicant filed for bankruptcy in the last twelve (12) months?		
Yes	No	
If yes, please explain:		

6. Inspection/Surveys		
When was the last inspection/survey of the applicant by an outside entity?		
Indicate total number of deficiencies:		
Was a corrective action plan accepted by the state?	Yes	No
How many patient/family complaints were investigated in the past three (3) years?		
How many complaints were substantiated?		

OPERATIONS

7. Please provide the following:		
	Number of Licensed Beds:	Average Occupancy:
Skilled Care		
Intermediate Care		
Assisted Living – Memory Care		
Assisted Living		
Elderly Independent Living		
Other (please specify)		

8. Resident Census:	
Number of Alzheimer's/Dementia Residents	
Number of Ambulatory Residents	
Number of Bedridden Residents	

9. Residents in each age range:			
0-55		75-84	
55-65		85+	
65-74		Total Resident Count:	
Please provide an explanation for any residents under the age of 55:			

10. Decubitus Ulcers/Pressure Sores		
Stage	Acquired Ulcers	Inherited Ulcers
I		
II		

III		
IV		

11. How many residents have eloped from your facility in the last 3 years?	
If any, please provide details:	

12. Are there alarms on doors to prevent clients from wandering from the residence?	Yes	No
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13. Please describe any other precautions that are made to keep track of residents:

14. Do you provide care for any residents with the following conditions?		
Traumatic Brain Injury	Yes	No
Chemical Dependency	Yes	No
Tube Feeding	Yes	No
Ventilator/Tracheostomy Services	Yes	No
Psychiatric/Sociopathic/Schizophrenic	Yes	No
If "Yes" to any of the questions above, please explain below:		

15. Are adult daycare services provided to non-residents?	Yes	No
Total number of licensed slots		
Average daily participants		
Any overnight stays? If "Yes" please explain below	Yes	No

INSURANCE AND LOSS HISTORY

For any "Yes" answers to the following questions, please provide detailed information in the Supplemental Information section of this application or provide separate attachments.

16. Has the applicant or any of its employees, in the last twelve (12) months, been charged with or convicted of a crime? If "Yes", please provide information in the space provided below.	Yes	No
17. Has there been any change in the status of previously reported claims? If "Yes", please provide updated loss runs for any previously reported unresolved claims.	Yes	No
18. Do you have knowledge of information which might reasonably be expected to give rise to a claim of physical abuse or molestation? If "Yes", please complete supplemental claim/incident form for each.	Yes	No
19. Is the applicant or any person proposed for this insurance aware of any known losses, claims or suits that have not yet been reported? If "Yes", please complete supplemental claim/incident form for each.	Yes	No
20. Is the applicant or any person proposed for this insurance aware of any act, error, omission, fact, circumstance, or records request from any attorney which may result in a claim? If "Yes", please complete supplemental claim/incident form for each.	Yes	No



SUPPLEMENTAL INFORMATION

Please use this section to provide additional details for Questions 30-35, or for any other questions requiring additional space for answers.

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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 policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

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

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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 LOUISIANA APPLICANTS: 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.

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 denial of insurance benefits.

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 NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.



Applicant Signature _____

(Must be signed by an owner, principal, partner or officer)

Title: _____

Date: _____