CareAgents by K&B

SENIOR LIVING FACILITY APPLICATION (PART II)

TODAY'S DATE: _____

VARIOUS PROVISIONS OF THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURANCE COMPANY DURING THE POLICY PERIOD OR APPLICABLE EXTENDED REPORTING PERIOD. PLEASE READ THE ENTIRE APPLICATION AND THE POLICY FORMS CAREFULLY BEFORE SIGNING.

INSTRUCTIONS

1. Please type or print legibly. If the application is approved, the policy will be issued based on the information provided.
2. Please answer all questions. If a question is not applicable, print, "N/A".
3. Complete a separate version of this application for each location proposed for coverage.

I. FACILITY INFORMATION

A. Facility Legal Name: _____
DBA Name: _____
Facility Address: _____
City: _____ State: _____ ZIP: _____
Website: _____

B. Year Facility opened: _____

C. How many years has the Facility been under current ownership? _____

D. What was the date of the Facility's last State inspection/survey? _____

E. How many formal complaints were made against, and investigated by, the Facility in the past three (3) years?

_____

F. Of those complaints, how many complaints against the Facility were substantiated by the State inspection?

_____

G. In the past five (5) years:
1. Has the Facility's license been suspended, revoked, or been placed on probation? ☐ Yes ☐ No
2. Has the Facility's Medicare or Medicaid Certification been revoked or suspended? ☐ Yes ☐ No
3. Has the Facility been the subject of federal/state fines, sanctions, or civil monetary penalty against it or any of its staff? ☐ Yes ☐ No

H. What is the Facility's Total Gross Revenue from the prior 12 months? _____

II. CLASSIFICATION

A. Select the level of care based on the Facility's license:

	Total Licensed Beds	Number of Occupied Beds
Sub-Acute Care		
Skilled Nursing		
Memory/Alzheimer's Care		
Assisted Living		

B. Independent Living
1. What is the total number of independent living units? _____
2. What is the total number of residents? _____
3. Do individual living units have appliances for cooking (excluding microwaves)? ☐ Yes ☐ No

C. Indicate the percentage of residents by age range (100%):

Under 18	%
18-54	%
55-75	%
Over 75	%

D. Behavioral Health:

		Number of residents with diagnosis:	
		below age 55	age 55 or greater
Addiction Issues	☐ n/a		
Post-Traumatic Stress Disorder	☐ n/a		
Schizophrenia:	☐ n/a		
Bipolar Disorder:	☐ n/a		
Developmental Disabilities:	☐ n/a		
Methadone Maintenance:	☐ n/a		
Criminal Justice Referred:	☐ n/a		

E. Number of *Assisted Living* residents with Advanced Directives on file with the Facility: _____ ☐ n/a

F. Number of *Assisted Living* residents receiving physician-prescribed treatment for pain management: _____ ☐ n/a

III. NON-RESIDENT AND ADDITIONAL SERVICES

A. Is the Facility a licensed home health care center? ☐ Yes ☐ No
If yes, please provide the following:
1. Gross Receipts: _____
2. Number of home health care visits per year: _____

B. Is the Facility a licensed PACE center: ☐ Yes ☐ No
If yes, how many participants? _____

C. Is the Facility a licensed respite care center? ☐ Yes ☐ No
If yes, number of patients per year? _____

D. Is the Facility a licensed adult day care center: ☐ Yes ☐ No
If yes, provide the number of daily attendees _____

E. Is the Facility a licensed hospice care center? ☐ Yes ☐ No
If yes, please provide the following:
1. Gross Receipts: _____
2. Number of patients per year: _____

F. Is the Facility a licensed rehabilitation services center? ☐ Yes ☐ No
If yes, please provide the following:
1. Does the Facility provide rehabilitation services to non-residents? ☐ Yes ☐ No
2. Number of patients per year: _____
3. Describe the in-house rehabilitation services provided by the Facility:

_____

G. Is the Facility a licensed children's day care center? ☐ Yes ☐ No
If yes, provide the number of daily attendees. _____

H. Does the Facility have a dedicated special unit? ☐ Yes ☐ No
If yes, please provide the following:
1. Number of beds: _____
2. Describe the type of beds:

_____

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I. Are any of the following located onsite?

1. Swimming pools ☐ Yes ☐ No ☐ Open to the Public
2. Other bodies of water ☐ Yes ☐ No ☐ Open to the Public
3. Saunas and/or hot tubs ☐ Yes ☐ No ☐ Open to the Public
4. Tennis/racquetball court ☐ Yes ☐ No ☐ Open to the Public
5. Exercise/weight room ☐ Yes ☐ No ☐ Open to the Public

If yes to any above, describe safety measures implemented:

_____

IV. STAFFING

A. Name of Administrator: _____

1. License Number: _____
2. State: _____
3. Length of time employed by, or working with, the Facility: _____
4. How long has the Administrator been working as a Nursing Home Administrator (NHA)? _____

B. Name of the Director of Nursing (DON): _____

1. Professional Credentials: [LPN, RN, etc.] _____
2. Length of time employed by, or working with, the Facility. _____
3. How long has the DON been working as a DON? _____

C. Total number of employees? _____

D. What was the Facility's prior year's employee turnover rate? _____ %

E. Please list the total number of nurses by category:

	1st Shift	2nd Shift	3rd Shift	Turnover %
RN				%
LPN/LVN				%
CNA/Personal Caregiver				%

F. Do facilities maintain the same staffing levels on each shift on weekends/holidays as weekdays? ☐ Yes ☐ No

V. PHYSICIANS AND MEDICAL DIRECTOR

A. Number physicians employed or contracted, other than the Medical Director: _____

B. Name of Medical Director: _____ ☐ n/a
   1. Length of time as the Facility's Medical Director: _____
   2. Does the Medical Director also act as the attending physician to any residents? ☐ Yes ☐ No
   3. If yes, then:
      a. To how many residents? _____
      b. Does the Medical Director maintain separate individual professional liability insurance? ☐ Yes ☐ No
      c. If yes, then provide professional liability limits: _____/_____

VI. RISK MANAGEMENT

A. Does this Facility adhere to corporate risk management policies and procedures? ☐ Yes ☐ No

B. Does the Facility have a locked unit for residents prone to wandering? ☐ Yes ☐ No

C. Are Wander Guards or similar devices used as part of elopement prevention practices? ☐ Yes ☐ No

D. Number of elopements in the past three (3) years, where the resident was out of the Facility and unaccounted for one hour or more: _____ ☐ n/a
If applicable, provide details including date and outcome:
_____
_____

E. Once a resident is assessed to be a risk for falls, what is the protocol for intervention?
_____
_____

F. Do you have a contract with an outside wound care service or specialist? ☐ Yes ☐ No

G. How are medications stored and distributed?
_____

H. Does the Facility have arbitration agreements included in their Entrance Agreement? ☐ Yes ☐ No
If yes, what percentage of the Facility's residents has executed the Entrance Agreement? _____ %

VII. ADDITIONAL LIFE SAFETY INFORMATION

A. Building Construction (provide separate for each building on the premises):
   1. Type of building construction: _____
   2. Year built: _____
   3. Number of floors: _____

B. Was the building constructed for this occupancy? ☐ Yes ☐ No
If no, please explain: _____

C. Are there other occupancies in the building not related to resident care? ☐ Yes ☐ No
If yes, describe: _____

D. Does the building meet applicable current NFPA life safety codes? ☐ Yes ☐ No

E. Are all alarm signals monitored by an UL-approved central station or the responding fire department? ☐ Yes ☐ No

F. Are doors equipped with approved self-closing devices where required? ☐ Yes ☐ No

G. If the Facility has a multi-story building, do any non-ambulatory residents reside above the 2nd floor? ☐ Yes ☐ No

H. Is there a "no smoking" policy in effect throughout the Facility? ☐ Yes ☐ No
1. If no, are smoking materials (including matches/lighters) allowed in a resident's room? ☐ n/a ☐ Yes ☐ No
2. If no, are residents supervised and/or restricted to designated areas while smoking? ☐ n/a ☐ Yes ☐ No

I. Does the Facility have an automatic sprinkler system protecting 100% of the building and have these systems been tested by a qualified contractor with results documented? ☐ Yes ☐ No
1. If not 100%, please advise which areas are not protected:
_____
2. If not tested, please explain:
_____

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FRAUD WARNINGS:

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

ALABAMA AND 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.

ARKANSAS, MINNESOTA, AND 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, which is a crime.

CALIFORNIA APPLICANT: 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.

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.

DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to any insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, any insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

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

KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

LOS ANGELES 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.

LOUISIANA, NEW MEXICO, RHODE ISLAND, AND WEST VIRGINIA 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.

MAINE, TENNESSEE, AND 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 may include imprisonment, fines, or a denial of insurance benefits.

MISSOURI APPLICANTS: Any person commits a “fraudulent insurance act” if such person knowingly 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 oral or written statement including computer generated documents as part of, or in support of, an application for the issuance of, or the rating of, an insurance policy for commercial or personal 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 if such person conceals, for the purpose of misleading another, information concerning any fact material thereto. An insurance company or its agent or representative may not ask an applicant or policyholder

to divulge in a written application or otherwise whether an insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not renew it.

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.

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.

OREGON AND TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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 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.

PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars ($5,000) no more than ten thousand dollars ($10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggregated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

WASHINGTON APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

ALL OTHER 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 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/or civil penalties.

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SIGNATURE AND AUTHORIZATION:

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. **For Florida accounts**, the preceding sentence is replaced with the following: The undersigned, as authorized agent of all individuals and entities proposed for this insurance, represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. The information in this Application is material to the risk accepted by us. If a policy is issued it will be in reliance upon the Application, and the Application will be the basis of the contract.

The undersigned further acknowledges that any and all responses to questions, statements and explanations made in this application, or in any and all documents, supplemental pages, or other attachments (hereinafter "Attachments") are true and that neither they, nor any applicant, have knowingly suppressed or misstated any material facts and they, and any applicant, agree that this application, and any Attachments, shall be the basis of the contract with the Company.

THE UNDERSIGNED IN THEIR CAPACITY AS AUTHORIZED AGENT AGREES THAT IF THEY FAIL TO COMPLY WITH THESE TERMS, THE APPLICANT/NAMED INSURED WILL HAVE NO COVERAGE FOR ANY CLAIM UNDER ANY POLICY OF INSURANCE FOR WHICH THEY ARE APPLYING.

The Insurer will maintain the information contained in and submitted with this Application on file and along with the Application will be considered physically attached to, part of, and incorporated into the policy, if issued.

The Insurer is authorized to make any inquiry in connection with this Application. The Insurer's acceptance of this Application or the making of any subsequent inquiry does not bind you or us to complete the insurance or issue a policy. By signing this Application, the applicant hereby authorizes and directs any person or organization whatsoever to release and furnish to the Company and its agents or representatives, any and all information requested which may relate to insurability under the policy. The applicant furthermore authorizes the release of all such information by the Company as required by law to any governmental agency or professional society or association. The applicant furthermore releases and agrees to hold harmless the Company, and all of its agents and representatives, any prior insurer, governmental agency, or professional society or association from any liability arising out of the release or review of any and all information released or furnished pursuant to this authorization and application for insurance, notwithstanding the fact that there may be errors, omissions, or mistakes contained in such released information.

The information provided in this Application is for underwriting purposes only and does not constitute notice to us under any policy of a Claim or potential Claim.

Completion of this form does not bind coverage or obligate the Company to offer coverage. The Company's receipt of the applicant's acceptance of the Company's quotation is required before the coverage may be bound, and the policy issued. I further understand and agree that I, or any applicant, have no right to demand or expect coverage until the Company has: (1) received the completed application(s); (2) offered a premium quote; and (3) received, as a precondition to coverage, the total premium due or, if the Company has agreed to finance the premium, the first installment due. In addition, I or any applicant understands that if payment of premium or first installment is by check, electronic transfer, or money order, it shall not be considered "received" by the Company until it has been honored by the bank.

If the information in this Application materially changes prior to the effective date of the policy, you must notify us immediately and we may modify or withdraw any quotation or agreement to bind insurance.

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NOTICE TO NEW YORK APPLICANTS: 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.

By signing this application on behalf of the applicant (which may include a professional corporation, a professional association, a limited liability company, a general business corporation, a partnership, a joint venture, or a governmental entity), I represent that I am an Officer, Shareholder, Partner, or other Authorized Representative of the group or entity applying for coverage.

APPLICANT NAME BY (signature)

PRINTED NAME OF SIGNER TITLE DATE

NOTE: THIS APPLICATION MUST BE SIGNED BY A PARTNER, PRINCIPAL, DIRECTOR OR OFFICER OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.

PRODUCED BY AGENCY SURPLUS LINES LIC. NO.

AGENCY ADDRESS

NOTE: **FOR NEW HAMPSHIRE APPLICANTS**, PRODUCER'S NAME AND SIGNATURE ARE REQUIRED.

PRODUCER SIGNATURE DATE