

I. Describe any special equipment on premises: _____

J. Any off-premises field trips? Yes No

If so, how many? _____

Describe: _____

K. Describe the building, including age, construction, number of stories, alarms, sprinklers, etc.: _____

L. Are there any non-ambulatory attendees? Yes No

If yes, how many? _____

M. Are there any Alzheimer's afflicted adults? Yes No

If yes, how many? _____

N. Describe how injuries or illnesses are handled: _____

O. Is there a doctor on staff or on call? Yes No

If yes, please explain: _____

P. Does applicant have Workers' Compensation coverage in force? Yes No

Q. Does applicant lease employees? Yes No

R. Total number of employees: _____

S. Is there any overnight exposure? Yes No

If yes, please explain: _____

T. Is there any physical therapy exposure at this facility? Yes No

U. Is there any administering of medicine at this facility? Yes No

If yes, please explain: _____

V. During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri.) Yes No

If yes, explain: _____

W. Does applicant have accident and health policy? Yes No

If yes, what limits? _____

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POLICY NO.	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

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.

APPLICABLE IN THE STATE OF NEW YORK:

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.

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.

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only.)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE
As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written requests, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE