

4. Operations conducted in the following states:

State: _____ Licensed with state? Yes No License #: _____
State: _____ Licensed with state? Yes No License #: _____
State: _____ Licensed with state? Yes No License #: _____

5. Has license ever been revoked? Yes No If yes, explain: _____

6. Name all subsidiary companies/locations and others coming under applicant's control (if none, please state):

7. Has the applicant sold, acquired or discontinued any operations in the last five years? Yes No

If yes, please explain: _____

8. Is at least one of the principals or an Administrator/Director involved in the operation on a full-time basis?

Yes No

9. Physical features of risk:

a. Construction of building: _____

b. Number of floors: _____ On which floor(s) is applicant located? _____

Square foot area occupied by the applicant: _____

c. Year built: _____

d. Equipped with sprinkler system? Yes No

Equipped with fire alarm? Yes No

Central station Local alarm

Equipped with smoke detectors? Yes No

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, hot tub/spa on premises? Yes No

h. Was building originally built for this type of occupancy? Yes No

10. Emergency procedures:

a. Do you have a written Emergency Evacuation Plan? Yes No

b. Does your plan include advance agreement of transportation and temporary shelter? Yes No

c. Are evacuation procedures posted in all parts of your facility? Yes No Bilingual? Yes No

d. How often are drills conducted? _____

11. State patients'/residents' ages—from: _____ (youngest) to _____ (oldest) Average age: _____

12. Physicians on premises, if any, are:

Private practitioners (personal physicians of the resident)

Employees of the 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

13. Do services provided include Infusion Therapy? Yes No

Does treatment process involve the administration of methadone or other drugs? Yes No

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

15. Are residents/patients placed in applicant's facility by court order? Yes No

16. Any involvement in medical detoxification? Yes No

17. Does facility accept prisoners on work release or rehabilitation programs? Yes No

31. During the past five years, have any claims been made or suit 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, date: _____ Please explain: _____

32. 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: _____

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

YEAR	COMPANY	POL. #	OCCURRENCE OR CLAIMS MADE	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.

NAME AND TITLE _____

APPLICANT'S SIGNATURE _____ DATE _____

AGENT NAME _____ AGENT LICENSE NUMBER _____

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 request, 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