

**SMITH, BELL & THOMPSON INSURANCE
ADULT DAY CARE CENTERS
APPLICATION**

**(Complete separate Property, Automobile and/or Abuse Supplemental
Applications, if requesting Coverage)**

NAMED INSURED
(include DBA, if
applicable): _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

1. The Center is located in:

A Private Home

Separate Building

Church

School

Other (Explain) _____

2. The Center is licensed: (Attach Copy with Submission): Yes No

3. The Center has been in operation since: _____

4. If in operation less than 5 years, confirm operators of the Center have a minimum of 5 years previous experience in Adult Day Care Centers: (Send resume's for all owners with Submission) Yes No N/A

5. For Profit: _____ Not For Profit: _____

6. Website Address: _____

If no website; please submit a Brochure or detailed written statement outlining all services being provided

7. FEIN: _____

8. The Center is open _____ hours per day _____ hours per week.

9. The staff participant ratio is _____ to _____.

10. The Center provides only non-live-in care: Yes No

11. The Center is licensed for a capacity of _____ adults. There are presently _____ enrolled at the Center.
12. How many clients have Alzheimer's: Stage I: _____ Stage II: _____ Stage III: _____
13. There are _____ employees who are under 18 years of age.
14. There are _____ adults enrolled at the Center who are emotionally or physically handicapped.
15. Is there a formal Risk Management Plan in place? Yes No
16. Is a file kept for each adult? If yes, what is required for the file (check all that apply)
- Name, address, sex and date of birth
 - Adult caretaker's home &/or work numbers and addresses
 - Names, address & phone numbers of at least 2 additional persons to be notified in case primary caretaker is unreachable
 - Names and phone numbers of adult's medical care and dental care providers
 - Written instructions of the adult's special dietary needs or special needs due to health conditions
 - Signed permission for adult care facility to act on caretaker's behalf for emergency treatment
17. Is there a formal protocol plan in the event an adult is missing? Yes No
18. Is there a formal accident/incident reporting program? Yes No
19. If yes, does it include: (check all that apply)
- Policy requires all incidents/accidents be reported & an incident/accident report be completed.
 - Investigation of all incidents/accidents
 - Taking measures to prevent reoccurrences
 - Documentation of corrective measures and follow-ups

20. Professional Employees – Indicate number in each category:

	Employees		Contractors		Volunteers	
	Full	Part-Time	Full	Part-Time	Full	Part-Time
Physician *						
Physical Therapist						
Occupational/Speech Therapist						
RN/LPN/LVN						
Social Worker/Counselor						
Aides						
Volunteers **						
Other (describe duties)						

*If applicable; do they have their own personal Malpractice Coverage Policy with a minimum of \$1m/\$1m Limits? (we do not offer Physicians coverage)

Yes No

Do you require copies of their current Certificate of Insurance?

Yes No

**Explain below; the Volunteers Job Duties and indicate whether they work directly with clients.

If yes, are they supervised by an Insured employee?

Yes No

***Complete questions 21 through 31 if NOT requesting Abuse & Molestation Coverage. Otherwise, complete separate attached Abuse & Molestation Supplemental Application**

21. Employees are trained in adult education and demonstrate appropriate personal characteristics for working with adults. Yes No
22. Each participant shall have an individualized, written care plan. Yes No
23. Staff working with adults are trained in recreation and / or related field: Yes No
24. There is an orientation program for new staff members that explains the goals and philosophy of the Center, emergency health and safety procedures: Yes No
25. Each employee is free of physical and psychological conditions that might adversely affect the client's health: Yes No
26. Staff received pre-employment physical examinations, tuberculosis tests, and evaluation of any infection, and a copy is filed in their evaluation records: Yes No
27. Hiring practices include careful checking of personal references of all potential new employees: Yes No
28. Hiring Procedures include criminal background checks: Yes No
29. New staff members serve a probationary employment period during which the director, or other qualified person, can make a professional judgment as to their physical and psychological competence: Yes No
30. Is any member of the staff under investigation for, or have a previous record of any abuse or neglect? Yes No
31. Adults are under supervision at all times. If adults are not in the direct vision of employees, employees are aware of where they are and what they are doing: Yes No

*** Complete questions 32 through 46 if Building(s) are Leased Only (if buildings are owned by insured, complete separate attached Property Supplemental Application)**

32. The Center has smoke detectors that meet State Code: Yes No
Are they Hard or Soft Wired? _____
33. The Center has a _____ Automatic _____ Manual fire alarm.
34. The Center has alarms on all exits where adults have access: Yes No
35. All equipment and the building are maintained in a safe, clean condition, in good repair and are inspected on a regular basis by a Fire Marshal/State Inspector? Indoor and outdoor environments are safe, clean and spacious: Yes No
36. Equipment receives regular inspection and maintenance: Yes No
37. There is a written emergency plan for the Center: Yes No
38. There are _____ fire extinguishers on the premises. They are inspected annually by a fire extinguishing equipment contractor: Yes No
39. The cooking area is cleaned daily and all aged items are disposed of daily: Yes No
40. Is food service contracted? Yes No
41. If applicable; are all appliances under the overhead hood & duct system? Yes No
42. Is there an automatic extinguishing system? Yes No
43. If yes to 39; is system UL 300 compliant? Yes No
44. Closet and bathroom doors are easily opened by a readily accessible device in case of an emergency? Yes No
45. All poisonous/toxic materials are kept under lock and key: Yes No
46. Who is providing the transportation services to and from the facility?

*** If insured is providing Transportation, complete the attached Automobile Supplemental Application**

(Continue next page for signatures)

Insured
Signature: _____

Print
Name _____

Title: _____

Date: _____

Broker
Signature: _____

Print
Name _____

Title: _____

Date: _____

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO 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 FINES AND CONFINEMENT IN 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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 AUTHORITIES.

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 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 PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN 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 MATERIAL 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.

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 A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND

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 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.

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: 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 (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.