Brian Filtz - lab - 08-20-15

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| **CHURCH MUTUAL INSURANCE COMPANY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Account Number** | | | | | |  | | | | | | | |
| **SENIOR LIVING GENERAL DATA APPLICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Division/Agent | | | | | | | | |  | | | | | | | |
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| **Named Insured** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mailing Address** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **City** | | | |  | | | | | | | | | | | | | | | **County** | | | |  | | | | | | | | | | | | **State** | |  | | | | | | | **Zip** | | |  | | |
| **Policy Term:** | | | | | | | |  | | | | | | | | | | **to** | | |  | | | | | | | | | | | **Quote** (needed by) | | | | | | | | | | |  | | | | | | |
| **For Profit or  Not For Profit** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Entity:** | | | | | Sole Proprietor | | | | | | | | | Partner | | | | | | Corporation | | | | | | | Limited Liability Corp. | | | | | | | | | | | | Other | | | | | |  | | | | |
| **Facility Type:** | | | | | | | | | Assisted Living | | | | | | | Independent Living Apartment | | | | | | | | | | | | | | | Assisted Living and Independent Living Apartment | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Complete for All Risks:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Website Address: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Length of time in business: | | | | | | | | | | | | | |  | | | | | | | | | | | Length of time at this facility: | | | | | | | | | | | | |  | | | | | | | | | | | |
| When was the facility built? | | | | | | | | | | | | | | |  | | | | | | | | | | When did current ownership purchase? | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Complete for Assisted Living Facilities Only:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| When was your last state survey? | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | (Provide copies of last two state surveys.) | | | | | | | | | | | | | | | | | | | |
| License Classification: | | | | | | | | | | | | |  | | | | | | | | | | | Number of residents licensed for: | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| ***All questions with a yes answer, unless otherwise noted, require comments in the Remarks section.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Management - All Risks** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | Is a management firm involved? (If yes, provide management agreement.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| 2. | | | Is facility being leased? (If yes, provide lease agreement.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| 3. | | | Is facility involved in any other business activities (Consulting, Home Health)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| 4. | | | Have you ever been sued, filed bankruptcy, or had a judgment or tax lien against you? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| 5. | | | Are you currently without general liability or professional liability coverage? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| 6. | | | Do you have any knowledge or information of any incident or injury that could give rise to a claim against you? (If yes, provide all details) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| 7. | | | Has any insurer refused to issue or renew any policy for you or cancelled your insurance in the last five years? (*Not applicable in Missouri*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| 8. | | | Do you obtain certificates of insurance on all outside services coming on premises (example, beautician, home health dentist)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| 9. | | | Have you signed any hold harmless agreements? (If yes, provide copy) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Management for Assisted Living Only** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | | | Are there any deficiencies you are presently working to correct? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| 11. | | | Do you have a written procedure for reporting alleged resident abuse? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
|  | | | (*If no procedure, provide details in remarks section*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 12. | | | Are you aware of any circumstances that could or have lead to any allegations of physical or sexual misconduct? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| 13. | | | Do you provide transportation for residents? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
|  | | | | | | If yes, who is driving? | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | If yes, indicate reasons/destinations for transportation. | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 14. | | | Are employees using their own vehicles for transportation or any company business | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
|  | | | | | | If yes, do you obtain certificates of insurance? If not, why? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Remarks:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Applicant Certification:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| These statements are accurate to the best of my knowledge. If the application is accepted, the company may rely on the statements in issuance of the policy. A credit bureau report may be obtained on sole proprietors and partnership entities. A business financial report may be obtained on corporations. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Applicant's Signature** | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | | | | | | | | | | | | | | | | |
| **Agent Certification:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Agent's Signature:** | | | | | | | | | | | | | | | | | | | | | | | | | | Date Application Taken | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | **Month** | | | | | | | | **Day** | | | | | | **Year** | | | | | | | | **Time** | | |
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