Brian Filtz - lab - 08-20-15

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| **CHURCH MUTUAL INSURANCE COMPANY** | **Account Number** |  |
| **SENIOR LIVING GENERAL DATA APPLICATION** | Division/Agent |  |
|  |
| **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: |  |
|  |
| ***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:** |  |
|  |
| **Applicant Certification:** |
|  |
| 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. |
|  |
| **Applicant's Signature** | Date |
| **Agent Certification:** |
|  |
| **Agent's Signature:** | Date Application Taken |
|  | **Month** | **Day** | **Year** | **Time** |
|  |  |  |  |  |