



6. Please indicate the locations where services are provided: Private Homes Hospitals Clinics  
Nursing Homes/ALF's Other:
7. Are you a franchise owner? Yes No If "yes," what is the franchise?

### III. OPERATIONS

1. What is your total annual operating budget? \$ (If budget exceeds \$5,000,000 please attach a copy of your latest audited financial statement.)
2. Are you accredited by? CHAP ACHC NCQA COA
3. Are you Medicare-certified? Yes No
4. Has your organization merged, acquired, or consolidated with any other organization within the last ten years?  
Yes No If "yes," please provide the name(s) of the organization(s) and the date of acquisition.
5. Describe any changes in services or operations planned within the next year, including new or discontinued services, locations, or acquisitions.
6. Within the last three years has your organization or any of its senior managers, officers or other "insureds" been a part of any civil or criminal litigation or arbitration proceedings related to the applicant's activities? Yes No  
If "yes," please provide details on a separate attachment.

### IV. EMPLOYEE INFORMATION

1. Total number of employees: Full Time Part Time/Per Diem
2. Is Employer's Stop Gap Liability desired? (Only applicable in ND, OH, WA, WY) Yes No  
If "yes," provide current annual payroll \$
3. Do you engage the use of Independent Contractors to provide any services? Yes No  
If "yes," what percentage of services is provided by Independent Contractors? %  
What services do they provide?
- Do you require that all Independent Contractors maintain liability insurance and provide you with a copy of their Certificate of Insurance each year? Yes No
4. What percentage of your staff is composed of temporarily assigned personnel acquired through staffing agencies? %
5. Do you employ or contract with any licensed physicians or nurse practitioners? Yes No
6. Which of the following background check methods do you use?
- |                                     |     |    |
|-------------------------------------|-----|----|
| Social Security number verification | Yes | No |
| Criminal background checks          | Yes | No |
| Residency verification              | Yes | No |
| Professional licensing verification | Yes | No |
| Prior employment                    | Yes | No |
| Driver's license information (MVR)  | Yes | No |
- Note: Only required if the employee/volunteer operates a company vehicle or their personal vehicle on the organization's behalf.*
7. Who is responsible for human resources in your organization?  
Name and title:
8. Is training provided and attendance documented for all employees? Yes No If "yes," briefly describe your in-service training program for new hires and existing staff:

### V. RISK MANAGEMENT AND LOSS CONTROL

Please attach a copy of your currently valued three-year loss experience from your insurance carrier.

1. Within the last three years has your organization been a part of any civil or criminal litigation or arbitration proceeding?  
Yes No If "yes," please provide details on a separate attachment.
2. Does your organization have knowledge of any incidents which have not been reported to your current insurance carrier that may result in a claim or suit? Yes No If "yes," please provide details on a separate attachment.

3. Does your organization have a formal Quality Assurance or Risk Management program? Yes No  
If "yes," name and title of who is responsible for the program:
4. Do you have an active Safety Committee? Yes No
5. Do all contracts with pharmacies, DME suppliers, hospitals, nursing homes and assisted living facilities include mutual hold harmless agreements? Yes No
6. Has any insurer ever refused to renew or cancelled any insurance coverage during the past five years?  
Yes No If "yes," please provide the reason for cancellation: (Missouri Applicants are not required to reply.)

## VI. OPTIONAL COVERAGES

**HIRED AND NON-OWNED AUTOMOBILE LIABILITY** - Please indicate if this coverage is desired: Yes No

If "yes," please answer the following questions:

**NOTE: If you have owned or leased vehicles titled or contracted under your organization's name, please contact us for an automobile application. If company-owned or leased vehicles are insured by another carrier, Non-owned Auto Liability coverage will be excluded from this policy and must be secured under your owned automobile policy.**

1. Does your organization have positions where driving personal vehicles is a job function essential to the position?  
Yes No
2. Do you have a policy in place which addresses driving requirements for employees and volunteers? Yes No
3. Does this policy include specific hiring criteria applicable to new drivers who operate their personal vehicles on your behalf?  
Yes No
4. Does your pre-employment hiring process include driver screening? Yes No
5. Does this process include ordering Motor Vehicle Reports prior to hire? Yes No
6. Does this process include review of a driver's license, accident, and violation history? Yes No
7. Does this process include verification of the state's minimum financial responsibility limits? Yes No
8. Does your policy permit patient/client transport in personal vehicles? Yes No  
If "yes," what personal auto liability limits do you require?  
\$ / OR \$ Combined Single Limit
9. Does your policy permit use of the patient or client's vehicles? Yes No  
If "yes," is the caregiver required to verify that the client maintains automobile liability insurance? Yes No
10. Does your policy include a process for removing drivers with unsatisfactory driving records from their driving duties?  
Yes No
11. Does your organization offer training on safe driving practices? Yes No

**SEXUAL ABUSE LIABILITY** - Please indicate if this coverage is desired: Yes No

If "yes," please answer the following questions:

1. Do you order Criminal Background Checks on all employees and volunteers who work directly with patients prior to hire?  
Yes No
2. Does your organization have a written "zero tolerance" sexual abuse and molestation policy? Yes No  
Does your written policy include the following?  
A zero tolerance statement Yes No  
Definition of sexual abuse/molestation Yes No  
Reporting procedures with at least two persons to report to internally Yes No  
Investigation and follow-up procedures Yes No  
Anti-Retaliation warning Yes No
3. Are all employees/volunteers required to acknowledge having read and comprehended the policy? Yes No
4. Have you ever had any prior incidents, allegations or claims involving sexual abuse? Yes No  
If "yes," please provide details.

**If you are requesting sexual abuse coverage under your Excess Liability policy, please attach a copy of your current sexual abuse and molestation prevention policy.** (If you would like to view a copy of a standardized version of an acceptable sexual abuse and molestation prevention policy for reference in developing your own, visit our web site, [glatfelterhealthcarepractice.com](http://glatfelterhealthcarepractice.com))

**EMPLOYEE BENEFITS LIABILITY**

\$25,000 each employee/\$50,000 aggregate is automatically provided, but additional limits may be available. Please indicate desired coverage limit if different from automatic coverage:

\$50,000/\$50,000                      \$100,000/\$100,000                      \$250,000/\$250,000                      \$500,000/\$500,000  
 \$750,000/\$750,000                      \$1,000,000/\$1,000,000

**CYBER LIABILITY AND PRIVACY CRISIS MANAGEMENT EXPENSE**

Please indicate if this coverage is desired:    Yes    No    If "yes," please answer the following questions:

**Cyber Liability** protects you when claims are made against you for monetary damages arising out of an electronic information security event:

\$1,000,000                      Each Electronic Information Security Event, subject to  
 \$3,000,000                      Annual Aggregate

**Privacy Crisis Management Expense** reimburses for expenses you incur as a result of a privacy crisis management event first discovered during the policy period. This first party coverage is intended to provide professional expertise in the identification and mitigation of a privacy breach while satisfying Federal and State statutory requirements.

\$50,000 each privacy event / \$50,000 aggregate automatically included  
 \$100,000 each privacy event / \$100,000 aggregate  
 \$250,000 each privacy event / \$250,000 aggregate  
 \$500,000 each privacy event / \$250,000 aggregate

1.     Yes     No     Is Firewall technology used at all internet points of presence to prevent unauthorized access to internal networks?
2.     Yes     No     Do you use antivirus software on all desktops, portable computers and mission critical servers?
3.     Yes     No     Are antivirus applications updated in accordance with the software provider's requirements? How often?
4.     Yes     No     Are your employee, customer, and other physical and electronic records maintained in a secure environment with limited access?
5.     Yes     No     Has your organization suffered a computer attack, such as a hacking attack, breach of personal information, denial of service attack, virus or malware infection or ransomware attack, in the last 12 months? If Yes, please explain:
6.     Yes     No     Do you have a written information security and privacy policy?
7.     Yes     No     Do you backup your computer data and store it off site?

Cyber Liability and Privacy Crisis Management Expense Comments:

**EXCESS LIABILITY** - Please indicate if this coverage is desired:    Yes    No

If "yes," please indicate the limit of liability desired:

\$1,000,000                      \$2,000,000                      \$3,000,000                      \$4,000,000                      \$5,000,000                      Other:

**COMMERCIAL PROPERTY**

If you have any owned or leased property and desire a quote, please indicate    Yes    No    If "yes," please complete Supplement No. 8.

**EMPLOYEE RETIREMENT INCOME SECURITY ACT INSURANCE (ERISA)**

We can offer you a proposal for a bond to insure your organization's liability in the proper administration of employer-administered employee benefit plans. The act is designed to protect the rights of employees and beneficiaries covered under the benefit plans your organization administers.

If a quote is desired, please indicate    Yes    No    If "yes," please request a Supplement.

**OCCUPATIONAL ACCIDENT/BUSINESS TRAVEL ACCIDENT**

Are you interested in Occupational Accident/Business Travel Accident coverage for your volunteers and/or independent contractors?    Yes    No    If "yes," please complete the [Supplement on our website](#).

**ANY SIGNIFICANT CHANGES TO YOUR ORGANIZATION DURING THE POLICY YEAR MUST BE REPORTED TO GLATFELTER UNDERWRITING SERVICES, INC. TO ENSURE COVERAGE.**

## PLEASE READ CAREFULLY --- GENERAL FRAUD WARNING NOTICE

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

### STATE-SPECIFIC FRAUD WARNING NOTICES

#### Alabama Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

#### Arkansas Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### Colorado Fraud Warning

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 Agencies.

#### Delaware Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

#### District of Columbia Fraud Warning

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 an applicant.

#### Florida Fraud Warning

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.

#### Kansas Fraud Warning

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

#### Kentucky Fraud Warning

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.

#### Louisiana Fraud Warning

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.

#### Maine Fraud Warning

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.

#### Maryland Fraud Warning

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### New Hampshire Statement of Residency

To procure automobile insurance, I hereby attest that I am, and each named insured is, a resident of the State of New Hampshire. I understand that if I falsely claim for myself or any named insured to be a resident of the State of New Hampshire, I am subject to prosecution, imprisonment of up to one year, a fine of \$2,000 and the denial of coverage for any loss, not occurring in New Hampshire, under the automobile insurance policy for which I am applying. I also understand that this statement will be relied upon in connection with future renewals of the automobile insurance policy for which I am applying, and that it is my responsibility to inform my insurance company before my next renewal after I or any named insured ceases to be a New Hampshire resident and that I will be subject to the penalties listed above if I fail to do so.

### **New Jersey Fraud Warning**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **New Mexico Fraud Warning**

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 civil fines and criminal penalties.

### **New York Fraud Warning**

Auto: All applications for automobile insurance shall contain the following statement: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

Fire Insurance: All applications for fire insurance shall contain the following statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds for rescinding the insurance policy.

Other Types of Insurance: 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 \$5,000 and the stated value of the claim for each such violation.

### **Ohio Fraud Warning**

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.

### **Oklahoma Fraud Warning**

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.

### **Oregon Fraud Warning**

Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

### **Pennsylvania Fraud Warning**

All Types of Insurance: 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.

Motor Vehicle Insurance: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

### **Rhode Island Warning**

All Types of Insurance: 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.

Property Insurance: Failure to disclose the existence of an arson conviction within the past ten (10) years of this application can result in a criminal penalty.

### **Tennessee Fraud Warning**

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.

### **Vermont Fraud Warning**

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.

### **Virginia Fraud Warning**

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.

### **Washington Fraud Warning**

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.

### **West Virginia Fraud Warning**

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.

Your signature below acknowledges that you have read the General Fraud Warning Notice and the State Specific Fraud Warning Notice that applies to your state of domicile.

The undersigned is an authorized representative of the applicant and certifies the information provided to obtain this coverage is accurate to the best of their knowledge; this includes any applications, locations schedules, valuation statements, loss history information and engineering reports.

Authorized Signature of Applicant: \_\_\_\_\_ Date:

Print Name and Title:

**THIS APPLICATION MUST BE SIGNED BEFORE WE CAN PROCESS.**

**INSURANCE AGENT INFORMATION:**

Agency name:

Contact person:

Agency address:

Telephone number:

Fax number:

E-mail address:

If you have never placed business with us before, please provide the person responsible for agency/brokerage licensing and contracting:

Contact's name:

Contact's email:

Contact's direct phone number:



A Division of Glatfelter Insurance Group

**PROPERTY SCHEDULE SUPPLEMENT (No. 8)**  
**PAGE 1 OF 2**

(If more than two locations exist, please make copies of the supplements, as required, complete and attach.)

**Name of Applicant:** \_\_\_\_\_

**General Property Information:**

	<b>Building:</b>	<b>Building:</b>
1. Street address		
2. City, County, State, Zip Code		
3. Construction code of building*		
4. Your occupancy (office, residential inpatient, garage, etc.)		
5. If residential facility, number of beds		
6. List other occupants in building (office, retail, manufacturing, etc)		
7. Do you own or lease?		
8. Mortgagee name & address, if applicable		

\*Construction Codes of Building: (select one only) (1) Frame, (2) Joisted Masonry, (3) Non-combustible, (4) Masonry Non-combustible, (5) Modified Fire Resistive, (6) Fire Resistive, (7) Heavy Timber Joisted Masonry, (8) Superior Non-Combustible, (9) Superior Masonry Non-Combustible

9. Year building built		
10. Square footage of TOTAL building		
11. Square footage YOU occupy		
12. % of TOTAL building sprinklered		
13. # of floors in building		
14. Basement (Y/N)	Yes    No	Yes    No
15. If building is over 25 years, provide date of updates to:		
Wiring		
Heating/Ventilation		
Roof		
16. Type of fire alarms (heat/smoke detectors, remote alarms, central station, none)		
17. Other alarms (hourly watchman, security guard, surveillance cameras, intrusion alarms, none)		

**Property Coverage:**

1. Deductible (\$250, \$500, \$1,000, \$5,000)	\$	\$
2. Building Limit – includes signs if insuring the building	\$	\$



**PROPERTY SCHEDULE SUPPLEMENT (No. 8)**  
**PAGE 2 OF 2**

3. Business Personal Property Limit – includes but not limited to contents, furniture, fixtures, laptops, computer hardware and software, communication systems, durable medical equipment, phone systems, fax machines, signs (if not insuring the building), and tenants glass	\$	\$
4. Thrift Store merchandise (actual cash value)	\$	\$
5. Loss Payee's Name and Address for Business Personal Property, if applicable. Identify items.		

**PROPERTY COVERAGE ENHANCEMENT OPTIONS**

**1. Building Ordinance Coverage**

A **\$500,000** limit is automatically included at no additional cost for coverages B & C. For an additional premium, increased limits are available. Please indicate requested limits below.

**Coverage A** extends the replacement cost coverage for damage to your building to include loss to the undamaged portion of the building and:

**Coverage B** provides an additional limit to cover the cost to demolish and clear the site of undamaged parts of the property.

**Coverage C** provides an additional limit to pay for increased costs to repair or reconstruct damaged and undamaged portions of the building.

	<b>Building:</b>	<b>Building:</b>
Building Ordinance (Coverage B)	\$	\$
Building Ordinance (Coverage C)	\$	\$

**2. Business Income and Extra Expense**

A **\$250,000** BI/EE limit is automatically included and applies on a blanket basis to all locations on your policy. For an additional premium, increased limits are available. A Business Income Worksheet may be required to bind coverage. Please indicate requested limits below.

Increased BI/EE Blanket Limit: \$

Other (Non-Blanket): \$

**3. Equipment Breakdown Coverage**

Automatically included up to the applicable combined Building and Business Personal Property limits. A Sublimit of **\$100,000** applies to each of the following: Expediting Expenses, Hazardous Substances, Spoilage, and Electronic Data Restoration. Additional limits are available for an additional premium.

Increased Limit: \$

**PROPERTY PACKAGE COVERAGE OPTIONS**

**Commercial Crime:**

Crime coverage is offered if property insurance is provided. Please indicate the coverage limit requested.

\$25,000                  \$50,000                  \$100,000                  \$250,000                  \$400,000

Do checks require at least two signatures?      Yes      No

Are bank accounts reconciled by someone not authorized to deposit or withdraw?      Yes      No

Are financial records audited by outside parties?      Yes      No

**Please be certain that the limits of coverage you select for insuring your buildings or business personal property are sufficient to meet your obligation to insure your property to at least 90% of the estimated replacement cost values.**