

## APPLICATION

### HEALTHCARE ORGANIZATION MANAGEMENT LIABILITY

As attachments to this Application, please include the following (where applicable):

- 5 years of currently valued carrier loss run reports
- List of Directors, Officers, and Trustees including name, position, term of office, and affiliation with other outside organizations
- Most recent audited financials and annual report, including CPA opinion letters
- Copy of the Charter/Bylaws and Organizational Chart including any cross holdings
- If currently insured elsewhere, a copy of your expiring carrier's declaration page including the policy's Retroactive Date

## GENERAL INFORMATION

Date Proposal Needed By:

Policy Effective Date:

Legal Name of Organization:

Extended Named Insured(s):

**Mailing Address:**

Street or PO Box	City	County	State	Zip Code
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FEIN:

Website:

**Contact Information:**

Primary:

Name	Phone	Email
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Inspection:

Name	Phone	Email
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<b>Organization Structure</b>	Corporation	Partnership	Privately/Individually-owned		
	Joint Venture	Limited Liability Company	Other:		
	Does the organization listed as the first named insured have a parent organization?			Yes	No
	If yes, legal name of parent organization:				
	Is there private equity ownership of any organization listed as a named insured?			Yes	No
	If yes, name of private equity firm and amount of ownership:				
	Is your organization organized under the not-for-profit status of the Internal Revenue Code?			Yes	No
If no, is your organization privately-held and not publicly traded?			Yes	No	
State of Incorporation: (If applicable )		Date organization was established:			
Has the organization operated continuously from this date?			Yes	No	
If no, please explain:					

<b>Insurance Information Coverage</b>	Limit of Liability: \$1,000,000 Each Wrongful Act or Offense / \$1,000,000 Aggregate (Defense expenses are payable outside the limit of liability.)					
	Deductible requested:					
	\$1,000	\$2,500	\$3,500	\$5,000	\$7,500	\$10,000
	\$15,000	\$20,000	\$25,000	\$50,000	\$100,000	
Injunctive and Declaratory Relief Limit:		\$25,000	\$50,000	\$100,000		

<b>Insurance Information Coverage (continued)</b>	Did your organization purchase Directors & Officers Liability Coverage (inclusive of Employment Practices Liability Coverage) in the past? <span style="float: right;">Yes No</span>
	<p>If yes, please provide the following information regarding your current coverage:</p> <p>Name of D&amp;O insurer: _____</p> <p>Policy Effective Date: _____ Retroactive Date: _____</p> <p>Limits of Liability: \$ _____ Each Claim / \$ _____ Aggregate</p> <p>Deductible or Self-insured Retention \$ _____</p>
	Has any insurer ever refused to renew or cancel your D&O or EPLI coverage? <span style="float: right;">Yes No</span>
	If yes, please explain: _____

<b>Operations</b>	Total operating revenues (including subsidiary operations)				
	Most recent fiscal year: \$ _____		Next fiscal year: \$ _____		
	Total number of locations (all states): _____				
	Please provide details by state:				
	State	# Full-time Employees	# Part-time Employees	# Volunteers	# Directors, Officers, Trustees (that are not included in employee count)
	<b>Total:</b>				
	Does the board of directors have at least 51% participation by directors not employed by you? <span style="float: right;">Yes No</span>				
	Do you wish to include your Independent Contractors as Additional Insureds? <span style="float: right;">Yes No</span>				
If yes, provide total number of Independent Contractors: _____					
Have you merged with or acquired any other facilities or businesses within the past 10 years? <span style="float: right;">Yes No</span>					
If yes, list organizations and dates of merger or acquisition on a separate attachment.					
Do you plan or contemplate any merger or acquisition activity during the next year? <span style="float: right;">Yes No</span>					
If yes, summarize these plans on a separate attachment					
Have there been any changes in senior management during the past 3 years? <span style="float: right;">Yes No</span>					
If yes, provide details on a separate attachment.					
Have you or any of your subsidiaries' declared bankruptcy or operated under a different name in the last 7 years? <span style="float: right;">Yes No</span>					
If yes, provide details on a separate attachment.					
Are financial statements prepared or reviewed by an independent auditing/CPA firm? <span style="float: right;">Yes No</span>					
Has any accreditation, affiliation or governmental license ever been suspended, revoked, lapsed or resulted in a fine or penalty? <span style="float: right;">Yes No</span>					
If yes, provide details on a separate attachment					
Do you have any subsidiaries for which you control more than 50%? <span style="float: right;">Yes No</span>					
If yes, provide each subsidiary's name, date of acquisition, operations, and For-profit or Not-for-profit status on a separate attachment.					
Has the Applicant or any of its subsidiaries voluntarily disclosed to any governmental entity or is it aware of any violations or potential violations of the following?					
Civil False Claims Acts?				Yes No	
Physician Ownership and Referral Act (The Stark Act)?				Yes No	
Any similar law or regulation?				Yes No	
If yes to any of the above, provide details on a separate attachment.					

<b>Operations</b> (continued)	Do you provide administrative or management services to any other entity? If yes, describe	Yes	No
	Do you promote, sponsor or provide insurance to board members? If yes, describe	Yes	No
	Other than the credentialing and peer review process for your own professional staff, do you provide these services to other? If yes, describe	Yes	No
	Do you anticipate closing any facilities, reducing staff, or laying off any employees during the next 2 years? If yes, please state the reason for the action and identify the number of employees affected.	Yes	No
	Have you or any of your officers, directors or other proposed insureds been advised that they are the subject of a complaint, suit, inquiry, investigation or other regulatory or judicial proceeding by any governmental or self-regulatory entity? If yes, provide details on a separate attachment.	Yes	No

<b>Employment Practices</b>	Annual employee turnover: Current year:                    %      Previous year:                    %      Third year:                    %		
	How many employees have been terminated or laid-off in the past 3 years?		
	Do you use an Employment Application for hiring?	Yes	No
	Do you publish an employee handbook? If yes, do all employees certify they have received, reviewed and comply with the handbook?	Yes	No
	Do you perform comprehensive background checks for new employee applicants?	Yes	No
	Do you perform comprehensive background checks for volunteers?	Yes	No
	Do you have a formal orientation program for new employees and volunteers?	Yes	No
	Do you have documented policies and procedures addressing the following areas? Written Performance Evaluations      Sexual Harassment      Grievance Equal Opportunity Employment      Employee Assistance Programs (EAP)      Affirmative Action Anti-Discrimination      Anti-Retaliation		
	Are all managers and employees in supervisory positions provided training with regard to human resource policies and procedures?	Yes	No
	Has a specific individual within your organization been assigned the responsibility of receiving and reporting staff incident reports?	Yes	No
	Do you have a corporate compliance program?	Yes	No
	Do you routinely consult with legal counsel prior to terminating an employee?	Yes	No
	Do you have outside counsel review your employment handbook?	Yes	No
	Describe your policy for handling requests for references on past employees:		
	Has your organization been involved in any grievance or other administrative hearing before a National Labor Relations Board, Equal Employment Opportunity Commission, Federal Labor Standards, Fair Labor Standards, Civil Rights Commission, Department of Labor or any governmental agency within the last 5 years? (Please include any third-party grievances made by non-employees.) If yes provide details on a separate attachment including dates, a description of the grievance, status, legal expenses and settlement amount.	Yes	No

<b>Past Activities and Prior Knowledge</b>	Are there any pending claims or demands against you or anyone for whom this insurance is intended that may be covered by any similar insurance currently in force, previously in effect, or currently proposed? If yes, provide details on a separate attachment.	Yes	No
	Has the organization or any of its directors, officers, or other proposed insureds been a part of any civil or criminal litigation or arbitration proceeding related to the applicant's activities? If yes, provide details on a separate attachment.	Yes	No
	Does anyone for whom this insurance is intended have any knowledge or information of any act, error, omission, fact or circumstance which may give rise to a claim within the scope of the proposed insurance? If yes, provide details on a separate attachment.	Yes	No

## FRAUD WARNING NOTICE – PLEASE READ CAREFULLY

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.

<b>Alabama</b>	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.
<b>Arkansas</b>	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.
<b>California</b>	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
<b>Colorado</b>	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.
<b>District Of Columbia</b>	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.
<b>Florida</b>	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.
<b>Kansas</b>	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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 that such person knows to contain materially 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.
<b>Kentucky</b>	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.
<b>Louisiana</b>	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.
<b>Maine</b>	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.
<b>Maryland</b>	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.
<b>Minnesota</b>	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
<b>New Jersey</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	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.
<b>New York</b>	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.
<b>Ohio</b>	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.
<b>Oklahoma</b>	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.
<b>Oregon</b>	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.
<b>Pennsylvania</b>	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.
<b>Rhode Island</b>	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.
<b>Tennessee</b>	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.
<b>Vermont</b>	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.
<b>Virginia</b>	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.
<b>Washington</b>	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.
<b>West Virginia</b>	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 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.

Applicant's signature:

Title:

Date:

Agent's signature:

Date: