



183 Leader Heights Road  
 P.O. Box 2726  
 York, PA 17405  
 800.233.1957 or 717.741.0911  
 Fax: 717.747.7021

Please return completed application to: [wsubmissions@glatfelterhealthcare.com](mailto:wsubmissions@glatfelterhealthcare.com)

## SENIOR LIVING PROGRAM

### Workers' Compensation Supplemental Application

#### I. APPLICANT INFORMATION

Applicant Name:

Mailing Address:

Website:

Email:

FEIN:

Policy Effective Date:

Phone Number:

Inspection and Insurance Contact Name:

Phone Number:

Applicant is: For-Profit Not-for-Profit Religious-Affiliated  
 Type of organizational structure: Corporation Partnership Individually-Owned Joint-Venture LLC  
 Other, please describe:

The facility is best described as which **one** of the following?

Skilled nursing facility Assisted living facility (with or without Independent living)  
 Independent living ONLY CCRC (Continuing Care Retirement Community)  
 Rehabilitation facility Senior housing apartments

Please list all Additional Insured names, operations, addresses, and number of employees at each location (if any):

- a.
- b.
- c.

#### II. STAFFING

Total number of employees: Full Time Part Time/Per Diem Volunteers

Total number of nurse employees:

Pre-Hire Practices:

Yes	No	Written application	Yes	No	Criminal background check
Yes	No	Drug testing	Yes	No	Employment history verification
Yes	No	Pre-hire physicals	Yes	No	MVR checks
Yes	No	Board of Nursing / CNA registry checks documented			

Does the facility use agency / pool nursing staffing? Yes No How often? What shifts?

Does the facility use agency / pool CNA staffing? Yes No How often? What shifts?

If agency / pool staff are used, describe the orientation process:

Are background checks completed for agency personnel? Yes No NA

Is an orientation conducted for all employees and agency personnel? Yes No

Are there regularly scheduled in-service trainings for all employees and agency personnel? Yes No

Total number of volunteers:

Is there formal screening/orientation process for volunteers? Yes No

Are background checks conducted on all volunteers? Yes No

### III. RISK MANAGEMENT

- Yes No Patient / resident handling program Describe:
- Yes No Successful return to work program Describe:
- Yes No Written safety program Describe:
- Yes No Formal Safety meetings How often:
- Yes No Bloodborne pathogens program Describe:
- Yes No Accident/Injury investigation Describe:
- Yes No Post-accident drug testing Describe:
- Yes No Substance abuse policy Describe:
- Yes No Ergonomics (other than patient handling) Describe:
- Yes No Aggressive / combative exposure Describe:
- Yes No Written contracts when using subcontractors
- Yes No Require subcontractor to carry Workers' Compensation coverage
- Yes No Does the entity utilize a uniform written contract for all subcontractors?  
 If "Yes," check items that are included:  
     Additional Insured Status on a Primary and Non-Contributory Basis  
     Hold Harmless wording  
     Defense and Indemnification wording

Driver policies for:

- Yes No Alcohol/Drug use                      Yes No Seat belt use                      Yes No Distracted driving
- Describe any other formal or informal risk management controls:

### IV. EXPOSURES & CONTROLS

**Do the following exposures exist? Are there any controls in place?**

		EXPOSURE	CONTROLS	
Yes	No	Lifting, patient handling	Yes	No
		Describe:		
Yes	No	Auto	Yes	No
		Describe:		
Yes	No	Slips, trips, & falls	Yes	No
		Describe:		
Yes	No	Bloodborne pathogens	Yes	No
		Describe:		
Yes	No	Burns or scalding injuries	Yes	No
		Describe:		
Yes	No	Repetitive motion	Yes	No
		Describe:		
Yes	No	Chemical exposure	Yes	No
		Describe:		
Yes	No	Material handling	Yes	No
		Describe:		
Yes	No	Fall protection	Yes	No
		Describe Height Exposure and protection:		
Yes	No	Personal protective equipment	Yes	No
		Describe:		
Yes	No	Pets	Yes	No
		Describe:		

## 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>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 Authorities.
<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.

**V. APPLICATION CHECKLIST**

**COMPLETED SUPPLEMENTAL APPLICATION AND ACORD 130 APPLICATION**

**SIGNATURES ON APPLICATIONS WHERE REQUIRED**

**5 YEARS OF CURRENTLY VALUED CARRIER LOSS RUNS, INCLUDING LOSS DETAILS OF ANY LOSS OVER \$25,000**

**NUMBER OF EMPLOYEES BY LOCATION**

**I CERTIFY THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.**

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 and loss history information.**

**SIGNATURE OF PROPOSED INSURED**

**TITLE**

**DATE**

**SIGNATURE OF PROPOSED AGENT**

**TITLE**

**DATE**