

RSUI Group, Inc.	
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SHELTER AND HALFWAY HOUSE GENERAL LIABILITY AND PROFESSIONAL LIABILITY APPLICATION

1. Named Insured: _____
Business _____

2. Address: _____

3. Applicant operates as: Profit Nonprofit Number of years in operation: _____
How long under present management? _____ (If fewer than five years, attach principals' resumes.)

If principals in the firm do not have a health care background, then also include the resume of the individual responsible for hiring, screening and monitoring the work activities of your employees.)

Is facility owned by physician(s)? Yes No

5. Type of operation:

- Outpatient aftercare and support program (AA, Al-Anon, etc.)
- Outpatient counseling or guidance center
- Crises centers (rape, domestic violence, etc.)
- Homeless shelters
- Mission or settlement house

Describe type of operation and services provided (attach brochure and/or advertising material if available):

6. Operations conducted in the following states:

State: _____	Licensed with state?	<input type="checkbox"/> Yes <input type="checkbox"/> No	License #: _____
State: _____	Licensed with state?	<input type="checkbox"/> Yes <input type="checkbox"/> No	License #: _____
State: _____	Licensed with state?	<input type="checkbox"/> Yes <input type="checkbox"/> No	License #: _____

7. Has license ever been revoked?

Yes No

If yes, explain: _____

8. Name all subsidiary companies/locations and others coming under applicant's control (if none, please state):

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9. Has the applicant sold, acquired or discontinued any operations in the last five years? Yes No
 If yes, please explain: _____

10. Is at least one of the principals or an Administrator/Director involved in the operation on a full-time basis?
 Yes No

11. Physical features of risk:

a. Construction of building: _____ On which floor(s) is applicant located? _____

b. Number of floors: _____

c. Year built: _____

d. Equipped with sprinkler system? Yes No

Equipped with fire alarm? Yes No Central station Local alarm

Equipped with smoke detectors? Yes No How many on each floor? _____

e. Number of fire extinguishers on premises: _____ Number of fire escapes: _____

f. Is smoking allowed on premises? Yes No If yes, where is it permitted? _____

g. Is there a swimming pool, hot tub/spa on premises? Yes No

h. Was building originally built for this type of occupancy? Yes No

12. Emergency procedures:

a. Do you have a written Emergency Evacuation Plan? Yes No

b. Does your plan include advance agreement of transportation and temporary shelter? Yes No

c. Are evacuation procedures posted in all parts of your facility? Yes No Bilingual? Yes No

d. How often are drills conducted? _____

13. State patients'/residents' ages – _____ (youngest) to _____ (oldest) Average age: _____

14. Physicians on premises, if any, are:

Private practitioners (personal physicians of the resident)

Employees of the applicant

Contracted physicians through written contract with applicant

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Any dispensing of medicines? Yes No

If contracted physician, are certificates (evidence) of professional liability insurance required and kept on file?
 Yes No

15. Are employees authorized to use their personal vehicles to transport residents or patients? Yes No

16. Are residents/patients placed in applicant's facility by court order? Yes No

17. Any involvement in medical detoxification? Yes No

18. Does facility accept prisoners on work release or rehabilitation programs? Yes No

19. Does facility provide pregnancy and/or abortion counseling services? Yes No

20. Does facility, if an inpatient facility, accept children under the age of 18?
If yes, does applicant also require the child's guardian to be in residence at the same facility? Yes No

21. Is facility a foster home or foster care facility? Yes No

22. Does facility provide inpatient services for either of the following:
Developmentally Disabled – Adults or children able to care for themselves despite their disability or
 a. mental retardation. Examples of this category include Downs Syndrome, autism, and brain injuries. This not include individuals whose primary diagnosis is an emotional or mental illness. Yes No
Mentally Disabled – Adults or children able to care for themselves (with substantial numbers able to hold
 b. jobs). Behavior is controlled through medication and monitored by their personal physician. This category would individuals whose primary diagnosis is an emotional or mental illness including but not limited to psychopathic and sociopathic diagnosis. Yes No

23. Does the applicant provide bed and board facilities? Yes No If yes, number of beds: _____
 Length of stay: from _____ (shortest) to _____ (longest) Average: _____

24. Does the applicant provide outpatient services? Yes No
 If yes, number of annual outpatient visits: _____

25. Explain arrangement for medical emergencies (i.e., M.D. on call, transfer arrangements with hospitals, etc.):

26. As part of hiring/screening of new employees, does applicant:
 a. Obtain copies of their professional licenses/certifications? Yes No
 b. Contact applicants' references before they are hired? Yes No

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c. Require that they carry their own professional liability policy? Yes No

27. Total number of employees: _____

28. Does applicant have Workers' Compensation coverage in force? Yes No

29. Does applicant lease employees? Yes No

30. Does applicant have any contractual agreements wherein applicant assumes the liability of others?

Yes No

If yes, please attach a list of each entity that has requested to be named as an additional insured and the type of services(s) applicant provides.

31. Any other premises or operations exposures not stated in this application? Yes No

If yes, attach a complete description and underwriting/rating information.

32. During the past five years, have any claims been made or suit brought against the applicant because of

alleged

malpractice, error, mistake or premises accident arising in any manner out of the applicant's operation?

Yes No If yes, date: _____ Please explain: _____

33. During the past three years, has any company canceled, declined, or refused similar insurance to the applicant?

(Not applicable in Missouri.) Yes No If yes, explain: _____

Applicant's Signature

Date

SIGNATURE REQUIRED
NEW YORK FRAUD STATEMENT

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.

Applicant's Signature

Date

No Signature Required

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ARKANSAS, LOUISIANA, RHODE ISLAND, TEXAS AND WEST VIRGINIA FRAUD STATEMENT

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.

ALASKA FRAUD STATEMENT

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA FRAUD STATEMENT

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CALIFORNIA FRAUD STATEMENT

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO FRAUD STATEMENT

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.

DISTRICT OF COLUMBIA FRAUD STATEMENT

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.

FLORIDA FRAUD STATEMENT

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.

HAWAII FRAUD STATEMENT

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

IDAHO FRAUD STATEMENT

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

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INDIANA FRAUD STATEMENT

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KENTUCKY FRAUD STATEMENT

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.

MAINE FRAUD STATEMENT

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.

MINNESOTA FRAUD STATEMENT

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE FRAUD STATEMENT

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY FRAUD STATEMENT

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 STATEMENT

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.

OHIO FRAUD STATEMENT

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 STATEMENT

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 STATEMENT

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

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PENNSYLVANIA FRAUD STATEMENT

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.

TENNESSEE, VIRGINIA, AND WASHINGTON FRAUD STATEMENT

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.