

Underwritten by The Hanover Atlantic Insurance Company, Ltd.

PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH LOCATION.

Required Documents for PL/GL:

Completed & Signed Supplemental Application

Copy of most recent Fire Marshall or Life Safety Report

Required Documents for Auto:

Driver List including Name, State, Date of Birth & Driver's License Number

(drivers under age 25 and over age 75 are not eligible for auto coverage)

A RESPONSE IS REQUIRED FOR EACH QUESTION INCLUDING N/A IF NOT APPLICABLE.

I. APPLICANT INFORMATION SECTION

A. Named Insured: _____

Corporate Address: _____

Website: _____

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Total number of Independent Living Units: _____ Total number occupied: _____

Is this location HUD financed? ☐ Yes ☐ No

Is this location Section 8 subsidized? ☐ Yes ☐ No

Number of Tenants under 55 years old: _____

II. STAFFING

Executive Director/Property Manager Name _____

Phone: _____ Email: _____

Length of experience in senior housing operations: _____ Length of time at facility: _____

III. OTHER EXPOSURES

A. Are there any restaurants or alcohol service on the premises? ☐ Yes ☐ No

If Yes, please provide: Annual restaurant receipts: \$ _____

Annual alcohol receipts: \$ _____

B. Have you filed for bankruptcy in the last 3 years? ☐ Yes ☐ No

AUTHORIZATION

By signing this application, I declare that I have reviewed this application for accuracy before signing it, that I have answered the questions in this application to the best of my ability and that, to the best of my knowledge following reasonable inquiry, the statements set forth herein are true, complete, accurate and correct and no material facts have been omitted, misrepresented, or misstated and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for, whether or not disclosed. Any claim based upon, arising out of or in connection with any misrepresentation, omission, concealment, untruthful, inaccurate, or incomplete statement of a material fact in this application or otherwise shall be excluded from coverage. Signing of this supplemental application does not bind AIX Specialty Insurance Company or any of its insurance affiliates or subsidiaries to offer, nor the authorized signer to accept insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued and will become part of the policy as if physically attached.

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

ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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.

FLORIDA AND OKLAHOMA: 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 in FL).

KANSAS: 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 which 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.

KENTUCKY, OHIO AND PENNSYLVANIA: 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.

MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: 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 and denial of insurance benefits. *Applies in ME Only.

NEW HAMPSHIRE AND NEW JERSEY: Any person who includes any false or misleading information to the best of her/his knowledge on an application for an insurance policy is subject to criminal and civil penalties.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NEW YORK: 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 civil penalties not to exceed five thousand dollars and the stated value of the claim for each such violation.

SIGNATURE OF APPLICANT's AUTHORIZED REPRESENTATIVE

SIGNATURE IN FULL: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

Produced By: Producer: _____ Agency: _____

Taxpayer ID: _____ License Number: _____ Email: _____

Address (Street, City, State, Zip): _____