

# SURPLUS LINES ELDERCARE ADVANTAGE

*Independent Living Facility  
New Business Supplemental Application*

*Underwritten by The Hanover Atlantic Insurance Company, Ltd.*

**PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH LOCATION.**

**Required Documents for PL/GL:**

Completed ACORD Applications  
Completed & Signed Supplemental Application  
Five Years of Currently Valued Carrier Loss Runs  
Resident Service Agreement

**Required Documents for Auto:**

Completed ACORD Applications  
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)  
Five Years of Currently Valued Carrier Loss Runs

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

Effective Date:		Expiring Carrier:	
Current Coverage:	Occurrence	OR Claims-Made	Retroactive Date

**I. APPLICANT INFORMATION SECTION**

A. Named Insured: \_\_\_\_\_

Corporate Address: \_\_\_\_\_

Website: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Your Interest in facility: ☐ Owner ☐ Lessor ☐ Management Company ☐ Tenant

☐ Other: \_\_\_\_\_

If management company, provide name and address: \_\_\_\_\_

Number of years under current ownership: \_\_\_\_\_

Organizational Structure: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Trust ☐ LLC

☐ For Profit ☐ Not For Profit ☐ Governmental

B. Has this facility:

Filed for bankruptcy in the last 5 years? ☐ Yes ☐ No

If Yes, please provide details: \_\_\_\_\_

Is this location HUD financed? ☐ Yes ☐ No

Is this location Section 8 subsidized? ☐ Yes ☐ No

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Do you accept occupants under the age of 55?

☐ Yes ☐ No

If Yes, how many: \_\_\_\_\_

Number of Units: \_\_\_\_\_ Average occupancy: \_\_\_\_\_

Number of Developmentally Disabled tenants: \_\_\_\_\_

Do you perform background checks (including sex offender registry) on tenants?

☐ Yes ☐ No

Does this facility serve as an alternative to incarceration or half-way house?

☐ Yes ☐ No

### **II. STAFFING**

Executive Director/Property Manager Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Length of experience in senior housing operations: \_\_\_\_\_ Length of time at facility: \_\_\_\_\_

Number of hours work at this facility per week: \_\_\_\_\_

Indicate the number of employees for: Maintenance: \_\_\_\_\_ Housekeeping: \_\_\_\_\_

Food Service: \_\_\_\_\_ Transportation: \_\_\_\_\_ Other: \_\_\_\_\_

Indicate which background checks are performed for new hires: ☐ Criminal record ☐ Driving Record (MVR)  
☐ Drug Testing

### **III. INCIDENT/ACCIDENT HANDLING AND REPORTING**

Do you have a program to investigate and document incidents or accidents?

☐ Yes ☐ No

If Yes, check which of the following are included:

☐ Incident reporting ☐ Record keeping ☐ Investigative handling ☐ Resident complaint/grievance procedures

### **IV. EMERGENCY PREPAREDNESS**

A. Do you have a written emergency/disaster and evacuation plan? ☐ Yes ☐ No

B. How often are emergency drills conducted? \_\_\_\_\_

C. Are exit signs, evacuation routes and directions posted in key areas? ☐ Yes ☐ No

D. Are call buttons/pull cords operational in each unit? ☐ Yes ☐ No

E. Where does call button/pull cord notification go? ☐ Front Desk ☐ Alarm Company

☐ Other: please explain \_\_\_\_\_

F. If call buttons alarm onsite, are they manned 24/7? ☐ Yes ☐ No

If Yes, by whom? \_\_\_\_\_

G. When did Fire Department/Marshall last inspect? \_\_\_\_\_

H. Do you have armed Security Guards on premises? ☐ Yes ☐ No

### **V. OTHER EXPOSURES**

A. Is there a daily check in process for all tenants? ☐ Yes ☐ No

If Yes, please describe: \_\_\_\_\_

B. Do you allow smoking in the tenant units? ☐ Yes ☐ No

C. Is there a designated smoking area? ☐ Yes ☐ No

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- D. Do you have an auxiliary electrical system? ☐ Yes ☐ No  
If No, describe type and location of emergency lighting and/or equipment system: \_\_\_\_\_
- E. Does your auxiliary electrical system run the HVAC system? ☐ Yes ☐ No  
If No, describe how heating/cooling is handled in the event of an extended power shortage: \_\_\_\_\_
- F. Do you have a regular pest extermination program by an outside firm? ☐ Yes ☐ No  
If Yes, how often do they visit? \_\_\_\_\_
- G. Do you have a swimming pool, hot tub or Jacuzzi? ☐ Yes ☐ No
- H. Does any pool have a diving board or slide? ☐ Yes ☐ No
- I. Are the pools, hot tubs and/or Jacuzzis secured or locked when not in use? ☐ Yes ☐ No
- J. Does any pool have a diving board or slide? ☐ Yes ☐ No
- K. Is there signage when no lifeguard is on duty? ☐ Yes ☐ No
- L. Do you allow anyone other than residents to use the pool, hot tub or Jacuzzi? ☐ Yes ☐ No  
If Yes, describe the terms of use: \_\_\_\_\_
- M. Do you have a fitness area or fitness equipment? ☐ Yes ☐ No
- N. Do you have a pet addendum for the lease? ☐ Yes ☐ No  
If Yes, does the addendum include a requirement for proof of vaccinations? ☐ Yes ☐ No
- O. Do you have spas, beauty salons or retail operations? ☐ Yes ☐ No  
If Yes, who are these operations owned and maintained by? ☐ You? ☐ Outside vendor
- P. Are operators of spas, beauty salons or retail operations licensed? ☐ Yes ☐ No
- Q. Are certificates of insurance obtained from these vendors? ☐ Yes ☐ No
- R. Are there any restaurants or alcohol service on the premises? ☐ Yes ☐ No  
If Yes, please provide: Annual restaurant receipts: \$ \_\_\_\_\_  
Annual alcohol receipts: \$ \_\_\_\_\_
- S. Do you have a hood and duct exhaust system over all commercial cooking equipment? ☐ Yes ☐ No
- T. Does a certified contractor clean the kitchen hood and duct exhaust system? ☐ Yes ☐ No  
Indicate frequency: ☐ Annually ☐ Semiannually ☐ Quarterly ☐ Other: \_\_\_\_\_
- U. Do you use an outside contractor snow removal? ☐ Yes ☐ No  
If No, please indicate who provides this service: \_\_\_\_\_
- V. Are there balconies on the buildings? ☐ Yes ☐ No
- W. Is grilling on balconies permitted? ☐ Yes ☐ No
- X. How often are the balconies inspected? \_\_\_\_\_

### **VI. PROPERTY**

- A. Number of stories: \_\_\_\_\_ Construction type: \_\_\_\_\_
- B. Was building originally designed and constructed for senior living occupancy? ☐ Yes ☐ No
- C. Is the facility 100% sprinklered? ☐ Yes ☐ No

- D. Do you have maintenance and service contract with a fire sprinkler contractor? ☐ Yes ☐ No  
If Yes, how often is the fire sprinkler system tested? \_\_\_\_\_
- E. Smoke detectors are: ☐ Hard Wired ☐ Battery Operated  
If battery operated, is there a battery replacement and oversight programs? ☐ Yes ☐ No

**VII. LAUNDRY**

- A. Is there a common laundry room? ☐ Yes ☐ No  
If Yes, how often are clothes dryer lint screens cleaned? \_\_\_\_\_
- B. Do you have a scheduled dryer duct cleaning program in place? ☐ Yes ☐ No

**VIII. AUTO**

- A. Do you transport residents? ☐ Yes ☐ No  
If Yes, within what mileage radius: \_\_\_\_\_  
Number of employees that transport residents? \_\_\_\_\_
- B. Do you check MVRs prior to authorizing individuals to transport resident? ☐ Yes ☐ No
- C. Is resident transportation contracted to a third party? ☐ Yes ☐ No  
If Yes, who assists residents into and out of contracted vehicles? \_\_\_\_\_
- D. What safety equipment is standard on your owned vehicles? \_\_\_\_\_
- E. How are employees trained to safely transport residents? \_\_\_\_\_
- F. Are wheelchair lifts present? ☐ Yes ☐ No  
If Yes, are employees trained, including loading/unloading and to properly securing wheelchairs? ☐ Yes ☐ No
- G. Is there a vehicle inspection program? ☐ Yes ☐ No  
If Yes, how often? \_\_\_\_\_

#### **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**

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**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.

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**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): \_\_\_\_\_