

Underwriting Company:

All products are underwritten by The Hanover Insurance Company or one of its insurance company subsidiaries or affiliates ("The Hanover"): The Hanover American Insurance Company, Massachusetts Bay Insurance Company, Citizens Insurance Company of America, Citizens Insurance Company of Illinois, or Citizens Insurance Company of Ohio.

Coverage may not be available in all jurisdictions and is subject to the company underwriting guidelines and the issued policy. This material is provided for informational purposes only and does not provide any coverage. For more information about The Hanover visit our website at www.hanover.com
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Instructions: Provide the following for your submission to be considered complete.

- This application must be completed and signed.
- Submit Acord applications if requesting changes to Auto, Property, Umbrella
- Provide 5-year current valued loss runs or changes in claims from prior carrier.

THIS APPLICATION MAY BE USED FOR BOTH OCCURRENCE COVERAGES AND CLAIMS MADE COVERAGES.

CLAIMS-MADE NOTICE

FOR COVERAGE ON CLAIMS-MADE COVERAGES, SUBJECT TO ITS TERMS, CLAIMS-MADE COVERAGE APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ YOUR POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

EFFECTIVE DATE REQUESTED: _____

I. GENERAL INFORMATION

A. Legal Name of Applicant (Primary Named Insured): _____

DBA(s): _____

1. Describe any material changes in your business operations during the past year to include services or products offered, location(s) of operations, or changes with key administrative personnel? _____

2. Describe any changes in your business operations anticipated during the next 12 months: _____

3. Have any on-site inspections or surveys been completed within the past 12 months? ☐ Yes ☐ No

Was a corrective action plan required? ☐ Yes ☐ No

If Yes, please submit a copy.

II. SERVICES PROVIDED

1. Does the applicant lease staff to any facility or third party including, but not limited, to hospitals, long-term care, nursing homes, rehab centers, or assisted living facilities? ☐ Yes ☐ No

If Yes, please provide details: _____

2. Indicate the % breakout of where the applicant provides services. Total of all should equal 100%.

Location	% Of services	Location	% Of services
Applicant's Owned Facility	%	Hospital	%
Patient's Home	%	Long Term Care/Nursing Facility/ALF	%
Independent Living	%	Adult Day Care Facilities	%
Correctional Facilities	%	Other:	%

3. Gross Revenue:

Next 12 months Projection	Current Year Annual Projection	1 Year Prior Actual	2 Years Prior Actual
\$	\$	\$	\$

4. Total Visits/Patient Encounters:

Next 12 months Projection	Current Year Annual Projection	1 Year Prior Actual	2 Years Prior Actual
#	#	#	#

5. Provide breakout of projected series for the next 12 months: **both revenue and visits are required.**

Service	Projected Annual Revenue	Projected Annual Visits
Adult Day Care (licensed slots):	\$	#
Cardiac Care	\$	#
Case Management	\$	#
Companion/Personal Care	\$	#
Consumer Directed Personal Assistance Program (CDPAP)	\$	#
Dialysis	\$	#
Dietician/Nutritionist	\$	#
Hospice – In Facilities	\$	#
Hospice – In Home	\$	#
Infusion Therapy	\$	#
Pediatric Care (ages 0-18)	\$	#
Respiratory Therapy	\$	#
Skilled Nursing	\$	#
Therapy: Occupational	\$	#
Therapy: Physical	\$	#
Therapy: Speech	\$	#
Special Care (Alzheimer's/Dementia)	\$	#
Supplemental Staffing to Facilities	\$	#
Trach/Ventilator Care	\$	#
Telehealth (describe):	\$	#
Handyman Services	\$	N/A
Medical Equipment (describe):	\$	N/A
Pharmacy	\$	N/A
Thrift Store	\$	Sq. ft:
Other (describe):	\$	#

6. Total # of clients: _____
- a. Indicate percentage of clients by age: 0-18 _____% 19-55 _____% 56+ _____%
- b. What percentage of all services are live in care provided by one caregiver? _____%
7. Indicate number and types of staff:

POSITION	EMPLOYEE		VOLUNTEERS		CONTRACTORS	
	F/T	P/T	F/T	P/T	F/T	P/T
Administrator						
Clergy						
Clerical/Office Staff						
Companion, Attendants, Homemakers, Aides						
Nurse – LPN, LVN						
Nurse - RN						
Nutritionist						
Respiratory Therapist						
Social Worker						
Nutritionist						
Respiratory Therapist						
Social Worker						
Therapist - Occupational						
Therapist – Physical						
Therapist – Speech						
Other:						
Medical Director (Administrative only)						
Nurse Practitioner						
Physician Assistant						
Physician						

III. HIRED AND NON-OWNED AUTO – if you would like HNOA coverage, complete the below:

1. How often do you rent or lease vehicles for business and for what purpose? _____
2. Total number of employees that drive on behalf of the insured (includes going to multiple locations per day, running errands, and incidental transport of clients): _____
- Average number of locations employees are driving personal vehicles (including running errands and client transport): _____
3. Do you reimburse employees for mileage on their personal vehicles? ☐ Yes ☐ No
- If Yes, total annual miles that are reimbursed: _____

IV. CLAIMS/INCIDENTS

1. Since your last application, has the insured or any subsidiary been the subject of investigative or disciplinary proceedings or criminal convictions? ☐ Yes ☐ No
2. Since your last application, have there been any changes in the status of any Previously reported claims or incidents? ☐ Yes ☐ No
3. Have any claims or suits been brought against you or are you aware of any circumstances that might lead to such a claim or suit that you have not yet reported to us? ☐ Yes ☐ No

AUTHORIZATION

I have answered the questions in this Application to the best of my ability and declare that, to the best of my knowledge, the statements set forth herein are true and correct. My signing of the Application does not bind the insurance Company to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a policy be issued.

It is further agreed that:

- If any of you discover or become aware of any material change which would render the Application inaccurate or incomplete between the date of this application and the policy inception date, notice of such change will be reported in writing to us as soon as practicable.

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.

CALIFORNIA: 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 payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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.

VERMONT FRAUD NOTICE: 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.

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: _____

ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION MUST BE SIGNED AND DATED.

Produced By: Producer: _____ Agency: _____
Taxpayer ID: _____ License Number: _____ Email: _____
Address (Street, City, State, Zip): _____