

SURPLUS LINES HEALTHCARE FACILITY

Applied Behavior Analysis (“ABA”) Therapy – Supplemental Application

Underwritten by The Hanover Atlantic Insurance Company, Ltd.

Instructions:

- This application must be completed *in conjunction* with our Healthcare Facility Common Application.
- PROVIDE A COPY of your most recent state or independent accreditation survey results, to include your responses to any recommendations.
- Complete a separate supplemental application for each state you perform services in or provide the breakout of the requested information by state in an attachment.

Name of Applicant: _____

These operations are conducted in what state? _____ If multi-state, please complete a **separate** supplemental for each state or provide the breakout of the requested information by state in an attachment.

A.

Services Provided:	Actual visit count Past 12 months	Projected visit count Next 12 months
Early intensive behavioral intervention/Comprehensive ABA		
Focused ABA		
Consultative ABA		
Speech Therapy		
Occupational Therapy		
Other (describe):		
Other (describe):		

B.

Certified Staff:	Number of employees	Number of contractors
Board Certified Behavior Analyst - Doctorate		
Board Certified Behavior Analyst		
Board Certified Assistant Behavior Analyst		
Research Behavior Tech (RBT)		
Speech Therapists		
Occupational Therapists		
Other (describe):		
Other (describe):		

C. Do all direct care staff have a minimum certification as Registered Behavior Technicians? ☐Yes ☐No
If no, explain: _____

D. What is the ratio of therapist/technician to clients during a session? ____:____

E. Do you follow standards proposed by the Behavioral Analysts Certification Board? ☐Yes ☐No

- F. Are behavioral assessments completed prior to the start of services? ☐Yes ☐No
- G. Do you provide a list of types of behavior or manifestations you are unable to treat? ☐Yes ☐No
- H. Is there a behavior intervention plan? ☐Yes ☐No
Does it involve the use of restraint or seclusion? ☐Yes ☐No
If yes, please provide a copy of the plan.
- I. Are sessions recorded using technology to capture both audio and visual interactions? ☐Yes ☐No
- J. Does the insured utilize Informed Consent and require sign off from all legal guardians? ☐Yes ☐No
- K. What percentage of the time are legal guardians present during the therapy session? _____% of the time
- L. What is the average length of time for each client session? _____
- M. What percentage of services are for Individual Education Program (IEP) assessments? _____%
- N. Are clients taken on field trips? ☐Yes ☐No
If yes, provide details including frequency: _____
- O. Do you have an outdoor play area? ☐Yes ☐No
If yes, please provide square footage and describe play equipment or provide photos of the area:

- P. Are you offering any day care services? ☐Yes ☐No
If yes, please explain: _____

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: _____

THE APPLICATION MUST BE COMPLETED IN FULL, SIGNED AND DATED BY A PRINCIPAL OF THE BUSINESS.