

Application Instructions

Whenever used in this Application, the term "Applicant" shall mean the Named Insured and all subsidiaries or other organizations applying for coverage, unless otherwise stated.

The Applicant must complete the relevant sections of this Application and of any applicable Supplemental Application in accordance with the specific coverages requested, along with any additional underwriting information or attachments as indicated.

I. General Information

Name of Applicant: _____

Hanover Policy Number: _____ Effective Date of Coverage: _____
(If this is a renewal)

II. Security

1. Does the Applicant maintain a trained and professional security force? ☐ Yes ☐ No
If "Yes":
 - a. Does the Applicant use their own employees for security? ☐ Yes ☐ No
 - b. Does the Applicant contract with a guard or patrol service? ☐ Yes ☐ No
2. Does the Applicant's security force maintain a highly visible profile in terms of the number of security guards and the wearing of law enforcement style uniforms? ☐ Yes ☐ No
3. Does physical security include surveillance of entrances, exits, and parking lots? ☐ Yes ☐ No
4. Are all employees required to wear photo identification badges? ☐ Yes ☐ No
5. Are supply rooms for such items as medical equipment and linens kept securely locked with keys that are issued only to appropriate personnel? ☐ Yes ☐ No

III. Property of Others

1. Does the Applicant actively discourage patients from bringing valuable items to the hospital? ☐ Yes ☐ No
2. Does the Applicant ever accept the property of patients for safekeeping or storage? ☐ Yes ☐ No
If "Yes":
 - a. Where is the property kept? _____
 - b. Is an itemized inventory of patient property maintained and witnessed by more than one individual? ☐ Yes ☐ No
 - c. Are receipts given to patients? ☐ Yes ☐ No
 - d. Is the patient required to provide written acknowledgement of the property's return? ☐ Yes ☐ No

IV. Drug and Medication Exposures

1. Is the pharmacy protected by an alarm system? ☐ Yes ☐ No
2. Is the pharmacy protected by a closed-circuit television? ☐ Yes ☐ No

3. Are narcotics stored only in locked cabinets inside locked rooms? ☐ Yes ☐ No
4. Is access to medication storage areas restricted to authorized personnel only? ☐ Yes ☐ No
5. Are keys to medication storage areas strictly controlled with key recipients' names kept on file? ☐ Yes ☐ No
6. How frequently are drugs and other medications inventoried? _____
7. Does the Applicant use a system whereby usage figures are compared to median usage schedules, with investigations conducted of abnormally high discrepancies? ☐ Yes ☐ No

V. Additional Operations

1. Does the Applicant operate a cafeteria or coffee shop? ☐ Yes ☐ No
If "Yes", how often is food inventoried? _____
2. Does the Applicant operate a gift or flower shop? ☐ Yes ☐ No
If "Yes", how often is stock inventoried? _____
3. Does the Applicant operate a parking lot or garage? ☐ Yes ☐ No
4. For each of the following operations that apply, please indicate the average amount of cash on hand:
 a. Cafeteria/Coffee Shop: \$ _____ c. Parking Lot/Garage: \$ _____
 b. Flower/Gift Shop: \$ _____ d. Other (Please specify: \$ _____

5. Does each cashier/attendant have their own cash supply? ☐ Yes ☐ No
6. Are all cashier/attendant funds counted and recorded by others at the end of their shifts? ☐ Yes ☐ No
7. Are there periodic surprise counts of cash drawers? ☐ Yes ☐ No

VI. Declarations, Notices and Signature

The authorized signer of this Application represents to the best of their knowledge and belief that the statements set forth herein are true, accurate, complete and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a loss, claim, or legal action now known to any entity, official, or employee involving the proposed coverage has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such loss, claim, or action from coverage under the insurance being applied for, whether or not disclosed. Any loss or 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 Application does not bind The Hanover Insurance Company or any of its insurance affiliates or subsidiaries to offer, nor the authorized signer to accept insurance. It is agreed this Application and any attachments hereto shall be the basis of the insurance.

*For state of Washington and South Dakota applicants only: Any loss or claim based upon, arising out of or in connection with any intentional misrepresentation, omission, concealment, untruthful, inaccurate, or incomplete statement of a material fact in this Application or otherwise shall be excluded from coverage.

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: 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

Date

Signature**

Title

**This Application must be signed by the chief executive officer, president, or chief financial officer of the Applicant's parent organization acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Produced By: Producer: _____ Agency: _____

Taxpayer ID: _____ License Number: _____ Email: _____

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