



CREATIVE UNDERWRITERS

140 EAST MAIN STREET, CARMEL, IN 46032

1-800-769-4321 - FAX (317) 848-7869

E-MAIL: P&C@CREATIVEUNDERWRITERS.COM

ADULT DAY CARE GENERAL LIABILITY APPLICATION

Applicant's Name:	Agent Name:
Mailing Address:	Address:
Location Address:	PROPOSED EFFECTIVE DATE: From: _____ To: _____
Web Site Address:	12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture LLC Other (Specify): _____

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements		Total:
Deductible	\$	\$

A. Number of years in business?

B. Is applicant licensed?..... YES No

Is a license required by state?..... YES NO

C. What is maximum number of clients permitted by license?

D. What is maximum number of clients on premises at any one time?

Average daily attendance?

E. Please describe all the activities at this facility:

F. Indicate type of facility: Social Medical Mental

G. Indicate type of counseling, if any, provided: Financial Medical

H. Is this an in-home facility?..... YES NO

If yes, please explain:

- I. Is there a swimming pool on the premises?..... YES NO
If yes:
 - 1. Number of pools?.....
 - 2. Are the pools fenced?..... YES NO
 - 3. Are the rules posted?..... YES NO
 - 4. Is there life-safety equipment at poolside?..... YES NO
 - 5. If there is a diving board, platform, or slide?..... YES NO
 - 6. Is a certified lifeguard or CPR certified attendant present at all times?..... YES NO
- J. Describe any special equipment on premises:
- K. Any off-premises field trips?..... YES NO
If so, how many? Describe:
- L. Describe the building, including age, construction, number of stories, alarms, sprinklers, etc.:
- M. Are there any non-ambulatory attendees?..... YES NO
If yes, how many?
- N. Are there any Alzheimer's afflicted adults?..... YES NO
If yes, how many?
Are there anti-wandering devices on all exits?..... YES NO
- O. Describe how injuries or illnesses are handled:
- P. Is there a doctor on staff or on call?..... YES NO
If yes, please explain:
- Q. Does applicant have Workers' Compensation coverage in force?..... YES NO
- R. Ratio of caregivers to clients:
- S. Total number of employees:
- T. Is there any overnight exposure?..... YES NO
If yes, please explain:
- U. Is there any physical therapy exposure at this facility?..... YES NO
- V. Is there any administering of medicine at this facility?..... YES NO
If yes, please explain:
- W. Has the applicant had any past or present allegations of physical/sexual abuse?..... YES NO
If yes, please explain:
- X. During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri.)..... YES NO
If yes, please explain:

- Y. Does applicant have an accident and health policy?..... YES NO
 If yes, what limits?
- Z. Does applicant have other business ventures for which coverage is not requested?..... YES NO
 If yes, explain and advise where insured:

Previous Insurer and Loss History: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior 3 years.

YEAR	COMPANY	POLICY NO.	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

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.

APPLICANT'S SIGNATURE: _____

DATE: _____

AGENT NAME: _____

AGENT LICENSE NUMBER: _____

(APPLICABLE TO FLORIDA AGENTS ONLY.)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTIC

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS-IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE



Commercial Package Application

Applicant's Name: _____

 Mailing Address: _____

Agent Name: _____
 Address: _____

PROPOSED EFFECTIVE/EXPIRATION DATES:

From _____ To _____
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Number of years in business:** _____
3. **Describe all business operations conducted by applicant:** _____

PROPERTY SECTION

4. Premises information:

Loc. No.	Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:				Other carriers participating on risk:		
				1. _____ %			
				2. _____ %			

- **Construction type:** _____
- **Protection class:** _____
- **Number of stories:** _____
- **Total square foot area:** _____
- **Total number of units:** _____
- **Sprinklered?** Yes No
- **Operable smoke detectors?** Yes No
- **Year built:** _____

- **Building remodeling (include year):**
- Wiring? Yes No Year: _____
- Heating? Yes No Year: _____
- Plumbing? Yes No Year: _____
- Roof? Yes No Year: _____
- **Burglar alarm type:** Local Central Station
- **Fire alarm type:** Local Central Station

GENERAL LIABILITY SECTION

5.

Limits of Liability Requested		Premiums
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expenses (any one person)	\$	\$
Other Coverages, Restrictions and/or Endorsements	\$	Total
Deductible	\$	\$

Schedule of Hazards

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others	Terr.	Rate		Premium	
					Prem./Ops.	Products/Comp. Ops.	Prem./Ops.	Products/Comp. Ops.

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

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.

APPLICANT'S SIGNATURE: _____ Date _____

PRODUCER'S SIGNATURE: _____ Date _____

Agent Name: _____ Agent License Number: _____

(Applicable to Florida Agents only.)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.