AFC Insurance℠
Lead By Example

HOME HEALTH CARE LIABILITY APPLICATION

IMPORTANT: All operations must be declared and the appropriate section of the supplemental application completed where applicable.

This is not a binder.

Submission Requirements

a. This form must be fully completed, signed and dated by a Principal or Officer of the firm.
b. Attach a completed Acord 125 and an Acord application for each line of coverage applied for.
c. Attach a minimum of 5 years of currently valued, hard copy loss runs for each line of coverage applied for. (Provide details of any claim with an incurred value over $15,000.)
d. If a for profit venture, current financials are required.
e. Attach a copy of any brochures, literature, or descriptive material provided to clients.

A. General Information

Effective Date Requested: _____ Date Quotation Desired: _____ FEIN#: _____

Coverages Desired: ☐ General Liability ☐ Professional Liability ☐ Employee Benefits Liability

☐ Occurrence Form ☐ Claims Made Form Retro Date GL _____ PL _____ EBL _____

Indicate Limit of Liability Desired:

Sexual Misconduct: ☐ $100,000/$200,000 ☐ $300,000/$600,000 ☐ Occurrence Form

☐ $500,000/$1,000,000 ☐ $1,000,000/$1,000,000 ☐ Claims Made-Retro Date _____

1. Applicant: _____
2. Business Address: _____
3. Entity is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Non-Profit ☐ Other (describe) _____
4. a. Contact person for inspection, etc.: _____
4. b. Telephone _____ c. Fax _____ d. Email _____ e. Website Address _____
5. Total # of Employees _____ Total # of Independent Contractors _____
6. Total Annual Gross Receipts: $_____
7. Date Business Established: _____ If in business less than 3 years, attach principal's resume.
8. Is this company a Franchise? ☐ Yes ☐ No

   If Yes, attach literature regarding the initial training program by the Franchisor.

   a. Does the Franchisor provide additional training and education for the field employees after initial startup? ☐ Yes ☐ No

   b. Attach a copy of the Franchise Insurance requirements including any Hold Harmless or Additional Insured wording.
9. Type of Firm (*check all that apply)*:

☐ Home Health Care Provider	☐ Visiting Nurse Agency	☐ Supplemental Staffing
☐ Infusion Therapy Provider	☐ Nurse Registry	☐ Closed Pharmacy
☐ Hospice	☐ Other (*specify*) _____	

10. Description of operations: _____

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B. Hiring/Screening and Employment Procedures (May not be applicable in all states):

1. Are employees & independent contractors' references contact before hired/placed? ☐ Yes ☐ No
2. How are references checked? ..... ☐ Verbal ☐ Written ☐ Both
3. Do you question prospective employees & independent contractors as to criminal record? ..... ☐ Yes ☐ No
4. Does the applicant utilize criminal background checks? ..... ☐ Yes ☐ No
   - A. On Employees? ..... ☐ Yes ☐ No
   - B. On Independent Contractors? ..... ☐ Yes ☐ No
   - C. If YES, check those applicable: ☐ Pre-hire Search ☐ Current Employees
   - D. If YES, at what level are criminal searches conducted? (check those applicable)

     ☐ County ☐ State ☐ Federal ☐ Felony ☐ Misdemeanor Convictions
5. Do you verify certification and/or professional licensure status of employees and independent contractors? ..... ☐ Yes ☐ No
6. Are employees & independent contractors screened to rule out drug, alcohol and/or sexual abuse? ..... ☐ Yes ☐ No
7. What action does the risk take if any of the above are not favorable? _____
8. Are job descriptions provided for all professional and non-professional employees? ..... ☐ Yes ☐ No
9. Are all employees bonded? ..... ☐ Yes ☐ No
10. Are the hiring practices for independent contractors the same as for employees? ..... ☐ Yes ☐ No
11. Is there a procedure to run MVRs on all employees and independent contractors? ..... ☐ Yes ☐ No

C. Risk Management/Quality Assurance:

1. Is the entity licensed in all states in which it is operating? ..... ☐ Yes ☐ No
2. List states of operation: _____
3. Has the applicant's license ever been suspended, revoked, voluntarily surrendered, or subject to probate in any state? If YES, please explain: _____
4. Does the applicant utilize a formal written Quality Assurance and Risk Management Program? ..... ☐ Yes ☐ No

   If NO, please explain: _____
5. Is the overall responsibility for Risk Management assigned to one individual in your firm? ☐ Yes ☐ No

   If YES, please list name and title: _____

   If NO, please describe how these functions are monitored: _____
6. Does the applicant conduct patient/client surveys? ..... ☐ Yes ☐ No
   - A. If YES, does the risk use the results to improve the services provided? ..... ☐ Yes ☐ No
7. Are unannounced home visits made by supervisors? ..... ☐ Yes ☐ No
   - A. If YES, how often and by whom? _____
8. Are staff assigned based on ability/experience and client services provided? ..... ☐ Yes ☐ No
9. Do you allow staff to transport consumers in the staff member's vehicle? ..... ☐ Yes ☐ No
   - A. If YES, please complete a separate Auto Supplement.

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C. Risk Management/Quality Assurance Continued:

10. Is there a backup plan in place when assigned staff is not available? …….. ☐ Yes ☐ No
11. Is the client or client's representative/family contacted when the scheduled staff member is not going to make an appointment on time or is being replaced by other staff? …….. ☐ Yes ☐ No
12. Does the organization enter into any contractual agreements (with hospitals, nursing homes or other health care facilities, etc.)? …….. ☐ Yes ☐ No

If YES, do these agreements contain hold harmless or indemnification clauses favorable to the applicant? ……. ☐ Yes ☐ No

D. Training Protocols

Are there formal training programs for (check those that apply):

1. All new hires? .....……...…….. ☐ Yes ☐ No
2. A. Safe lifting, transferring, and patient handling? …….. ☐ Yes ☐ No
   B. Disposal of Medical Waste? ……. ☐ Yes ☐ No
   C. Incident documentation and reporting procedures? ……. ☐ Yes ☐ No
   D. Crisis Management? ……. ☐ Yes ☐ No
3. Is Continuing Education required? …… ☐ Yes ☐ No

How often? _____ For which staff? _____

E. Patient Records

1. Are treatment plans prescribed by the client's physician documented? …… ☐ Yes ☐ No
2. Are client assessments completed and documented prior to acceptance of client? …… ☐ Yes ☐ No
3. Are any changes in the client's condition documented and reported to a supervisor? …… ☐ Yes ☐ No
4. Is an "informed consent" document placed in the patient's medical record? …… ☐ Yes ☐ No
5. Is medication administration documented? …….. ☐ Yes ☐ No
6. Are details of all Patient Visits documented? …….. ☐ Yes ☐ No

F. Accreditation and Membership In Professional Associations:

1. Is the applicant a member of, or accredited by, any organizations? …….. ☐ Yes ☐ No

If YES, please state which: _____

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PROFESSIONAL LIABILITY SECTION

IMPORTANT: All Applicants must complete this section.

Annual Staffing	Employees				Independent Contractors			
STAFF TYPE	FULL TIME	PART TIME	ANNUAL HOURS	ANNUAL PAYROLL	FULL TIME	PART TIME	ANNUAL HOURS	ANNUAL PAYROLL
Clerical								
CNA (Certified Nursing Assistant)								
Home Health Aide								
Homemaker/Companion								
LPN/LVN								
Nurse (RN)								
Nurse Practitioner								
Occupational Therapist								
Pharmacist								
Physical Therapist								
Respiratory Therapist								
Sitter/Companion								
Social Worker								
Speech Therapist								
Other (specify)								
TOTAL								

G. Key Employee(s) Note-Premium is $500. per Key Employee

1. Include Key Employee Replacement Coverage? ……...……. ☐ Yes ☐ No
2. Name of Key Employee _____
3. Title of Key Employee _____

Key Employee Replacement Coverage is an OPTIONAL coverage offered for an additional premium. The limit is $25,000 per covered employee. The purpose of the coverage is to reimburse the entity for covered expenses necessary to continue the performance of the Key Employee's normal job responsibilities should the Key Employee need to be replaced due to an accident or death. A sample copy of the coverage is available upon request.

H. Employees/Independent Contractors

1. Are applicant's EMPLOYEES required to carry their own professional liability coverage? …. ☐ Yes ☐ No
   If YES, what are the minimum limits of liability required? …… $_____
2. Are INDEPENDENT CONTRACTORS required to carry their own professional liability coverage? ☐ Yes ☐ No
   If YES, what are the minimum limits of liability required? …… $_____
3. Is there a written contract or agreement with all independent contractors? ……... ☐ Yes ☐ No
4. Are certificates of insurance maintained on file for all employees and/or independent contractors? ☐ Yes ☐ No
5. Do you obtain updated certificates of insurance on an annual basis? ……. ☐ Yes ☐ No

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I. Location Where Services Are Provided % (Total Must Equal 100%)			
☐ Clinics	_____ %	☐ Nursing Homes	_____ %
☐ Doctor's Offices	_____ %	☐ Private Residences	_____ %
☐ Hospitals	_____ %	☐ Other Locations (*please specify)* _____	_____ %

J. Types of Services Provided % (Total Must Equal 100%)			
☐ Adult Day Care *	_____ %	☐ Obstetrical Services	_____ %
☐ Clinics Owned/Operated	_____ %	☐ Personal Care-Chore or Companion	_____ %
☐ Closed Pharmacy	_____ %	☐ Rehabilitation	_____ %
☐ Hospice	_____ %	☐ Respiratory Therapy (circle one: trach care/ventilator care)	_____ %
☐ Infant Care	_____ %	☐ Skilled Nursing Care	_____ %
☐ Pediatric Care	_____ %	☐ Supplemental Staffing (complete section J. below)	_____ %
☐ Infusion Therapy	_____ %	☐ Other Services	_____ %
☐ Medical Equipment Supplier **	_____ %	Please specify Other _____	_____ %

* Firms providing adult day cares may be required to complete a supplemental application.
** Firms providing Medical Equipment may be required to complete a supplemental application.

K. Supplemental Staffing % (Total Must Equal 100%) *Supplying health care providers to other facilities for a fee*			
☐ Clinics	_____ %	☐ Nursing Homes	_____ %
☐ Doctor's Offices	_____ %	☐ Hospitals; Specify Unit(s) _____	_____ %

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INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION

It is agreed by the applicant and us that the particulars and statements made in this application, together with all attachments to this application and any other materials submitted to us shall be the representations of the applicant and the insureds. It is further agreed by the applicant and insureds that this Policy, if issued, is issued in reliance upon the truth of such representations. The undersigned authorized officer of the applicant represents that the statements set forth in this application and its attachments and other materials submitted to us are true and correct. Signing of this application does not bind the applicant or us.

The undersigned further declares that any event taking place prior to the effective date of the insurance applied for which any render inaccurate, untrue, or incomplete any information in this application, will immediately be reported in writing to the insurer and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Alaska
A person who knowingly and with intent to injure, defraud or deceive an insurance company file a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona
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 or a denial of insurance benefits.

Arkansas
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an applications 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable form insurance proceeds shall be report to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION

Kansas
Any person who knowingly and with intent to defraud any insurance company or other person 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 statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy, or a claim for payment or other benefit pursuant to an insurance policy 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 which is a crime and may subject such person to criminal and civil penalties.

Kentucky
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Louisiana
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine
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 or a denial of insurance benefits.

Maryland
Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota
A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Jersey
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

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 violation.

Ohio
Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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INCOMPLETE AND UNSIGNED APPLICATIONS WILL BE RETURNED FOR COMPLETION

Oklahoma
Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon
Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an applications, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

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 material 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.

Tennessee
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas
If a life, health and accident insurer provides a claim form for a person to use to make a claim, that form must contain the following statement or a substantially similar statement: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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.

Virginia
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington
It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

West Virginia
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

All Other States
Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and civil penalties.

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IMPORTANT — PLEASE READ BEFORE SIGNING

The undersigned certifies that he or she is the Executive Director or Chief Financial Officer of the organization applying for this insurance, that he or she is duly authorized by and acting on behalf of the organization in completing this application, and that all statements and answers set forth in this application are true, complete and correct. The undersigned acknowledges that this application, and the information set forth herein, is material to the Company, and shall form the basis for any coverage provided.

Date: _____

Executive Director's/Chief Financial Officer's Signature: _____

Print or Type Name: _____

Producing Agency: _____

Address: _____

Telephone: _____

Email: _____