

Agency Name _____ Policy Number _____
 Applicant Name _____

GENERAL INFORMATION

1. Type of Enterprise Individual Corporation Partnership Joint Venture
 For Profit Non-Profit Other _____

2. Services Rendered (Check all that apply)
 Personal hygiene Wellness checks Dressing Shopping
 Cooking Administration of Meds Assist with daily activities at the center
 Assist with daily activities at client's home
 Other _____

3. Number of beds licensed for? _____ How many beds are currently occupied? _____

4. Other Operations:
 Counseling Number of visits monthly: _____
 Daytime care Number of persons: _____
 Home care Number of visits monthly: _____
 Other Specify: _____
 Social Services Specify: _____

CLIENTS

1. Are all clients ambulatory and able to exit the premises unassisted in an emergency? Yes No
 If no, provide full details: _____
2. Are there any clients with Alzheimer's? Yes No
 If yes, how many and at what stage? _____
3. Are any clients being treated for chemical dependency? Yes No
 If yes, how many? _____
4. Are any clients mentally ill? Yes No
 If yes, how many? _____
5. Are any clients developmentally disabled? Yes No
 If yes, how many? _____
 If yes, describe the nature of the disability _____
6. Do any clients use oxygen tanks or respirators? Yes No
7. Are physical restraints used? Yes No
8. Has any client punched, kicked or otherwise caused bodily injury to a staff member? Yes No

STAFF

1. What is the staff to client ratio by shift? 1st shift _____ 2nd shift _____ 3rd shift _____

2. Are prior employment histories of prospective employees checked? Yes No
3. Do you contract any medical or therapeutic services? Yes No
 If yes, provide full details: _____

OPERATION

1. Do you provide any transportation for clients? Yes No
 If yes, provide full details: _____
2. Do you have procedures for documenting and recording all accidents? Yes No
3. Is Modified Duty available to injured workers? Yes No

Signature Required on Next Page

FRAUD STATEMENTS

PLEASE READ THE STATEMENT APPLICABLE TO YOUR STATE. IF YOUR STATE IS NOT LISTED, PLEASE READ THE STATEMENT APPLICABLE TO ALL OTHER STATES.

All Other States: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT, IN, DC, LA, ME and VA, insurance benefits may also be denied).

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: 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 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.

Applicable in KY, NY, OH and PA: 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 hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: 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.

Applicable in PR: 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.

Applicable in UT: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

Applicant Name – Please Print

(must be Officer, Owner, or Partner)

Applicant Signature

Date