

PART II. EXPOSURES

2. a. Indicate the next 12 months estimated hours worked and compensation for employed staff:

Employed Staff (W-2):

Type	Maximum #	Annual Hours of Service	Annual Payroll
CRNA	_____	_____	\$ _____
Assistant Anesthetist	_____	_____	\$ _____
Other:	_____	_____	\$ _____
Employed Subtotal	_____	_____	\$ _____

Contracted Staff (1099):

Type	Maximum #	Annual Hours of Service	Annual Payroll
CRNA	_____	_____	\$ _____
Assistant Anesthetist	_____	_____	\$ _____
Other:	_____	_____	\$ _____
Contracted Subtotal	_____	_____	\$ _____
Total	_____	_____	\$ _____

b. Does the applicant desire to provide coverage for independent contractor(s) – including them as additional insured(s) on your policy while working on your behalf? Yes No

c. Enter percentage of services provided by category of staff, including contracted staff:

CRNAs

_____ % Hospitals
 _____ % Surgicenters
 _____ % Other:

Describe: _____

Assistant Anesthetist

_____ % Hospitals
 _____ % Surgicenters
 _____ % Other:

Describe: _____

Other: _____ **Other:** _____

_____ % Hospitals
 _____ % Surgicenters
 _____ % Other:

Describe: _____

_____ % Hospitals
 _____ % Surgicenters
 _____ % Other;

Describe: _____

d. Number of estimated patients next 12 months: _____

e. Number of patients last 12 months: _____

f. Is your facility owned by an M.D.? Yes No
 If yes, what is the owner's name? _____

g. Do you sell, rent, or otherwise provide any equipment or products to patients? Yes No
 Do you sell, rent, or otherwise provide any equipment or products to others? Yes No
 If yes to either question, please complete the Product Sales/Rental Supplemental Application.

h. Is the applicant eligible for certification or accreditation? Yes No
 If yes, is the applicant certified and/or accredited? Yes No
 If no, explain the reason: _____

i. Is applicant approved to receive Medicare and Medicaid payments? Yes No

PART III. RISK MANAGEMENT

3. a. Please list the Medical Director's name, qualifications, and number of years of experience:
Name: _____ Title: _____
Experience/Training: _____
Association Membership: _____
- b. Does your agency have a written credentialing policy and procedure for all individuals associated with or practicing within the agency? Yes No
- c. Do you conduct pre-employment screening and investigation? Yes No
- d. Does the staff supervisor make regular audit visits of staff in the field? Yes No
Who does the supervising of staff, and what is his/her experience?

- e. Do you require contracted staff (if any) to carry their own Professional Liability Insurance? Yes No
Do you secure Certificates of Insurance as evidence of such coverage? Yes No
- f. Describe the referral source(s) by which patients are directed to the entity:

- g. Do you enter into any contractual agreements (other than lease of premises agreements) in which you hold others harmless? If yes, attach copies of all such contracts. Yes No
- h. Does the agency advertise its services other than an ordinary local telephone directory listing? If yes, please attach a copy of each advertisement. Yes No
- i. Do you maintain a written clinical record showing the total number of visits by each category of staff for each patient or organization client? Yes No
- j. Is any staff provided to hospitals specifically to serve a particular specialty (e.g., OR, ICU, CCU, ER, etc)? Yes No
If yes, enter percentage of services provided, by category, of staff including contracted staff:
_____% OR
_____% Labor/Delivery
_____% ICU/CCU
_____% ER
_____% Other; Describe: _____
- k. Does your agency have a written incident/occurrence reporting policy and procedures? Yes No
- l. Does your facility require the professional staff be trained in CPR? Yes No
- m. Do you prepare job descriptions and instructional manuals for your staff? If yes, enclose a copy of each. Yes No
- n. Do you maintain records of specific areas of experience of each staff member? Yes No
- o. Is the applicant and all professional employees licensed in accordance with applicable state and federal laws? If no, attach explanation of any exception. Yes No
- p. Has the applicant or any of its employees:
1. Ever been the subject of disciplinary or investigatory proceedings or reprimanded by an administrative or governmental agency, hospital, or professional association? Yes No
2. Had any professional license refused, suspended, revoked, renewal refused, or accepted only with special terms or has applicant or any of its employees voluntarily surrendered any professional license? Yes No

3. Been convicted for an act committed in violation of any law or ordinance other than traffic offenses? Yes No

If the answer to any question in p. is yes, please attach a detailed explanation.

q. Please describe in detail any additional operations, business pursuits, or joint ventures in which your facility is currently engaged which would fall outside the scope of typical home health operations.

None

Description attached

PART IV. HISTORY

4. a. List prior professional liability insurers for the past five years, starting with the most recent year: If none, state none.

	Insurer	Policy #	Limits of Liability	Premium	Eff. Date	Claims Made?	
1.	_____	_____	_____	_____	_____	Yes	No
2.	_____	_____	_____	_____	_____	Yes	No
3.	_____	_____	_____	_____	_____	Yes	No
4.	_____	_____	_____	_____	_____	Yes	No
5.	_____	_____	_____	_____	_____	Yes	No

If Claims Made, what is the most recent retroactive date? _____

b. List prior general liability insurers for the past five years, starting with the most recent year. If none, state none

	Insurer	Policy #	Limits of Liability	Premium	Eff. Date	Claims Made?	
1.	_____	_____	_____	_____	_____	Yes	No
2.	_____	_____	_____	_____	_____	Yes	No
3.	_____	_____	_____	_____	_____	Yes	No
4.	_____	_____	_____	_____	_____	Yes	No
5.	_____	_____	_____	_____	_____	Yes	No

If Claims Made, what is the most recent retroactive date? _____

c. Have any claims been made or occurrences reported during the past six years against any of the proposed insureds or against any entity in which any proposed insured has or has had an interest? Yes No

If yes, please describe; indicate status of the claim or suit and any amount(s) paid or reserved.

(attach an additional sheet if necessary)

d. Does any proposed insured have any knowledge of an event, circumstance, or occurrence (other than any listed in c. above) prior to the effective date of the proposed policy, or does any proposed insured foresee that a claim may be brought as a result of said event, circumstance, or occurrence? Yes No

If yes, describe the event and indicate the reason for anticipation of a claim:

FRAUD WARNINGS

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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.) **(Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NM, NY, OK, OR, PA, PR, RI, TN, VA, WA, WV)**

Applicable in 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 who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in 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 the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in 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.

Applicable in 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. (In FL, a person is guilty of a felony of the third degree.)

Applicable in 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.

Applicable in 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.

Applicable in 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 or a denial of insurance benefits.

Applicable in 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.

REPRESENTATIONS

Verus Specialty Insurance, a Berkley Company, is authorized to make any inquiry in connection with this application.

Signing this application does not bind Verus Specialty Insurance or the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application, and all previous applications and material changes thereto of which Verus Specialty Insurance or the Company receives notice is on file with Verus Specialty Insurance and is considered physically attached to and part of the policy if issued. Verus Specialty Insurance and the Company will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Verus Specialty Insurance, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

WARRANTY

I/We warrant to Verus Specialty Insurance and the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should Verus Specialty Insurance and the Company evidence its acceptance of this application by issuance of a policy. I/ We authorize the release of claim information from any prior insurer to Verus Specialty Insurance or the Company.

It is understood and agreed that prior to the inception date of the policy no applicant knew, nor could have reasonably foreseen, any negligent act, error or omission or breach of professional duty, or personal injury or other circumstances that reasonably might result in a Claim covered by this policy.

Name of Applicant:		
Signature of person authorized to execute on behalf of the applicant:		Date:
Print Name and Title of person authorized to execute on behalf of the applicant:		
Name and address of Broker:		

A copy of this application should be retained for your records.

California residents: Please see our **CCPA Notice of Collection of Personal Information** available at <https://www.berkley.com/privacy#californiaConsumerPrivacyPolicy>