



## Adult Day Care Renewal Application

### Applicant Information

1. Applicant name:
  
2. Principal business address (attach separate sheet if more than one location):  
 Street:  County:   
 City:  State:  Zip:   
 Phone:  Website:
  
3. Applicant's practice is a:
 

<input type="checkbox"/> Solo practitioner (unincorporated)	<input type="checkbox"/> Solo practitioner (incorporated)
<input type="checkbox"/> Corporation (for-profit)	<input type="checkbox"/> Corporation (non-profit)
<input type="checkbox"/> Professional Association	
<input type="checkbox"/> Other (please describe):	
  
4. a. Please provide a detailed description of operations:
  
- b. Hours of operation:
  
5. Please state sources and amounts of total revenue:
 

	in last 12 months	for next 12 months
Charitable contributions	\$	\$
Government funding	\$	\$
Fee for services	\$	\$
Other – specify: <input style="width: 150px;" type="text"/>	\$	\$

### Operations and Activities

6. Is the applicant licensed or certified? Yes  No
  
7. Indicate the licensed daily capacity:
  
8. Indicate the average daily attendance:
  
9. State the approximate division of patients among:
 

Alcoholics	%	Psychiatric	%
Communicable	%	Drug addicts	%
Non-ambulatory	%	Senile/Dementia	%
Alzheimer's	%	Mentally retarded	%
Medical	%	Other (please specify):	%
  
10. Does the applicant (wholly or in part) operate any other business other than as described in Question 4?



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### Staffing Information

11. a. Please indicate the number of employed and contracted staff:

Profession	Employed	Contracted
Registered Nurses		
Nurse Practitioners		
Nurses, licensed practical		
Paramedics/EMTs		
Physicians		
Physiotherapists		
Social Workers		
Counselors		
Psychologists		
Nutritionists/Dieticians		
Other – specify:		

- i. Are all the above individuals licensed in accordance with all applicable state laws? Yes  No   
If No, please explain in the comments section.
- ii. Do you require contracted staff to carry their own professional liability insurance? Yes  No
- iii. Do you maintain Certificates of Insurance to confirm such coverage? Yes  No

12. Provide the name of the applicant's Medical Director and attach a copy of his/her Curriculum Vitae (CV).

### Insurance and Claims History

13. Has the applicant notified Hiscox Inc. of all matters that may result in a potential claim including any litigation, administrative proceedings, demand letters, formal or informal investigations or inquiries which have occurred within the expiring policy period?

Yes  No  None to Report

If No, please attach a detailed explanation or explain in the Comments Section.



**Adult Day Care**  
Renewal Application

Comments Section

**Notice to New York applicants: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material thereto, commits a fraudulent insurance act, which is a crime.**

The applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The applicant further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

Name of applicant:

Signature of person authorized to execute on behalf of the applicant:

Name/title of person authorized to execute on behalf of the applicant:

Date:

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by the person indicated. Signing of this form does not bind the applicant or the Underwriters to complete this insurance.

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