



**Allied Healthcare Insurance Entity/Group Application
New Business**

Broker Information	
Brokerage Name:	
Brokerage Address:	
Broker Contact Name:	
Broker Contact Email:	

Applicant Information	
Name of Applicant (Include all subsidiaries and DBAs):	
Mailing & Physical Address (If multiple locations, include an attachment with a complete list of locations):	
Website Address:	
Description of Operations:	
Date of Incorporation:	
Number of Locations:	
Proposed Effective Date:	

General Information Questions			
Question	Yes	No	Provide details
Does the Applicant have tax exempt status as defined by the IRS?			
Does the Applicant anticipate or been in the process of a merger, acquisition, or consolidation?			
Have there been any changes in the nature or size of operations?			
Have there been any changes in senior leadership?			
Is this entity owned by, associated with, or controlled by any other entity or are you part of a franchise?			



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Requested Coverages	
Errors & Omissions / Professional Liability	
Sexual Misconduct	
Commercial General Liability	
Hired & Non-Owned Auto (HNOA)	
Employee Benefits Liability	
Employment Practices Liability	
Directors & Officers Liability	
Crime	
Property	

Errors & Omissions Professional Liability Coverage

Errors & Omissions Professional Liability Coverage Information			
Prior Insurance Coverage Terms		Requested Policy Coverage Terms	
Limit (Per Claim):		Limit (Per Claim):	
Limit (Aggregate):		Limit (Aggregate):	
Deductible:		Deductible:	
Expiration Date:		Defense Costs:	<input type="checkbox"/> Inside
Retroactive Date:			<input type="checkbox"/> Outside

Errors & Omissions Professional Liability Coverage Rating Information			
Prior Year		Current Year	
Gross Revenue:		Gross Revenue:	
Total Assets:		Total Assets:	
Number of Employees:		Number of Employees:	

Errors & Omissions Professional Liability Exposure Classifications (No. of Staff)				
Number of Professionals	Part Time	Full Time	Independ. Contractor (Y/N)	Comments
Certified Registered Nursing Anesthetists				
Diagnostic Imaging Technicians				



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Errors & Omissions Professional Liability Exposure Classifications (No. of Staff)				
Number of Professionals	Part Time	Full Time	Independ. Contractor (Y/N)	Comments
Aestheticians				
Drug & DNA Testing Technicians				
Home Care & Home Healthcare Professionals				
Hospice & Palliative Care Professionals				
Medical Consultants & Technicians				
Medical Directors & Administrative Staff				
Medical Equipment Providers & Servicers				
Medical Transportation (Non-Emergency)				
Nurses, Nursing Services & Registries				
Nurse Practitioners & Physicians Assistants				
Optometrists				
Pharmacists & Pharmacy Assistants				
Psychiatric & Substance Abuse Counselors				
Social Service Workers & Counselors				
Therapists & Psychologists				
Other Professionals (provide details)				

Errors & Omissions Professional Liability Coverage Questions			
Question	Yes	No	Provide Details
Does the Applicant have regularly scheduled audits of patient records and follow-up on reported incidents to verify conformity with prescribed protocols?			
Have any complaints ever been filed against the Applicant or have there ever been any formal or informal investigations or inquiries			



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Errors & Omissions Professional Liability Coverage Questions			
Question	Yes	No	Provide Details
opened with a peer review committee or an ethics committee licensing board?			
Does the Applicant require all professional staff to complete ongoing relevant continuing education courses?			
Does the Applicant require written contracts with all customers?			
Does the Applicant perform criminal background checks on all professional staff prior to hiring?			
Has the Applicant or any employee ever had their license, certification or registration suspended, revoked, or placed on probation by a licensing board?			
Are any services provided within Hospitals, Correctional Facilities, Assisted Living Centers, or Nursing Homes?			
Does the Applicant have a licensed physician that serves in the role of Medical Director or primary Administrator?			
Does the Applicant sell medical equipment, diagnostic equipment, medicines, or life sustaining equipment?			
Does the Applicant maintain patient files that document all patient interactions, medications, complications, consents, incidents and conformity with HIPAA requirements?			
Does the Applicant require all newly hired staff to attend orientation training?			

Sexual Misconduct Coverage

Sexual Misconduct Coverage Information			
Prior Insurance Coverage Terms		Requested Policy Coverage Terms	
Limit (Per Claim):		Limit (Per Claim):	
Limit (Aggregate):		Limit (Aggregate):	
Deductible:		Deductible:	



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Sexual Misconduct Coverage Information			
Prior Insurance Coverage Terms		Requested Policy Coverage Terms	
Retroactive Date:		Retroactive Date:	

Sexual Misconduct Coverage Questions			
Question	Yes	No	Provide Details
Has the Applicant or any employee ever been accused of sexual misconduct or any professional impropriety?			
Does the Applicant have a formal written policy that includes procedures designed to prevent acts of sexual misconduct?			
Does the Applicant require all staff to attend sexual misconduct training upon hiring and annually thereafter?			

General Liability Coverage

General Liability Coverage Information			
Prior Insurance Coverage Terms		Requested Policy Coverage Terms	
Limit (Per Claim):		Limit (Per Claim):	
Limit (Aggregate):		Limit (Aggregate):	
Deductible:		Deductible:	
Expiration Date:		Defense Costs: <input type="checkbox"/> Inside <input type="checkbox"/> Outside	
Retroactive Date, if applicable:			

General Liability Coverage Rating Information			
Total Number of Employees:		Annual Revenue:	



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General Liability Coverage Questions			
Question	Yes	No	Provide details
Does the Applicant have regularly scheduled audits and follow-up on reported incidents to verify conformity with prescribed protocols?			
Have any complaints ever been filed against the Applicant or have there ever been any formal or informal investigations or inquiries opened?			
Does the Applicant require written contracts with all clients?			
Does the Applicant perform criminal background checks on all staff prior to hiring?			
Does the Applicant require all newly hired staff to attend orientation/training?			

Hired & Non-Owned Auto Excess Coverage

Hired & Non-Owned Auto Excess Coverage Information			
Prior Insurance Coverage Terms		Requested Policy Coverage Terms	
Limit (Per Claim):		Limit (Per Claim):	
Limit (Aggregate):		Limit (Aggregate):	
Deductible:		Deductible:	

Hired & Non-Owned Auto Excess Coverage Questions			
Question	Yes	No	Provide Details
Does the Applicant have Motor Vehicle Reports verified for all employee drivers & keep copies of such reports on file?			
Does the Applicant require that all employee drivers have a valid driver's license?			
Does the Applicant require that all drivers carry personal auto liability of at least \$25,000?			
Are employees allowed to drive client vehicles and is written permission required?			



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Employment Practices Liability Coverage

Employment Practices Liability Coverage Information			
Prior Insurance Coverage Terms		Requested Policy Coverage Terms	
Limit (Per Claim):		Limit (Per Claim):	
Limit (Aggregate):		Limit (Aggregate):	
Deductible:		Deductible:	
Defense Costs:	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	Defense Costs:	<input type="checkbox"/> Inside <input type="checkbox"/> Outside

Employment Practices Liability Coverage Rating Information			
Number of Employees			
Full Time:		Volunteers:	
Part Time:		Borrowed or Leased:	

Employment Practices Liability Coverage Questions			
Risk Control Factor	Yes	No	Provide Details
Are all prospective employees required to complete a uniform employment application prior to hire?			
Does the Applicaant have written policies or procedures for dealing with complaints from the general public, customers, clients, vendors, or other third parties for issues involving harassment or discrimination?			
Does the Applicant have an Employee Handbook that contains an "Employment at Will" statement and is distributed to all employees?			
Does the Applicant conduct annual training for employees on issues of discrimination and other workplace harassment?			

Directors & Officers Liability Coverage



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Directors & Officers Liability Coverage Information			
Prior Insurance Coverage Terms		Requested Policy Coverage Terms	
Limit (Per Claim):		Limit (Per Claim):	
Limit (Aggregate):		Limit (Aggregate):	
Deductible:		Deductible:	
Defense Costs:	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	Defense Costs:	<input type="checkbox"/> Inside <input type="checkbox"/> Outside

Directors & Officers Liability Coverage Rating Information			
Prior Year		Current Year	
Total Revenue:		Total Revenue:	
Total Assets:		Total Assets:	
Total Liabilities:		Total Liabilities:	
Net Income:		Net Income:	

Directors & Officers Liability Coverage Questions			
Question	Yes	No	Provide Details
Does the Applicant anticipate or been in the process of a private debt or equity offering of securities?			
Does the Applicant anticipate or been in the process of a bankruptcy proceeding, reorganization or arrangement with creditors under federal or state law?			
Does the Applicant anticipate or been in the process of crowdfunding as described in the JOBS Act of 2012?			
Does the Applicant anticipate or been in the process of closing facilities or layoffs?			

Crime Coverage



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Crime Coverage Information			
Prior Insurance Coverage Terms		Requested Policy Coverage Terms	
Coverage Parts:		Coverage Parts:	
Limits:		Limits:	
Deductible:		Deductible:	

Crime Coverage Rating Information			
Total Number of Employees:		Total Revenue:	

Crime Coverage Questions				
Question	Yes	No	Provide details	
Is countersignature required on all checks signed by any employee of the Applicant?				
Are bank accounts reconciled by someone not authorized to sign checks, deposit or withdrawal from the Applicant's bank accounts?				
Does the Applicant conduct pre-employment screening for criminal history?				
Does the Applicant separate purchasing duties so that one individual may not initial a purchase request, prepare a check voucher and sign and mail payments?				
Does the Applicant maintain a list of authorized vendors?				

Property Coverage

Property Coverage Information		
*If Building Coverage is requested, please submit a completed Acord 140 application		
	Current Limits:	Requested Limits:
Your Business Personal Property:		
Personal Property of Others:		



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Property Coverage Rating Information			
Class of Business:		Construction Type:	
Year of Construction:		Sprinklered Percentage:	
Protection Class:		Coinsurance Percentage:	
Physical Address:		Valuation:	
		Deductible (All Other Perils):	

Property Endorsement Requests	
	Limit
Business Income Coverage	
Extra Expense <input type="checkbox"/> Without Extra Expense <input type="checkbox"/>	
Discharge from Sewer, Drain, or Sump Coverage	
Discharge Limit – Property Damage	
Discharge Limit – Business Interruption	
Equipment Breakdown Coverage Yes <input type="checkbox"/> No <input type="checkbox"/>	
Outdoor Signs Coverage (Expanded) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ordinance or Law Coverage	
Coverage A <input type="checkbox"/> Coverage B <input type="checkbox"/> Coverage C <input type="checkbox"/> Post Loss <input type="checkbox"/>	

Additional Information
Additional Information/Comments:

Representations & Warranty Statements

Prior Claims & Notices of Circumstances Questions			
Claim Notice Question	Yes	No	If "Yes", provide details
Within the last 5 years has any claim or suit ever been brought against the Applicant?			
Is the Applicant aware of any incident or existing circumstances that might reasonably lead to a claim or suit?			



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Prior Claims & Notices of Circumstances Questions			
Claim Notice Question	Yes	No	If "Yes", provide details
Has the Applicant ever been refused coverage for insurance or has insurance ever been cancelled or declined for renewal (non-renewed)?			
During the past 5 years has any officer, manager or director ever been convicted of a felony?			

Fraud Notice Statements
<p>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).</p>
<p><u>ALABAMA, ARKANSAS, ARIZONA, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND, WASHINGTON D.C. & WEST VIRGINIA:</u> 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.</p>
<p><u>COLORADO:</u> 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.</p>
<p><u>FLORIDA & OKLAHOMA:</u> 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).</p>
<p><u>KANSAS:</u> AN ACT COMMITTED BY 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.</p>
<p><u>KENTUCKY:</u> ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR</p>



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Fraud Notice Statements
<p>THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.</p>
<p>MAINE, TENNESSEE, VIRGINIA & 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.</p>
<p>NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATOIN 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.</p>

Authorized Signature			
<p><u>Acknowledgments</u></p> <p>The undersigned declares that to the best of his or her knowledge, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every proposed Insured to facilitate the proper and accurate completion of this Application. The signing of the Application does not bind the insurance company to complete the insurance, but it is agreed that this Application and any additional documents submitted therewith are the representations of the Insured and are material and shall be the basis of the contract should a policy be issued. It is further agreed that any incorrect or incomplete statement in the Application could void the protection should a policy be issued.</p> <p>The undersigned further agrees that if any significant adverse change in the condition of the Applicant is discovered between the date of completion of this Application and the date that coverage was bound with the Insuring Company, and such change renders this Application inaccurate or incomplete, notice of such change will be reported in writing to Wyvern Underwriters immediately.</p> <p>This Application shall be considered attached to and part of the Policy. Any material submitted with the Application shall be maintained on file with the Insurer and shall be deemed to be attached hereto as if physically attached.</p>			
Signature:		Date:	
Printed Name:		Title:	