

**APPLICATION
RESIDENTIAL CARE AND ASSISTED LIVING FACILITY
BUSINESS OPERATORS' POLICY**

Eligible Risks:

Facilities licensed by the state:

- to provide 24 hour-a-day non-medical residential care services to:
 - the elderly, who require or prefer assistance with care and supervision.
 - adults with physical or developmental disabilities, limited to the following services:
 - Limited care and supervision for persons with self-care skills and no behavioral problems.
 - Care, supervision, and incidental training for persons with some self-care skills and no major behavior problems.
 - children with physical or developmental disabilities, limited to the following services:
 - Limited care and supervision for persons with self-care skills and no behavioral problems.
 - Care, supervision, and incidental training for persons with some self-care skills and no major behavior problems.
- as a hospice center.
- as a sober living home.

Licensed facilities with up to ten beds available for residents. Risks with over ten beds are subject to underwriting approval.

Ventures with less than three years of related assisted-living or residential care facility experience, subject to underwriting approval.

The following risks are not eligible for this policy. Additional restrictions may apply to certain risks not listed as ineligible below.

Ineligible Risks:

- Facilities with permanently bed-ridden residents.
- Non-licensed (residential) care facilities.
- Facilities that provide care to adults with physical or developmental disabilities with the following levels of service provided:
 - Care, supervision, and ongoing training for persons with significant deficits in self-help skills, and/or some limitations in physical coordination and mobility, and/or disruptive or self-injurious behavior.
 - Care, supervision, and professionally supervised training for persons with deficits in self-help skills, and/or severe impairment in physical coordination and mobility, and/or severely disruptive or self-injurious behavior.

Ineligible Risks (continued):

- Facilities that provide care to children with physical or developmental disabilities with the following levels of service provided:
 - Care, supervision, and ongoing training for persons with significant deficits in self-help skills, and/or some limitations in physical coordination and mobility, and/or disruptive or self-injurious behavior.
 - Care, supervision, and professionally supervised training for persons with deficits in self-help skills, and/or severe impairment in physical coordination and mobility, and/or severely disruptive or self-injurious behavior.
- Any risks with exposures not consistent with a Residential Care Facility.
- Safehouses or transitional shelters for people coming from abusive relationships.
- Facilities for mentally ill, adult day care, or halfway housing, other than licensed sober living houses. Halfway housing includes centers for helping former drug addicts, prisoners, psychiatric patients, or others readjust to life in general society. See the attached Assisted Living Facility Descriptions and Eligibility by State for state specific terminology.

Additional Information:

For Business Income/ Extra Expense Coverage

- For each location where limits in excess of \$50,000 are requested the Business Income worksheet on the application must be completed or the insured must provide a copy of their financials. ~~AAA~~

For Structures Coverage

- All buildings over 35 years of age that have not been fully renovated including heating, electrical, circuit breakers, wiring, roofing and plumbing, a building age surcharge factor to the property rates will apply. All properties with buildings over 35 years of age that have not been fully renovated must be inspected for acceptable conditions. Circuit breakers are required on all properties and heating, plumbing, and roofing must be in good condition.
- All buildings must have an adequate number of smoke detectors and fire extinguishers. Fire extinguishers are to be serviced annually.
- If smoking is permitted on the premises, it must be in a designated area with proper receptacles.
- Buildings with wood shingle/shake roofs and a fireplace must have a spark arrestor. All wood roofs must be in good condition.

~~AAA~~

Required Documents:

All of the following documents are required at policy origination:

- Completed Deans & Homer Application
- Five years prior-carrier loss runs (if applicable) ~~AAA~~

APPLICATION DATE: _____

INCEPTION DATE: _____ EXPIRATION DATE: _____

INSURED (NAME AND ADDRESS)	PRODUCER (NAME AND ADDRESS)	MORTGAGEE (NAME AND ADDRESS)
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONTACT INFORMATION FOR INSPECTION

NAME: _____

EMAIL OR TELEPHONE: _____

LOSSES ADJUSTED WITH AND PAYABLE TO: _____

DIRECT BILL: YES NO **SEND BILL TO:** INSURED MORTGAGEE
INSTALLMENTS: ANNUAL SEMI-ANNUAL QUARTERLY

MINIMUM PREMIUM: \$500 FOR AZ, CA, NV, OR AND UT

HISTORICAL INFORMATION:

1) PRIOR CARRIER NAME: _____

2) POLICY PERIOD: _____ 3) PREMIUM: _____

4) LOSS HISTORY: _____

5) CANCELLATION/NON-RENEWAL DATES: _____

6) REASON FOR CANCELLATION/NON-RENEWAL: _____

7) CURRENT AGENT OF RECORD: _____

FACILITY OPERATION:

1) TYPE OF FACILITY: _____

2) FACILITY OCCUPANCY (TYPE OF CLIENTS): _____

3) FACILITY SERVICE LEVEL OR EQUIVALENT (IF APPLICABLE): _____

4) DOES THE FACILITY ADMIT RESIDENTS WITH ALZHEIMER'S DISEASE? YES NO
 IF YES, PERCENTAGE OF RESIDENTS: _____%

5) LICENSE #: _____

6) NUMBER OF BEDS: _____

7) DOES THE OPERATOR RESIDE ON SITE? YES NO

8) DOES RESIDENT OPERATOR HAVE A HOMEOWNER'S OR TENANT POLICY? YES NO

(If yes, please complete the BPP worksheet on page 5)

9) IS THIS A NEW VENTURE (Less than 3 years)? YES NO

IF YES, # OF YEARS THE BUSINESS OPERATOR HAS MANAGED ASSISTED LIVING OR OTHER RELATED CARE TYPES OF CARE FACILITIES: _____

LIMITS REQUESTED:	BUILDING COVERAGE LIMIT:	\$ _____
	BUSINESS PERSONAL PROPERTY LIMIT:	\$ _____
	LOSS OF INCOME AND EXTRA EXPENSE LIMIT:	\$ _____
	CRIME LIMIT:	\$ _____

DEDUCTIBLE:	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$100,000
WIND AND HAIL DEDUCTIBLE (NOT APPLICABLE IN CA, NV, OR AND UT):	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> EXCLUDE WIND AND HAIL

STRUCTURES

BUILDING INFORMATION:

- 1) BUILDING LOCATION: _____
- 2) BUILDING CONSTRUCTION: FRAME MASONRY NON-COMBUSTIBLE OTHER _____
- 3) YEAR BUILT _____
- 4) AGE OF ROOF _____ ROOF CONDITION _____
- 5) ROOF COVER: COMPOSITION SHINGLE _____% TAR & GRAVEL _____% TILE _____%
WOOD SHINGLE/SHAKE _____% METAL _____% OTHER _____%
- 6) YEAR THE FOLLOWING WERE BROUGHT UP TO CODE: WIRING _____ HEATING _____ PLUMBING _____
- 7) PLUMBING TYPE: PEX _____% GALVANIZED PIPE _____% COPPER PIPE _____% OTHER _____%
- 8) IS 100% OF WIRING ON CIRCUIT BREAKERS? YES NO
- 9) PERCENT OF TOTAL LIVING AREA ABOVE GARAGE: NONE 25% 50% 75% 100%
- 10) FIRE SPRINKLER SYSTEM: YES NO IF YES, _____% SPRINKLERED
- 11) DISTANCE FROM APPROVED HYDRANT: _____
- 12) DISTANCE TO RESPONDING FIRE STATION: _____
- 13) PROTECTION CLASS: _____
- 14) IS BUILDING BOLTED TO FOUNDATION? YES NO
- 15) IF BASEMENT, AMOUNT OF AREA THAT IS FINISHED: _____%
- 16) EXTERIOR WALL MATERIAL:
WOOD FRAME _____% FRAME STUCCO _____% BRICK _____% OTHER: _____ %
- 17) NUMBER OF STORIES: _____ (Please indicate if there are half stories)

BUILDING VALUE COMPUTATION:

- LIVING AREA: _____ SQ. FT
- BASEMENT: _____ SQ. FT
- APPURTENANT STRUCTURES: _____ SQ. FT
- PORCHES, DECKS, UNFINISHED AREA: _____ SQ. FT
- ATTACHED GARAGE: _____ SQ. FT
- DETACHED GARAGE: _____ SQ. FT
- DESCRIBE THE APPURTENANT STRUCTURE(S): _____

OPTIONAL COVERAGES:

- EQSL COVERAGE (\$100,000 limit with \$5,000 deductible) YES NO
- EQUIPMENT BREAKDOWN COVERAGE (\$25,000 sublimit): YES NO
- INCREASED BUILDING ORDINANCE COVERAGE: YES NO
- (A sublimit equal to 10% of Structures Limit included automatically for ordinance)

BUSINESS PERSONAL PROPERTY

BUSINESS PERSONAL PROPERTY VALUE WORKSHEET:

(State cost to replace with property of like kind, quality, and use)

FURNITURE AND TRADE FIXTURES:	\$ _____
MACHINERY AND EQUIPMENT (OTHER THAN EDP EQUIPMENT):	\$ _____
ELECTRONIC DATA PROCESSING (EDP) EQUIPMENT:	\$ _____
<i>INCLUDES: COMPUTER SOFTWARE - PURCHASED FROM RETAIL VENDOR:</i>	\$ _____
<i>INCLUDES: COMPUTER SOFTWARE - CREATED BY/FOR INSURED:</i>	\$ _____
TENANT'S IMPROVEMENTS AND BETTERMENTS:	\$ _____
BOOKS, MANUALS, SUPPLIES, OTHER PROPERTY:	\$ _____
BUSINESS RECORDS (NOT COMP SOFTWARE) CREATED BY/FOR INSURED:	\$ _____
OTHER: _____	\$ _____
_____	\$ _____
_____	\$ _____
OBJECTS OF ART IN EXCESS OF \$5,000 IN THE AGGREGATE:	\$ _____
BUSINESS PERSONAL PROPERTY OF OTHERS:	\$ _____
EQUIPMENT REGULARLY USED AWAY FROM PREMISES:	\$ _____
SCHEDULED FINE ARTS:	\$ _____
RESIDENT INSURED'S PERSONAL PROPERTY:	\$ _____
<i>(No coverage provided for jewelry)</i>	
TOTAL AMOUNT:	\$ _____

ADDITIONAL COMMENTS:

HIGHER LIMITS FOR ADDITIONAL COVERAGES *(Values listed on worksheet above):*

ACCOUNTS RECEIVABLE <i>(\$10,000 included)</i>	Higher limit requested: \$ _____
VALUABLE PAPER AND RECORDS <i>(\$5,000 included)</i>	Higher limit requested: \$ _____
EXTERIOR SIGNS <i>(\$5,000 included)</i>	Higher limit requested: \$ _____
PROPERTY OF OTHERS LEASED TO YOU <i>(\$10,000 included)</i>	Higher limit requested: \$ _____

OPTIONAL COVERAGES:

1) RESIDENT INSURED'S PERSONAL PROPERTY EXTENSION: YES NO

2) SCHEDULED FINE ARTS COVERAGE: YES NO

Current Appraisal – PLEASE ATTACH

(The scheduled art values must be listed on the above Business Personal Property Value Worksheet)

BUSINESS INCOME AND EXTRA EXPENSE

BUSINESS INCOME AND EXTRA EXPENSE (BI & EE):

A COMBINED BUSINESS INCOME AND EXTRA EXPENSE LIMIT OF \$50,000 IS PROVIDED PER OCCURRENCE AT EACH DESCRIBED COVERED LOCATION IN YOUR POLICY. IF AN INCREASED LIMIT IS DESIRED FOR ANY LOCATION, COMPLETE THE WORKSHEET BELOW FOR EACH LOCATION OR PROVIDE A COPY OF YOUR PROFIT AND LOSS STATEMENT(S) FOR EACH LOCATION:

LOCATION: _____

REQUESTED BI & EE LIMIT AT THIS LOCATION: _____

CONTINUING EXPENSES	AMOUNT
RENT/MORTGAGE PAYMENTS	
TAXES	
KEY SALARIES	
INSURANCE	
OTHER EXPENSES <i>(List below)</i>	
TOTAL CONTINUING EXPENSES	

NET PROFIT <i>(Best month of the year)</i>	
ESTIMATED ADDITIONAL EXPENSES TO AVOID OR MINIMIZE A LOSS <i>(e.g., relocation expenses, temporary equipment, et all)</i>	
ESTIMATED LONGEST FORESEEABLE SHUTDOWN <i>(If beyond 12 months)</i>	

CRIME AND EMPLOYEE DISHONESTY

CRIME AND EMPLOYEE DISHONESTY INFORMATION:

CRIME AND EMPLOYEE DISHONESTY LIMIT: \$5,000 \$10,000 \$25,000 \$50,000

NUMBER OF EMPLOYEES: _____

MONEY AND SECURITIES VALUES (ONSITE): _____

IS THE SAFE ALARMED: YES NO

IF YES, WHAT TYPE OF ALARM: _____

THEFT OF MONEY IN TRANSIT (\$1,000 included) Higher limit requested: \$ _____

ADDITIONAL UNDERWRITING INFORMATION

1) IS FACILITY IN OR NEAR A WOODED AREA? YES NO
IF YES, DISTANCE TO AREA: _____

2) IS FACILITY IN OR NEAR A DESIGNATED BRUSH AREA? YES NO
IF YES, DISTANCE TO BRUSH: _____

3) ARE THERE ANY UNUSUAL EXPOSURES WE SHOULD KNOW ABOUT? YES NO
IF YES, EXPLAIN: _____

4) QUALITY GRADE OF CONSTRUCTION? ECONOMY STANDARD ABOVE AVERAGE
 CUSTOM PREMIUM

5) PROPERTY SLOPE? NONE (0-15°) MODERATE (16-30°) STEEP (OVER 30°)

6) DOES FACILITY HAVE A WOOD BURNING HEATING DEVICE? YES NO

7) SAMPLE CONTRACT FOR RESIDENT CLIENTS – PLEASE ATTACH

8) PHOTOGRAPH OF FACILITY – PLEASE ATTACH

ADDITIONAL COMMENTS:

FRAUD WARNING: 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. (Not applicable in AK, AR, AZ, CA, CO, DE, DC, FL, ID, IN, KY, LA, MD, ME, MN, NH NJ, NM, NY, OH, OK, OR, PA, RI, TN, TX, WA and WV.)

STATE FRAUD STATEMENTS

APPLICABLE IN ALASKA

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

APPLICABLE IN ARIZONA

For your protection Arizona state law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN 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 application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN CALIFORNIA

For your protection California law requires the following to appear on this form. 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.

APPLICABLE IN COLORADO

For your protection Colorado law requires the following to appear on this form. 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 DELAWARE

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

APPLICABLE IN THE DISTRICT OF COLUMBIA

Warning: It is a crime to provide false or misleading information to any 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.

APPLICABLE IN FLORIDA

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.

APPLICABLE IN IDAHO

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN INDIANA

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

APPLICABLE IN KENTUCKY

Any person who, knowingly and with intent to defraud any insurance company or other person, files a 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.

APPLICABLE IN 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.

APPLICABLE IN 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.

APPLICABLE IN MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

APPLICABLE IN MINNESOTA

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

APPLICABLE IN NEW HAMPSHIRE

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

APPLICABLE IN 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.

APPLICABLE IN 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.

APPLICABLE IN 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 be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he 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.

APPLICABLE IN OKLAHOMA

WARNING: 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.

APPLICABLE IN OREGON

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 subjects such person to criminal and civil penalties.

APPLICABLE IN 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 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 such person to criminal and civil penalties.

APPLICABLE IN RHODE ISLAND

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.

APPLICABLE IN 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.

APPLICABLE IN TEXAS

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.

APPLICABLE IN 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.

APPLICABLE IN 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.

APPLICABLE IN WEST VIRGINIA

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

Signature of Insured or Agent