

**APPLICATION
RESIDENTIAL CARE AND ASSISTED LIVING FACILITY
BUILDING OWNER POLICY**

Eligible Risks:

Building Owners of tenant-occupied buildings, where the tenant is a facility 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.

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

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

Ineligible Risks for Liability Coverage:

- Tenant facilities with permanently bed-ridden residents.
- Non-licensed (residential) care facilities.
- Tenant 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.
- Tenant 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.
- Tenant 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.

Required Documents:

All of the following documents are required at policy origination:

- Completed Deans & Homer Application
- Five years prior-carrier loss runs (if applicable)
- If Liability Coverage Offered:
 - Current Lease Agreement that contains:
 - An Additional Insured requirement per the lease that (1) requires the landlord to be an Additional Insured, (2) makes the tenant policy primary, and (3) specifies that the landlord policy is non-contributory
 - A broad hold harmless that runs in favor of the landlord, and
 - An indemnity clause, which requires the tenant to defend and indemnify the landlord
 - Current Certificate of Insurance showing Building Owner as an Additional Insured on Tenant Liability policy(ies)

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 DATE: _____

6) REASON FOR CANCELLATION/NON-RENEWAL: _____

7) CURRENT AGENT OF RECORD: _____

TENANT OPERATION:

1) TENANT NAME: _____

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

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

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)

PERSONAL PROPERTY OF BUILDING OWNER

STATE COST TO REPLACE WITH PROPERTY OF LIKE KIND, UTILITY AND QUALITY

FURNITURE AND TRADE FIXTURES:	\$ _____
MACHINERY AND EQUIPMENT:	\$ _____
OTHER:	\$ _____
TOTAL AMOUNT:	\$ _____

ADDITIONAL COMMENTS:

PREMISES LIABILITY

PREMISES LIABILITY INFORMATION:

PREMISES LIABILITY LIMIT:	\$100,000	\$300,000	\$500,000	\$1,000,000		
HIRED AND NON-OWNED AUTO COVERAGE:					YES	NO
IF YES, THEN COMPLETE THE FOLLOWING:						
DOES THE APPLICANT OWN OR LEASE ANY COMMERCIAL AUTOS?					YES	NO
IF NO, COMPLETE THE FOLLOWING:						
ARE THERE ANY COMPANY CARS?					YES	NO
IF YES, AUTO INSURANCE: _____						
DO EMPLOYEES DRIVE IN THE COURSE OF THEIR WORK?					YES	NO
DO ALL EMPLOYEES WHO DRIVE IN THE COURSE OF THEIR WORK HAVE AUTO INSURANCE?					YES	NO
IS THERE ANY COMMONALITY OF OWNERSHIP (INCLUDING ANY FAMILY MEMBERS) WITH THE APPLICANT AND RESIDENTIAL CARE FACILITY TENANT?					YES	NO
IF YES, PLEASE DESCRIBE: _____						
IF CORPORATE OWNED (Including LLCs):						
DOES THE CORPORATION CONDUCT OPERATIONS OTHER THAN OWNERSHIP OF THE RENTAL PROPERTIES?					YES	NO
IF YES, PLEASE DESCRIBE: _____						
IF OWNED AS AN LLC, PLEASE LIST THE MEMBERS OF THE LLC:						

PLEASE ATTACH A COPY OF THE CERTIFICATE OF INSURANCE FROM THE TENANT'S CARRIER SHOWING THE BUILDING OWNER AS AN ADDITIONAL INSURED. *Note: This certificate with its required provisions needs to be submitted on renewal every year.*

Please attach a copy of the lease agreement.

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) IS FACILITY NEAR A BODY OF WATER?	YES	NO	
7) ANY DOCKS OR PIERS ON PREMISES?	YES	NO	
8) DOES THE FACILITY HAVE A WOOD BURNING HEATING DEVICE	YES	NO	
9) IS THERE A POOL OR SPA?	YES	NO	# _____
IF YES, IS THERE A SECURITY FENCE SURROUNDING THE POOL/SPA?	YES	NO	
ARE THERE ANY DIVING BOARDS/SLIDES OR OTHER POOL EQUIPMENT?	YES	NO	
<i>Please attach a photograph of facility</i>			

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

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

MINNESOTA

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

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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