



**HEALTHCARE STAFFING SUPPLEMENTAL APPLICATION
(Completion of Medical Professional, General & Products Liability Insurance Application required)**

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE AND REPORTED POLICY SUBJECT TO ITS TERMS. THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD PROVIDED SUCH CLAIM IS REPORTED IN WRITING TO THE UNDERWRITERS AS SOON AS PRACTICABLE BUT IN NO EVENT LATER THAN THE END OF THE POLICY PERIOD, IN ACCORDANCE WITH THE REQUIREMENTS OF THE APPLICABLE EXTENSION PERIOD, OR 60 DAYS AFTER THE POLICY PERIOD EXPIRATION DATE IN THE CASE OF A CLAIM FIRST MADE DURING THE LAST 60 DAYS OF THE POLICY PERIOD. AMOUNTS INCURRED AS DEFENSE COSTS SHALL REDUCE AND MAY EXHAUST THE APPLICABLE LIMIT(S) OF LIABILITY AND ARE SUBJECT TO THE APPLICABLE RETENTIONS. THE UNDERWRITERS HAVE NO OBLIGATION TO PAY DEFENSE COSTS OR ANY SETTLEMENTS OR JUDGMENTS ONCE THE APPLICABLE LIMIT OF LIABILITY IS EXHAUSTED. PLEASE READ THIS POLICY CAREFULLY.

NOTICE TO NEW YORK APPLICANTS: THE POLICY FOR WHICH THIS APPLICATION IS MADE, IS A CLAIMS MADE POLICY. UPON TERMINATION OF COVERAGE FOR ANY REASON, A 60-DAY AUTOMATIC EXTENSION PERIOD WILL APPLY. FOR AN ADDITIONAL PREMIUM, AN OPTIONAL EXTENSION PERIOD CAN BE PURCHASED AS INDICATED IN ITEM 7. OF THE DECLARATIONS. EXCEPT AS OTHERWISE PROVIDED HEREIN, THIS POLICY ONLY APPLIES TO CLAIMS FIRST MADE DURING THE POLICY PERIOD, THE AUTOMATIC EXTENSION PERIOD OR, IF APPLICABLE, THE OPTIONAL EXTENSION PERIOD. NO COVERAGE EXISTS FOR CLAIMS MADE AFTER THE END OF THE POLICY PERIOD AND THE AUTOMATIC EXTENSION PERIOD UNLESS, AND TO THE EXTENT, THE OPTIONAL EXTENSION PERIOD APPLIES. NO COVERAGE WILL EXIST AFTER THE EXPIRATION OF THE AUTOMATIC EXTENSION PERIOD OR, IF PURCHASED, THE OPTIONAL EXTENSION PERIOD, WHICH MAY RESULT IN A POTENTIAL COVERAGE GAP IF PRIOR ACTS COVERAGE IS NOT SUBSEQUENTLY PROVIDED BY ANOTHER INSURER. DURING THE FIRST SEVERAL YEARS OF A CLAIMS-MADE RELATIONSHIP, CLAIMS-MADE RATES ARE COMPARATIVELY LOWER THAN OCCURRENCE RATES, AND THE INSURED CAN EXPECT SUBSTANTIAL ANNUAL PREMIUM INCREASES, INDEPENDENT OF OVERALL RATE INCREASES, UNTIL THE CLAIMS-MADE RELATIONSHIP REACHES MATURITY. THE UNDERWRITERS ARE NOT OBLIGATED TO PAY ANY LOSS AFTER THE LIMIT OF LIABILITY HAS BEEN EXHAUSTED BY PAYMENT OF LOSS. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE COSTS AND DEFENSE COSTS SHALL BE APPLIED TO THE RETENTION. THE UNDERWRITERS HAVE NO OBLIGATION TO PAY DEFENSE COSTS OR ANY SETTLEMENTS OR JUDGMENTS ONCE THE APPLICABLE LIMIT OF LIABILITY IS EXHAUSTED. PLEASE READ THIS POLICY CAREFULLY.

NOTICE TO MINNESOTA APPLICANTS: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE AND REPORTED POLICY SUBJECT TO ITS TERMS. THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD PROVIDED SUCH CLAIM IS REPORTED TO THE UNDERWRITERS OR THE UNDERWRITERS' AGENT OR BROKER AS SOON AS PRACTICABLE BUT IN NO EVENT LATER THAN THE END OF THE POLICY PERIOD, IN ACCORDANCE WITH THE REQUIREMENTS OF THE OPTIONAL EXTENSION PERIOD, OR 60 DAYS AFTER THE POLICY PERIOD EXPIRATION DATE IN THE CASE OF A CLAIM FIRST MADE DURING THE LAST 60 DAYS OF THE POLICY PERIOD. THIS MEANS THAT ONLY CLAIMS ACTUALLY MADE DURING THE POLICY PERIOD ARE COVERED UNLESS COVERAGE FOR AN OPTIONAL EXTENSION PERIOD IS PURCHASED. IF AN OPTIONAL EXTENSION PERIOD IS NOT MADE AVAILABLE TO YOU, YOU RISK HAVING GAPS IN COVERAGE WHEN SWITCHING FROM ONE COMPANY TO ANOTHER. MOREOVER, EVEN IF SUCH A REPORTING PERIOD IS MADE AVAILABLE TO YOU, YOU MAY STILL BE PERSONALLY LIABLE FOR CLAIMS REPORTED AFTER THE PERIOD EXPIRES. CLAIMS MADE POLICIES MAY NOT PROVIDE COVERAGE FOR WRONGFUL ACTS COMMITTED BEFORE A FIXED RETROACTIVE DATE. RATES FOR CLAIMS MADE POLICIES ARE DISCOUNTED IN THE EARLY YEARS OF A POLICY, BUT INCREASE STEADILY OVER TIME. AMOUNTS INCURRED AS DEFENSE COSTS SHALL REDUCE AND MAY EXHAUST THE APPLICABLE LIMITS OF LIABILITY AND ARE SUBJECT TO THE RETENTIONS. PLEASE READ THIS POLICY CAREFULLY.

Please provide full & complete answers.

1. Full name of Applicant: _____

2. Locations where services are provided (total must equal 100%):

_____% Private Home _____% Nursing Home _____% Assisted Living Facility
 _____% Hospice _____% Hospital _____% Doctor's Office
 _____% Physical rehab facility _____% Psychiatric/behavioral facility; _____% Alcohol/Substance abuse facility;
 _____% Correctional facility _____% other facility (please specify) _____

3. Type of services (identify percentage, if any):

_____% Skilled Nursing _____% Assistive Nursing _____% Sitter/companion (non-medical)
 _____% Correctional _____% Pain Management _____% Labor & Delivery/Obstetrics
 _____% ICU (Intensive Care) _____% Surgical/Operating Room _____% Tracheostomy/ventilator care
 _____% ED/ER (Emergency Department/Emergency Room) _____% Other (specify) _____

4. Age of clients: _____% younger than 18; _____% 18 to 60yrs old; _____% older than 60

5. Projected annual staffing revenue: \$ _____; revenue past 12 months: \$ _____

Annual Employee Staffing: Type of Employee	Number Full-Time	Number Part-Time	Billable Hours Last 12 months	Billable Hours Next 12 months	Annual Payroll
Registered Nurse	_____	_____	_____	_____	\$ _____
Licensed Practical/Vocational Nurse	_____	_____	_____	_____	\$ _____
Certified Nurse Aid/Home Health Aid	_____	_____	_____	_____	\$ _____
Sitters/Companions (non-medical)	_____	_____	_____	_____	\$ _____
Homemaker (non-medical)	_____	_____	_____	_____	\$ _____
Nurse Practitioner	_____	_____	_____	_____	\$ _____
Physician Assistant	_____	_____	_____	_____	\$ _____
Social Worker/Counselor	_____	_____	_____	_____	\$ _____
Psychologist	_____	_____	_____	_____	\$ _____
Respiratory Therapist	_____	_____	_____	_____	\$ _____
Speech/Occupational Therapist	_____	_____	_____	_____	\$ _____
Physical/Rehabilitation Therapist	_____	_____	_____	_____	\$ _____
Other (specify): _____	_____	_____	_____	_____	\$ _____
Other (specify): _____	_____	_____	_____	_____	\$ _____
Other (specify): _____	_____	_____	_____	_____	\$ _____

7. Do you run criminal background checks on all staff? Yes or No (circle one);

8. Are sex offender registry checks performed on all staff? Yes or No (circle one)

9. Annual Independent Contractor Staffing:
- | Type of Contractor | Number Full-Time | Number Part-Time | Billable Hours Last 12 months | Billable Hours Next 12 months | Annual Payroll |
|-------------------------------------|------------------|------------------|-------------------------------|-------------------------------|----------------|
| Registered Nurse | _____ | _____ | _____ | _____ | \$ _____ |
| Licensed Practical/Vocational Nurse | _____ | _____ | _____ | _____ | \$ _____ |
| Certified Nurse Aid/Home Health Aid | _____ | _____ | _____ | _____ | \$ _____ |
| Sitters/Companions (non-medical) | _____ | _____ | _____ | _____ | \$ _____ |
| Homemaker (non-medical) | _____ | _____ | _____ | _____ | \$ _____ |
| Nurse Practitioner | _____ | _____ | _____ | _____ | \$ _____ |
| Physician Assistant | _____ | _____ | _____ | _____ | \$ _____ |
| Social Worker/Counselor | _____ | _____ | _____ | _____ | \$ _____ |
| Psychologist | _____ | _____ | _____ | _____ | \$ _____ |
| Respiratory Therapist | _____ | _____ | _____ | _____ | \$ _____ |
| Speech/Occupational Therapist | _____ | _____ | _____ | _____ | \$ _____ |
| Physical/Rehabilitation Therapist | _____ | _____ | _____ | _____ | \$ _____ |
| Other (specify): _____ | _____ | _____ | _____ | _____ | \$ _____ |
| Other (specify): _____ | _____ | _____ | _____ | _____ | \$ _____ |
| Other (specify): _____ | _____ | _____ | _____ | _____ | \$ _____ |
10. Do independent contractors carry their own insurance? Yes or No (circle one); If yes, what limits? _____
11. Are you requesting coverage for independent contractors? Yes or No (circle one)

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurer to defraud or attempt to defraud the insurer. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurer or agent of an insurer 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.

DISTRICT OF COLUMBIA: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines and an insurer may deny insurance benefits if false information materially related to a claim made 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 in the third degree.

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

MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurer to defraud the insurer. Penalties may include imprisonment, fines or denial of insurance benefits.

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

OKLAHOMA: 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.

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.

NEW YORK AND KENTUCKY: Any person who knowingly and with intent to defraud an insurer or other person files an application for insurance or statement of claims 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. New York applicants are subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation. Pennsylvania applicants are subject to criminal and civil penalties.

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by corporate officer with authority to sign on Applicant's behalf.

Name of Applicant

Title

Signature of Applicant

Date