



Mid Valley General Agency LLC
 888 Madison St NE, Ste 100, Salem, OR 97301
 Phone: 888-565-7001 ♦ Fax: 888-265-7353
quotes@midvalleyga.com

ADULT DAY CARE GENERAL LIABILITY APPLICATION

Applicant's Name: _____ _____ Mailing Address: _____ _____ Location Address: _____ _____	Agency Name: _____ Agent No.: _____ Address: _____ _____ E-mail: _____ Phone No.: _____
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PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

Website Address: _____

E-mail Address: _____ **Phone No.:** _____

Limits Of Liability & Deductible Requested:

General Aggregate (other than Products/Completed Operations)		\$
Products & Completed Operations Aggregate		\$
Personal & Advertising Injury (any one person or organization)		\$
Each Occurrence		\$
Damage To Premises Rented To You (any one premise)		\$
Medical Expense (any one person)		\$
Errors and Omissions Coverage (Included up to General Liability Limits)	Each Claim	\$
	Aggregate	\$
Sexual and/or Physical Abuse Coverage (Included up to \$100,000/\$300,000 limits—cannot exceed General Liability Limits)		<input type="checkbox"/> \$100,000/\$300,000
		<input type="checkbox"/> \$300,000/\$300,000
		<input type="checkbox"/> Other
Other Coverage, Restrictions, and/or Endorsements:		\$
Deductible		\$

1. **Number of years in business?** _____
2. **Is applicant licensed?**..... Yes No
Is a license required by the state?..... Yes No
3. **What is maximum number of clients permitted by license?** _____
4. **What is maximum number of clients on premises at any one time?** _____
Average daily attendance? _____
5. **Describe all activities at this facility:** _____

6. **Indicate type of facility:** Social Medical Mental
7. **Indicate type of counseling, if any, provided:** Financial Medical
8. **Is this an in-home facility?** Yes No
If yes, explain: _____

9. **Does applicant provide assisted living facilities?**..... Yes No
10. **Is there a swimming pool on the premises?**..... Yes No
If yes:
 - a. Number of pools: _____
 - b. Pool area fenced with self-latching gate? Yes No
 - c. Depths marked? Yes No
 - d. Rules posted? Yes No
 - e. Life safety equipment at poolside? Yes No
 - f. Is there a diving board, platform or slide?..... Yes No
 - g. Is a certified lifeguard or CPR certified attendant present at all times?..... Yes No
 - h. Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? Yes No
11. **Describe any special equipment on premises:** _____

12. **Any off-premises field trips?**..... Yes No
If so, how many? _____ Describe: _____

13. **Describe the building, including age, construction, number of stories, alarms, sprinklers, etc.:** _____

14. **Are there any non-ambulatory attendees?**..... Yes No
If yes: How many? _____
15. **Are there any attendees with dementia, including Alzheimer's?** Yes No
If yes: How many? _____
Are all exits equipped with anti-wandering devices? Yes No

16. Describe how injuries or illnesses are handled: _____

17. Is there a doctor on staff or on call? Yes No
 If yes, explain: _____

18. Does applicant have Workers' Compensation coverage in force? Yes No
19. Ratio of caregivers to clients: _____
20. Total number of employees: _____
21. Does applicant subcontract any operations? Yes No
 If yes:
 a. Description of operations subcontracted: _____
 b. Annual cost of subcontracted work: _____
 c. Are all subcontractors required to carry General Liability Insurance?..... Yes No
 If yes, minimum limits required: _____
 If no, what percentage of total subcontracted costs are uninsured? _____
 d. Are all subcontractors required to carry Workers Compensation Insurance? Yes No
 e. Are certificates of insurance required from all subcontractors? Yes No
 f. Is applicant included as an additional insured on all subcontractors' policies? Yes No
22. Is there any overnight exposure? Yes No
 If yes, explain: _____

23. Is there any physical therapy exposure at this facility? Yes No
24. Is there any administering of medicine at this facility? Yes No
 If yes, explain: _____

25. Has the applicant had any previous or pending allegations of sexual and/or physical abuse?..... Yes No
 If yes, explain: _____

26. During the past three years, has any company ever cancelled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri)..... Yes No
 If yes, explain: _____

27. Does applicant have an accident and health policy? Yes No
 If yes, what limits? _____
28. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No
 If yes, describe: _____
29. Does applicant have other business ventures for which coverage is not requested?..... Yes No
 If yes, explain and advise where insured: _____

30. Additional Insured Information:

Name	Address	Interest

31. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium			

32. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. Check if no losses last three years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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 include imprisonment, fines, and denial of insurance benefits.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing state-ments are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.