☐ **Scottsdale Insurance Company**
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

☐ **Scottsdale Indemnity Company**
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Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

☐ **Scottsdale Surplus Lines Insurance Company**
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752
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ADULT DAY CARE GENERAL LIABILITY APPLICATION

Applicant's Name: ______________________
____
Mailing Address: ______________________
____
Location Address: ______________________
____
Web site Address: ______________________

Agency Name: ______________________
Agent: ______________________
Address: ______________________
____
E-mail: ______________________
Phone: ______________________

PROPOSED EFFECTIVE DATE: From __________ **To** __________ **12:01 A.M., Standard Time at the address of the Applicant**

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

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

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 Each Claim (Included up to General Liability Limits) Aggregate	$ $
Sexual and/or Physical Abuse Coverage (Included up to $100,000/$300,000 limits-cannot exceed General Liability Limits)	☐ $100,000/$300,000 ☐ $300,000/$300,000 ☐ 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. **Please describe all the 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, please explain: ____________________

9. **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. Are the 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

10. **Describe any special equipment on premises:** ____________________

11. **Any off-premises field trips?** .... ☐ Yes ☐ No
If so, how many? ____________ Describe: ____________________

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

13. **Are there any non-ambulatory attendees?** .... ☐ Yes ☐ No
If yes: How many? ____________

14. **Are there any Alzheimer's afflicted adults?** .... ☐ Yes ☐ No
If yes: How many? ____________
Are there anti-wandering devices on all the exits? .... ☐ Yes ☐ No

15. **Describe how injuries or illnesses are handled:** ____________________

16. **Is there a doctor on staff or on call?** .... ☐ Yes ☐ No
If yes, please explain: ____________________

17. **Does applicant have Workers' Compensation coverage in force?** ☐ Yes ☐ No

18. **Ratio of caregivers to clients:** ____________________

19. **Total number of employees:** ____________________

20. **Are certificates of insurance obtained from all subcontractors?** ☐ Yes ☐ No

    If yes, minimum Limits required: $__________________

    Are you included as an additional insured on the independent contractors' policy? ☐ Yes ☐ No

    Do you use uninsured subcontractors? ☐ Yes ☐ No

    If yes, percentage of total subcontracted cost: __________%

21. **Is there any overnight exposure?** ☐ Yes ☐ No

    If yes, please explain: ____________________

22. **Is there any physical therapy exposure at this facility?** ☐ Yes ☐ No

23. **Is there any administering of medicine at this facility?** ☐ Yes ☐ No

    If yes, please explain: ____________________

24. **Has the applicant had any past or present allegations of physical/sexual abuse?** ☐ Yes ☐ No

    If yes, please explain: ____________________

25. **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, please explain: ____________________

26. **Does applicant have an accident and health policy?** ☐ Yes ☐ No

    If yes, what limits? ____________________

27. **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: ____________________

28. **Does applicant have other business ventures for which coverage is not requested?** ☐ Yes ☐ No

    If yes, please explain and advise where insured: ____________________

29. **Prior Carrier Information:**

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

30. 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 Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: 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.

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

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.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: ____________________

APPLICANT'S SIGNATURE: ____________________ DATE: __________

(Must be signed by an active owner, partner or officer)

PRODUCER'S SIGNATURE: ____________________ DATE: __________

AGENT'S NAME: ____________________ AGENT'S LICENSE NUMBER: __________

(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: ____________________

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: ____________________

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.