



SHAND MORAHAN & COMPANY, INC.

Ten Parkway North, Suite 100, Deerfield, Illinois 60015
(847) 572-6000 Fax (847) 572-6137

APPLICATION FOR HEALTHCARE FACILITIES PROFESSIONAL AND GENERAL LIABILITY INSURANCE

(Claims Made Basis)

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. Please do not complete application earlier than 45 days before proposed effective date of coverage.
4. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

PART I - ALL APPLICANTS MUST COMPLETE

1. APPLICANT INFORMATION

a. Full name of applicant: _____

b. Principal business address: _____

c. Individual Partnership Corporation Governmental For Profit Not for Profit

d. Number of Employees: Full time _____ Part time _____ Total _____

e. Number of years this facility has been: Operating ___ Owned by current owner ___ Managed by current management ___

2. OPERATIONS

a. Are you:

YES NO

(i) Certified for Medicare? YES NO

(ii) Certified for Medicaid? YES NO

(iii) Licensed and certified as required by state and/or federal law? YES NO

(iv) Accredited by JCAHO or CARF? YES NO

(v) A member of a state or national association? YES NO

If Yes, please identify: _____

(vi) Affiliated or contracted with any HMO/PPO or Managed Care System? YES NO

If Yes, please describe: _____

b. Facility Classification and Bed Census

Total No. of Beds	Avg. No. Occupied
_____	_____
_____	_____
_____	_____
_____	_____

(i) **Sub-acute/Rehabilitation Care**

Provides comprehensive inpatient care for someone who has an acute illness (i.e. stroke, heart attack) or recovery from surgery (i.e. hip or knee replacement). Sub-acute care is more nursing intensive than usual nursing home care and less intensive than hospital care.

(ii) **Skilled Care Services**

Professional nursing care - 24 hours by licensed nurses. Registered nurse coverage during the day shift. LPN coverage required during other shifts. Skilled care services usually include some or all of the following: ! Medical administration ! tube feedings ! injections ! catheterizations ! Other procedures ordered by physicians

(iii) **Intermediate Care Services**

Nursing care during the day shift, 7 days per week, by either RNs or LPNs. No complex nursing care (IVs, tube feedings, etc.). Assistance with activities or daily living (i.e., walking, bathing, dressing, eating). Some assistance with medical administration.

(iv) **Assisted Living Services**

Some nursing and/or health-related care to residents who do not require the degree of care and treatment described as skilled or intermediate. Residents may require some minor nursing care or help in activities such as washing, eating, bathing, dressing, walking, taking of medication, and preparation of special diets.