

8. Are handrails provided in hallways and bathrooms? Yes No
9. a. Are there any firearms on the premises? Yes No
- b. If Yes, please describe: _____

V. STAFF

1. Please indicate number of current staff:

| | 1 st Shift | 2 nd Shift | 3 rd Shift | | 1 st Shift | 2 nd Shift | 3 rd Shift |
|-----------------|-----------------------|-----------------------|-----------------------|---------------------|-----------------------|-----------------------|-----------------------|
| RNs | | | | Psychologists | | | |
| LPNs | | | | Counselors | | | |
| Nurse Aides | | | | Speech Therapists | | | |
| Other (Specify) | | | | Physical Therapists | | | |
| | | | | General Caregivers | | | |

2. Are Psych./MD: Employees or Independent Contractors
3. a. Do any residents attend school/workshops? Yes No
- b. If Yes, indicate number of residents: _____
4. a. Do any residents work full or part time? Yes No
- b. If Yes, indicate number of residents: _____

VI. STATE INSPECTION

1. Date of last State Inspection/Survey: _____
2. Total number of Deficiencies: _____
3. a. Corrective Action Plan accepted by State: Yes No
- b. If Yes, date accepted: _____ / _____ / _____
4. Indicate number of complaints investigated by State the past two years: _____
5. Indicate number of substantiated complaints: _____

Please attach complete details about all programs offered.

* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* Not applicable in all states

WARRANTY STATEMENT AND SIGNATURE:

The undersigned authorized officer of the Applicant declares that the statements set forth herein are the result of said officer’s inquiry and, as such, are true, accurate and complete. The undersigned authorized officer agrees that if the information supplied on the application changes between the date the application is signed and the effective date of the insurance that is the subject of this application, such officer will immediately notify us of such changes and we may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing this application does not bind the Applicant to purchase, or us to issue, any insurance policy.

Authorized Signature on behalf of Applicant Sub-Producer

Title/Date Producer