ROYAL OAK UNDERWRITERS, INC.
Excess and Surplus Lines Insurance Wholesalers

8417 Patterson Avenue
Richmond, Virginia 23229
Telephone: (804) 741-7999
WATTS: (800) 628-2967
Fax: (804) 741-9401
www.royaloakunderwriters.com

ASSISTED LIVING PROFESSIONAL LIABILITY

APPLICANT'S INFORMATION

Desired Effective Date: _____

1. Applicant's Name: _____
2. Mailing Address: _____
3. City: _____ State _____ Zip Code _____
4. County _____ Phone Number: _____

OPERATOR/BUSINESS INFORMATION

5. Inspection Contact: _____
6. Date Established: _____ Years in Business Under Current Contract: _____
7. Type of Enterprise:
   - ☐ Corporation
   - ☐ Individual
   - ☐ Partnership
   - ☐ Municipality
   - ☐ For Profit
   - ☐ Joint Venture
   - ☐ Other _____
8. Estimated receipts/operating budget for the next twelve (12) months: _____
9. Estimated payroll for the next twelve (12) months: _____
10. Type of Operation:
    - ☐ Alzheimer's Adults
    - ☐ Dementia Adults
    - ☐ Group Home (Elderly)
    - ☐ Group Home (non-Elderly)
    - ☐ Independent Living (Elderly)
    - ☐ Independent Living (non-Elderly
    - ☐ Skilled Nursing Facility
    - ☐ Intermediate Nursing Facility
    - ☐ Foster Care (Children)
    - ☐ Other: _____
11. Full description of services rendered:

SAVE

ROYAL OAK UNDERWRITERS, INC.
Excess and Surplus Lines Insurance Wholesalers

8417 Patterson Avenue
Richmond, Virginia 23229
Telephone: (804) 741-7999
WATTS: (800) 628-2967
Fax: (804) 741-9401
www.royaloakunderwriters.com

CURRENT INSURANCE

12. Has applicant had previous insurance for this enterprise? ☐ Yes ☐ No

If Yes, complete the following:

GENERAL LIABILITY		PROFESSIONAL LIABILITY	
Current Carrier		Current Carrier	
Policy Term		Policy Term	
Premium		Premium	
Deductible		Deductible	
Limits		Limits	
Occurrence or Claims Made		Occurrence or Claims Made	
Retro Date, if Claims Made		Retro Date, if Claims Made	

13. Check Coverages and Limits that the Applicant would like quoted:

A. Coverages: ☐ General Liability ☐ Professional Liability ☐ Excess

B. Limits: ☐ $100K/$300K ☐ $250K/$500K ☐ $500K-$1M ☐ $1M/$3M

14. Does the Applicant want physical abuse/sexual molestation coverage to protect the entity fro alleged acts of its employees? ☐ Yes ☐ No

If Yes, please specify limits: ☐ $100K/$300K ☐ $250K/$500k

CURRENT INSURANCE

15. Is a nursing assessment conducted for new patients? ☐ Yes ☐ No

If Yes, does the assessment include evaluations of?

a. Full body skin breakdown/Decubitus Ulcer? ☐ Yes ☐ No

b. Mobility Limitations? ☐ Yes ☐ No

c. History of prior injuries? ☐ Yes ☐ No

d. Required assistance? ☐ Yes ☐ No

e. Disorientation? ☐ Yes ☐ No

f. Current medications? ☐ Yes ☐ No

SAVE

8417 Patterson Avenue
Richmond, Virginia 23229
Telephone: (804) 741-7999
WATTS: (800) 628-2967
Fax: (804) 741-9401
www.royaloakunderwriters.com

16. Bedroom information: State "None", if none: _____ Reporting Date: _____

Bedsore Stage	Acquired in Facility	Inherited from Another Location
Stage II		
Stage III		
Stage IV		

Please describe the protocols/ procedures in place for treating bedsores:

17. Who completes your pre-admission assessments? _____

18. Is assessment nurse a: ☐ RN ☐ LVN ☐ Other _____

If other, please describe qualifications: _____

19. Have you ever denied any possible admission due to high acuity? ☐ Yes ☐ No

If Yes, how many denials in the past two years? _____

What were the conditions that led you to deny them?

20. Do you conduct pre-admission assessments in person? ◯ Yes ◯ No

21. How often do you assess your residents? _____

22. What system do you use to ensure timely assessments? _____

23. What is the system for identifying when a resident needs to be transferred to another level of care (i.e. nursing home)?

24. Do residents have their own attending physician? ☐ Yes ☐ No

If No, who performs the role of attending physician? _____

If No, how many residents utilize the Medical Director as their attending physician? _____

ELOPEMENT

25. Do you conduct wandering risk assessments upon admit? ☐ Yes ☐ No

If Yes, does this assessment include a cognitive assessment? ☐ Yes ☐ No

SAVE

8417 Patterson Avenue
Richmond, Virginia 23229
Telephone: (804) 741-7999
WATTS: (800) 628-2967
Fax: (804) 741-9401
www.royaloakunderwriters.com

26. Does your facility have a policy clearly identifying the types of dementia residents your staff is capable of providing care for? ☐ Yes ☐ No

If Yes, please explain the policy:

27. Are all exit doors alarmed at all locations? ☐ Yes ☐ No

If No, please explain:

28. Does your facility have locked unit(s) for residents who are prone to wandering? ☐ Yes ☐ No

If Yes, what system is in use? _____

29. How many residents have eloped from your facility in the last three (3) years? _____

30. What is the protocol or criteria for placing an alarm bracelet on a resident?

31. Is the family notified when an alarm bracelet is placed on a resident? ◯ Yes ◯ No

32. **RESIDENT CENSUS**

	Location 1	Location 2	Location 3
Number of Licensed Beds			
Number of Occupied Beds			
Independent Living Beds			
Stage 1-5 Alzheimer's Patients*			
Stage 6-7 Alzheimer's Patients*			
Stage 1-5 Dementia Patients*			
Stage 6-7 Dementia Patients*			
Assisted Living Beds			
Intermediate Nursing Beds			
Skilled Nursing Beds			

*** "Stage" refers to the Functional Assessment Staging (FAST) Scale.**

SAVE

ROYAL OAK UNDERWRITERS, INC.
Excess and Surplus Lines Insurance Wholesalers

8417 Patterson Avenue
Richmond, Virginia 23229
Telephone: (804) 741-7999
WATTS: (800) 628-2967
Fax: (804) 741-9401
www.royaloakunderwriters.com

33. Age of Residents: ☐ 0 -1 18 ☐ 19 - 39 ☐ 40 - 65 ☐ 66+

34. **SCHEDULE OF PHYSICIANS (employed or contracted)**

Name and Specialty	Board Certified	Board Eligible	Hours/Week Worked	Volunteer, Contractor, or Employed	Has Malpractice Insurance

35. **STAFF**

Staff - All Locations	1st Shift	2nd Shift	3rd Shift
MD			
RN			
LPN			
Nurse Aids			
Psychologists			
Counselors			
Therapists			
Other			

36. Please check the hiring procedures that apply or are performed by this operation.

☐ Criminal background checks
☐ Verification of certification or professional licensing
☐ Drug, alcohol and sexual abuse screening or testing
☐ Reference checks
☐ Questioning of employees of their previous involvement as defendants in professional malpractice litigation

SAVE

8417 Patterson Avenue
Richmond, Virginia 23229
Telephone: (804) 741-7999
WATTS: (800) 628-2967
Fax: (804) 741-9401
www.royaloakunderwriters.com

MEDICATION ADMINISTRATION

37. Is the unit dos medication system used by the facility? ☐ Yes ☐ No

If No, what system is used? _____

38. Who is responsible for administering medication to the residents in the facility?

☐ Licensed Staff ☐ Medication Aide

39. If your facility uses the medication aide to administer medication, what system do you have tin place to ensure medications are administered according to manufacturers' recommendations and Industry standards?

PREMISES INFORMATION

40. **Building(s)**	Location 1	**Location 2**	**Location 3**
Building Construction (type)			
Year build/updated			
Square feet			
Number of floors			
Smoke detectors in all bedrooms/hallways	☐ Yes ☐ No ☐ Hardwire ☐ Battery	☐ Yes ☐ No ☐ Hardwire ☐ Battery	☐ Yes ☐ No ☐ Hardwire ☐ Battery
Fire Alarm	☐ Central ☐ Local ☐ None	☐ Central ☐ Local ☐ None	☐ Central ☐ Local ☐ None
Is building fully sprinkled?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If not, what % is sprinkled?			

41. If multi-storey building(s), please indicate on which floor non-Ambulatory/Alzheimer's is located? _____

SAVE

8417 Patterson Avenue
Richmond, Virginia 23229
Telephone: (804) 741-7999
WATTS: (800) 628-2967
Fax: (804) 741-9401
www.royaloakunderwriters.com

42. **Premises/Property**

a) Are there any animal exposures in the premise?

☐ No ☐ Yes ☐ Owned ☐ Non-Owned

If Yes, please describe, including number of animals and type(s) /breed(s)

b) Are there any pools lakes, ponds, rivers, or other bodies of water on the premise? ☐ Yes ☐ No

If Yes, please describe:

c) Are there any swimming or boating activities? ☐ Yes ☐ No

d) If there is a pool or body of water, is it fenced? ☐ Yes ☐ No
If Yes, does it have a self-locking gate?

e) If there is a pool or body of water, is there a diving board? ☐ Yes ☐ No

f) If there is a pool or body or water, is there a slide? ☐ Yes ☐ No

g) Are there any firearms on the premise? ☐ Yes ☐ No

If Yes, please describe: _____

If Yes, are the firearms locked in a secure place away from the residents? ☐ Yes ☐ No

If No to the above, please explain: _____

PREMISES INFORMATION

43. Date of last State Inspection/Survey: _____

44. Total Number of Deficiencies: _____

45. Number of D, E &F Deficiencies (Nursing Homes only): _____

46. Number of G, H, & J Deficiencies (Nursing Homes only): _____

47. Corrective Action Plan accepted by the State in the past 2 years? ☐ Yes ☐ No

If Yes, date accepted: _____

48. Number of complaints investigated by the State in the past 2 years: _____

49. Number of substantiated complaints: _____

Please attach a copy of each of the following with your submission:

- Most recent State survey
- Current license

SAVE

ROYAL OAK UNDERWRITERS, INC.
Excess and Surplus Lines Insurance Wholesalers

8417 Patterson Avenue
Richmond, Virginia 23229
Telephone: (804) 741-7999
WATTS: (800) 628-2967
Fax: (804) 741-9401
www.royaloakunderwriters.com

PREMISES INFORMATION

50. Has any application for Professional Liability insurance made on behalf of the facility, any predecessors in business or present Partners ever been declined, or has the insurance ever been cancelled or renewal refused? ☐ Yes ☐ No

If Yes, please describe:

51. Has any claim ever been made against the facility or any of its employees? ☐ Yes ☐ No

If Yes, please submit currently valued carrier loss runs for the past five (5) years and attach details stating:
(1) Date when claim was made;
(2) Date the act giving rise to the claim was committed;
(3) Name of the claimant;
(4) Nature of claim;
(5) Amount involved, including reserves; and
(6) Final disposition.

52. Is the Applicant aware of any circumstances which may result in any claim against the facility, the facility's predecessors in business, or any present or past Partners or Officers? ☐ Yes ☐ NO

If Yes, please attach complete narrative.

53. Has any license or accreditation ever been suspended, denied, or revoked? ☐ Yes ☐ No

54. Of what professional association(s) is the Applicant a member in good standing?

SAVE

ROYAL OAK UNDERWRITERS, INC.
Excess and Surplus Lines Insurance Wholesalers

8417 Patterson Avenue
Richmond, Virginia 23229
Telephone: (804) 741-7999
WATTS: (800) 628-2967
Fax: (804) 741-9401
www.royaloakunderwriters.com

DECLARATION AND SIGNATURE

The undersigned declares that to the best of his/her knowledge, the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application be the basis of the contract should a Policy be issued and this Application will be attached and become a part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.

It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained in the files by Underwriters and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.

It is agreed that in the event these is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the Applicant will notify Underwriters and, at the sole discretion of the Underwriters, any outstanding questions may be modified or withdrawn.

For purposes of creating a binding contract of insurance by the Application or in determining the rights and obligations under such a contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy, shall be the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.

Name of Applicant: _____ Title: _____

Signature Field: _____ Date: _____

Reset Form | Submit by E-mail | Print Form | SAVE