

One application per location. A campus with more than one service unit (for example, assisted living and memory care) uses one application and lists each unit in Section 2. Operators with 4 or more locations use the Operator Application and Location Schedule instead.

How to complete

- Everyone completes Sections 1 to 7 and signs Section 11.
- Complete Sections 8, 9 and 10 only if they apply. Each one says when.
- Unknown is an acceptable answer. Please do not guess. We will follow up on anything marked Unknown.
- Type directly into this PDF or print and complete by hand.

Producer / agency	Producer contact	Email	Phone
Proposed effective date	Date submitted	Submission notes	

SECTION 1 | APPLICANT AND FACILITY

Named insured (legal name)		DBA / facility name	
Street address	City	State	ZIP
Mailing address (if different)	FEIN	Website	
Primary contact (name and title)	Email	Phone	
State license number(s)	License type(s)	License expiration	
License status	Ownership		
☐ Current ☐ Restricted ☐ Probation ☐ Suspended	☐ For-profit ☐ Non-profit ☐ Government		
Years operating at this location	Years under current ownership	Years under current management	Other facilities under common ownership or management (#)
Annual revenue, last 12 months (\$)	Payor mix: Medicaid (%)	Medicare (%)	Private pay / other (%)
Person responsible for risk management (name and title)			

- 1.1** Is the facility operated by a management company other than the applicant? ☐ Yes ☐ No
If Yes, name:
- 1.2** In the past 3 years, or planned in the next 12 months, any change of ownership, merger, acquisition or sale of operations? ☐ Yes ☐ No
If Yes, describe:
- 1.3** Has the applicant or any affiliate filed for bankruptcy in the past 10 years? ☐ Yes ☐ No

SECTION 2 | SERVICE UNITS, CENSUS AND BUILDING

List each unit by the service it actually provides, not only what it is licensed for. Memory care includes secured dementia units. Staff manage medications means staff, or a contractor you arrange, administer, assist with or manage resident medications.

Unit or wing name	Service	Licensed beds / units	Current census	Staff manage medications?	SNF only: CMS Certification Number

Year built (main building)	Number of stories	Last major renovation (year)

2.1 Is every building fully protected by automatic sprinklers? ☐ Yes ☐ Partial ☐ No

2.2 Is there a pool, pond or other body of water on or next to the premises? ☐ Yes ☐ No

2.3 Independent living only: does the operator provide personal care (bathing, dressing, toileting) to independent living residents? ☐ Yes ☐ No ☐ N/A

2.4 Independent living only: does the operator provide memory care services (programming, wandering precautions, behavioral support) to independent living residents? ☐ Yes ☐ No ☐ N/A

2.5 Services provided at this location (check all that apply):

- ☐ IV infusion
 ☐ Ventilator care
 ☐ Psychiatric / behavioral unit
 ☐ Bariatric care
 ☐ Hospice
 ☐ Wound care
 ☐ Short-term rehab
 ☐ Adult day care
 ☐ Home health
 ☐ Resident transportation
 ☐ None of these

Other:

SECTION 3 | COVERAGE

Check each coverage requested. Current carrier and retroactive date apply to the coverage in force today.

Coverage	Request	Limits requested (each claim / aggregate)	SIR / deductible	Current carrier	Current retro date
Professional liability	☐				
General liability	☐				
Sexual abuse & molestation (see conditional section)	☐				
Employee benefit liability (see conditional section)	☐				
Resident evacuation expense (see conditional section)	☐				
Hired & non-owned auto (one-page supplement on request)	☐				

3.1 If current coverage is claims-made, is there any gap in continuous coverage before the proposed effective date? ☐ Yes ☐ No

If Yes, period and reason:

3.2 In the past 5 years, has any insurer cancelled, non-renewed or declined any coverage for the applicant? ☐ Yes ☐ No

If Yes, carrier, line and reason:

SECTION 4 | RESIDENT, STAFFING AND RISK PROFILE

Current figures for the whole location unless stated otherwise.

Residents needing help with 3 or more ADLs (#)	Residents with any dementia diagnosis (#)	Residents assessed as high fall risk (%)	Residents on modified-texture diets (#)

Facility-acquired Stage III or IV pressure injuries now (#)	Agency / temp share of direct care hours, last 90 days (%)	Direct care staff turnover, last 12 months (%)

Administrator: years at this facility	Director of nursing / health services: years at this facility	SNF only: medical director (name and years in role)

Awake direct care staff to residents: day	Evening	Night	Weekend, if different

4.1 Is the facility in a FEMA flood zone A or V, a hurricane evacuation zone, or a wildfire hazard zone? ☐ Yes ☐ No

If Yes, which zone:

4.2 Is there a permanently installed generator that powers heating and cooling, not only life-safety systems? ☐ Yes ☐ No

4.3 Do residents smoke anywhere on the premises? ☐ Yes ☐ No

If Yes, where and how supervised:

4.4 Are physical or chemical restraints used? ☐ Yes ☐ No

If Yes, describe the policy:

4.5 Do resident admission agreements include an arbitration clause? ☐ Yes ☐ No

4.6 Do contractors and staffing agencies with resident contact provide certificates of insurance and indemnify the facility? ☐ Yes ☐ No

4.7 Does the applicant provide management or consulting services to facilities it does not own, for a fee? ☐ Yes ☐ No

If Yes, how many:

SECTION 5 | OPERATING PRACTICES

Answer for the community as a whole. If a unit operates differently, explain at item 5.21.

How to answer: Standard is the basic practice. Enhanced is the next step: you track it, review it on a schedule, and close out what you find. Mark Yes only when every part of the statement is true today. Enhanced can be Yes only if Standard is Yes; add a one-line description. Unknown is better than a guess. A job title is enough wherever a named person is asked for.

Staffing

5.1 Coverage for promised services

STANDARD	Staff assignments cover the services the community promises residents, including nights and weekends.	☐ Yes ☐ No ☐ Unknown
ENHANCED	The operator tracks planned versus filled assignments and documents a review of the differences.	☐ Yes ☐ No ☐ Unknown
	If Enhanced is Yes, briefly describe what you do:	

5.2 Replacing absent staff

- | | | |
|-----------------|---|--|
| STANDARD | There is a stated way to replace an absent staff member and a named contact to escalate to when coverage fails. | ☐ Yes ☐ No ☐ Unknown |
| ENHANCED | Coverage gaps are recorded and corrective follow-through on those gaps is documented. | ☐ Yes ☐ No ☐ Unknown |
| | Escalation contact (title): <input type="text"/> | |
| | If Enhanced is Yes, briefly describe what you do: <input type="text"/> | |

Hiring and training

5.3 Screening before resident access

- | | | |
|-----------------|--|--|
| STANDARD | Required screening and credential checks are completed before a worker has unsupervised resident access. | ☐ Yes ☐ No ☐ Unknown |
| ENHANCED | A dated pre-access verification checklist is kept and exceptions are reviewed on a periodic basis. | ☐ Yes ☐ No ☐ Unknown |
| | If Enhanced is Yes, briefly describe what you do: <input type="text"/> | |

5.4 Orientation and recurring training

- | | | |
|-----------------|---|--|
| STANDARD | Role orientation happens before independent work and there is a recurring training schedule that the operator states. | ☐ Yes ☐ No ☐ Unknown |
| ENHANCED | Training completion is tracked and overdue training has documented remediation. | ☐ Yes ☐ No ☐ Unknown |
| | If Enhanced is Yes, briefly describe what you do: <input type="text"/> | |

Admission and changes in resident needs

5.5 Admission screening

- | | | |
|-----------------|---|--|
| STANDARD | Resident needs are checked against the community service scope before admission. (Skilled nursing: resident acuity and treatment needs are checked against staffing, clinical capabilities and available equipment before admission.) | ☐ Yes ☐ No ☐ Unknown |
| ENHANCED | Borderline admissions receive a documented secondary review before acceptance. | ☐ Yes ☐ No ☐ Unknown |
| | If Enhanced is Yes, briefly describe what you do: <input type="text"/> | |

5.6 Reassessment when needs change

- | | | |
|-----------------|---|--|
| STANDARD | There is a defined reassessment and escalation path when a resident need changes. | ☐ Yes ☐ No ☐ Unknown |
| ENHANCED | Overdue reassessments are tracked and the resulting actions are recorded. | ☐ Yes ☐ No ☐ Unknown |
| | If Enhanced is Yes, briefly describe what you do: <input type="text"/> | |

Medications

Skip 5.7 and 5.8 if staff do not manage medications at any unit.

5.7 Trained medication staff

- | | | |
|-----------------|--|--|
| STANDARD | Medication duties are assigned only to trained, authorized personnel. | ☐ Yes ☐ No ☐ Unknown |
| ENHANCED | Periodic competency checks for those personnel are documented. | ☐ Yes ☐ No ☐ Unknown |
| | If Enhanced is Yes, briefly describe what you do: <input type="text"/> | |

5.8 Medication errors and discrepancies

- | | | |
|-----------------|--|--|
| STANDARD | A named person owns medication discrepancy and error escalation. | ☐ Yes ☐ No ☐ Unknown |
| ENHANCED | Scheduled trend review occurs and corrective actions are closed out. | ☐ Yes ☐ No ☐ Unknown |
| | Owner (title): <input type="text"/> | |
| | If Enhanced is Yes, briefly describe what you do: <input type="text"/> | |

Incidents and complaints

5.9 Reporting and escalation

- STANDARD** Incidents, complaints, and suspected abuse or neglect are reported and escalated to a designated person. ☐ Yes ☐ No ☐ Unknown
- ENHANCED** A scheduled trend review of those reports takes place. ☐ Yes ☐ No ☐ Unknown
- Designated person (title):
- If Enhanced is Yes, briefly describe what you do:

5.10 Investigation and follow-up

- STANDARD** Investigation and corrective follow-up is assigned to a responsible role. ☐ Yes ☐ No ☐ Unknown
- ENHANCED** Deadlines are tracked and closure of corrective actions is verified. ☐ Yes ☐ No ☐ Unknown
- Responsible role (title):
- If Enhanced is Yes, briefly describe what you do:

Building safety and emergency readiness

5.11 Life-safety testing and repairs

- STANDARD** There is a life-safety testing schedule and a named owner for reported defects. ☐ Yes ☐ No ☐ Unknown
- ENHANCED** Overdue tests and open defects are tracked with escalation. ☐ Yes ☐ No ☐ Unknown
- Defect owner (title):
- If Enhanced is Yes, briefly describe what you do:

5.12 Emergency training and drills

- STANDARD** Emergency instruction and exercises happen on the schedule the operator states. ☐ Yes ☐ No ☐ Unknown
- ENHANCED** Exercise findings are documented and corrective actions are closed. ☐ Yes ☐ No ☐ Unknown
- If Enhanced is Yes, briefly describe what you do:

Resident safety by service type

Answer only the pair for each service you provide. Leave the others blank.

Assisted living

5.13 Fall precautions communicated

- STANDARD** Assistance needs and fall precautions for each resident are communicated to the staff who provide care. ☐ Yes ☐ No ☐ Unknown
- ENHANCED** Falls and assistance incidents are reviewed on a schedule and the resulting actions are closed. ☐ Yes ☐ No ☐ Unknown
- If Enhanced is Yes, briefly describe what you do:

5.14 Response to requests for help

- STANDARD** There is an assigned process for responding to resident assistance requests. ☐ Yes ☐ No ☐ Unknown
- ENHANCED** Missed or delayed requests are monitored and corrective actions are recorded. ☐ Yes ☐ No ☐ Unknown
- If Enhanced is Yes, briefly describe what you do:

Memory care

5.15 Wandering and fall precautions communicated

- STANDARD** Individual wandering and exit precautions AND fall and transfer precautions are communicated to care staff. ☐ Yes ☐ No ☐ Unknown
- ENHANCED** Both precaution types are reviewed periodically with corrective actions recorded. ☐ Yes ☐ No ☐ Unknown
- If Enhanced is Yes, briefly describe what you do:

5.16 Missing resident response

STANDARD	There is a missing-resident response plus an assistance and safeguarding escalation path.	☐ Yes ☐ No ☐ Unknown
ENHANCED	Responses are exercised or reviewed and identified corrective actions are tracked.	☐ Yes ☐ No ☐ Unknown
If Enhanced is Yes, briefly describe what you do:		

Independent living

5.17 Common-area hazards

STANDARD	Common-area hazards can be reported, ownership is assigned, and follow-up occurs.	☐ Yes ☐ No ☐ Unknown
ENHANCED	Open hazards are tracked to closure and recurrence is reviewed.	☐ Yes ☐ No ☐ Unknown
If Enhanced is Yes, briefly describe what you do:		

5.18 Response to requests for help

STANDARD	Help requests are answered in a way consistent with the services the community promises.	☐ Yes ☐ No ☐ Unknown
ENHANCED	Response is periodically tested or reviewed and deficiencies are resolved.	☐ Yes ☐ No ☐ Unknown
If Enhanced is Yes, briefly describe what you do:		

Skilled nursing

5.19 Clinical precautions communicated

STANDARD	Individual fall and transfer, pressure-injury, and infection precautions are communicated to staff responsible for each resident; non-applicable precautions are identified in the care plan.	☐ Yes ☐ No ☐ Unknown
ENHANCED	Adherence to those precautions is checked on a stated schedule, and identified gaps have documented corrective follow-through.	☐ Yes ☐ No ☐ Unknown
If Enhanced is Yes, briefly describe what you do:		

5.20 Change in condition

STANDARD	Changes in resident condition have a defined escalation path to a responsible licensed clinician, including nights and weekends, and a process for arranging a higher level of care.	☐ Yes ☐ No ☐ Unknown
ENHANCED	Delayed recognition, escalation and transfers are reviewed on a stated schedule, and resulting corrective actions are tracked to closure.	☐ Yes ☐ No ☐ Unknown
If Enhanced is Yes, briefly describe what you do:		

5.21 If any unit operates differently from the answers above, name the unit and item and explain:

SECTION 6 | LICENSING AND SURVEY HISTORY

Attach the most recent state survey report and plan of correction.

Date of most recent full state survey	Total deficiencies	With actual harm	Immediate jeopardy	Substantiated abuse / neglect

- 6.1 In the past 5 years, has a state or federal agency fined the facility or imposed a civil money penalty? ☐ Yes ☐ No
- 6.2 In the past 5 years, has the license been suspended, revoked or placed on probation, or the facility placed on a watch list or heightened monitoring? ☐ Yes ☐ No
- 6.3 Is any operating restriction, admission freeze or state order currently unresolved? ☐ Yes ☐ No
- 6.4 Is any serious resident safety issue or allegation currently unresolved? ☐ Yes ☐ No

Explain any Yes answer in this section, including corrective action taken:

SECTION 7 | CLAIMS AND INCIDENTS, PAST 5 YEARS

Attach 10 years of currently valued loss runs for all lines, dated within 90 days.

- 7.1** Has any claim or suit been made against the current or any former facility, its staff, or its management company? ☐ Yes ☐ No
- 7.2** Is anyone proposed for coverage aware of any incident or circumstance that may lead to a claim, including requests for medical records, that is not on the loss runs? ☐ Yes ☐ No
- 7.3** Has any single claim paid more than \$500,000 in indemnity? ☐ Yes ☐ No

Incident type, past 5 years	Number	Brief description of each (date, outcome, corrective action)
Resident death other than from natural causes		
Incident leading to resident hospitalization		
Alleged or actual abuse, molestation or improper contact		
Choking incident		
Elopements (any, whether or not harm resulted)		
Medication error causing injury or hospitalization		
State investigation with a substantiated finding		

SECTION 8 | MEMORY CARE AND EVACUATION EXPENSE

Complete 8A if any unit in Section 2 is memory care. Complete 8B only if resident evacuation expense coverage is requested.

8A Memory care

- 8A.1** Is the memory care unit secured (locked)? ☐ Yes ☐ No
- 8A.2** Are all exits from the memory care area alarmed or electronically monitored? ☐ Yes ☐ No
- 8A.3** Does the facility admit or retain residents who are physically aggressive toward others? ☐ Yes ☐ No
If Yes, safeguards:
- 8A.4** Does every staff member who works in the unit, including dietary, housekeeping and maintenance, receive dementia-specific training? ☐ Yes ☐ No

8B Resident evacuation expense

Complete only if resident evacuation expense coverage is requested.

- 8B.1** Is there a written emergency plan covering both evacuation and shelter-in-place? (Attach.) ☐ Yes ☐ No
- 8B.2** Mandatory or voluntary evacuation order in the past 10 years? ☐ Yes ☐ No
If Yes, location, event and date:
- 8B.3** Are there signed agreements with receiving facilities, and written transport contracts, sufficient for the full census? ☐ Yes ☐ No
- 8B.4** Has the applicant incurred evacuation expense in the past 10 years? ☐ Yes ☐ No
If Yes, event and total cost:

Estimated cost to evacuate the full census (\$)

Basis: contract rates, prior event, vendor quote or internal estimate

SECTION 9 | SEXUAL ABUSE AND MOLESTATION

Complete only if SAM coverage is requested.

- 9.1** Does the current program exclude or sublimit abuse and molestation coverage? ☐ Yes ☐ No
If sublimited, limit:
- 9.2** Are criminal, sex offender registry and abuse / neglect registry checks completed for all staff, agency staff and volunteers before first resident contact? ☐ Yes ☐ No
- 9.3** Are criminal background checks re-run on existing staff at least every 5 years? ☐ Yes ☐ No
- 9.4** Do all staff complete abuse-prevention training at orientation and at least annually? ☐ Yes ☐ No
- 9.5** Is the risk of resident-to-resident sexual contact assessed and addressed in care plans? ☐ Yes ☐ No
- 9.6** Does the facility admit or retain residents with a documented history of sexually aggressive behavior? ☐ Yes ☐ No
- 9.7** Are staff accused of abuse removed from resident contact while the allegation is investigated? ☐ Yes ☐ No
- 9.8** Can residents, families and staff report abuse anonymously? ☐ Yes ☐ No
- 9.9** Beyond the past 5 years, has there ever been an allegation of sexual misconduct, abuse or molestation? ☐ Yes ☐ No
- 9.10** In the past 10 years, has any staff member been terminated or transferred because of an abuse allegation? ☐ Yes ☐ No

For any abuse or molestation matter disclosed in this application, attach a short description: date, allegation, outcome and corrective action.

SECTION 10 | EMPLOYEE BENEFIT LIABILITY

Complete only if EBL coverage is requested.

Employees eligible for benefits (#)

Covered lives (#)

10.1 Benefit plans are administered by (check all that apply):

- ☐ In-house HR ☐ Third-party administrator ☐ PEO / co-employer ☐ Broker

- 10.2** Is any benefit plan self-funded in whole or in part? ☐ Yes ☐ No
If Yes, plan and stop-loss carrier:
- 10.3** Are plan documents and summary plan descriptions current, and are Form 5500 filings up to date? ☐ Yes ☐ No
- 10.4** Is COBRA administered by an outside administrator? ☐ Yes ☐ No
If Yes, name:
- 10.5** In the past 5 years, any DOL, IRS or PBGC notice or audit about a benefit plan? ☐ Yes ☐ No
- 10.6** In the past 5 years, any claim or complaint alleging an error in administering a benefit plan? ☐ Yes ☐ No

SECTION 11 | ATTACHMENTS, NOTICES AND SIGNATURE

Attachments

- ☐ Required: 10 years of currently valued loss runs, all lines, dated within 90 days
- ☐ Required: most recent state survey report and plan of correction
- ☐ Required: facility license(s)
- ☐ Required: most recent financial statements (audited if available)
- ☐ Recommended for technology-enabled operators: CareFront Care Technology Questionnaire (separate form)

Claims-made notice

This application is for claims-made coverage. Coverage applies only to claims first made against the insured and reported during the policy period or any extended reporting period, for acts, errors or omissions on or after the retroactive date shown in the policy. To keep continuous coverage, renew without a gap and report all known incidents and circumstances to the current carrier before it expires. When a claims-made policy ends, an extended reporting period (tail) may be available under the policy terms. Read the policy for the retroactive date and reporting provisions.

Warranties

The applicant warrants that no person proposed for coverage knows of any act, error, omission, incident or circumstance that could reasonably be expected to give rise to a claim, except as disclosed in this application; any claim arising from an undisclosed known circumstance may be excluded. The statements in this application and its attachments are true, accurate and complete to the best of the applicant's knowledge after reasonable inquiry. This application and its attachments form the basis of, and become part of, any policy issued. A material misrepresentation, concealment or omission may void the policy. Signing this application does not bind coverage. The applicant will notify CareFront Insurance immediately if any information, including service type, medication responsibility, staffing structure, any operating restriction, or the locations operated, changes before the effective date.

State fraud warnings

The warning for the state in which this application is submitted applies. If no state is listed, the All Other States warning applies.

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.	District of Columbia	WARNING: 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.
Alaska	Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.	Florida	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 of the third degree.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.	Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.
Arkansas	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.	Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
California	For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.	Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
Colorado	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 who knowingly provides false information to a policyholder for the purpose of defrauding shall be reported to the Colorado Division of Insurance.	Louisiana	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.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.	Maine	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.
		Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
		Minnesota	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.	Puerto Rico	Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties.
New Jersey	Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.	Rhode Island	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.
New Mexico	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 civil fines and criminal penalties.	Tennessee	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.
New York	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.	Texas	Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.	Utah	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a claim containing any false, incomplete or misleading information is guilty of insurance fraud.
Oklahoma	WARNING: 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.	Virginia	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.
Oregon	Any person who, with intent to defraud any insurance company or another person, files an application for insurance containing false information, is guilty of a crime.	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.
Pennsylvania	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.	West Virginia	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.
		All Other States	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.

Signature

The undersigned is authorized to sign for all persons and entities proposed for coverage, has read the notices, warranties and fraud warning above, and confirms that the answers in this application, including Section 5, describe the facility's current operations as of the date signed.

Signature of owner, principal or authorized representative

Date

Printed name

Title

Person who answered the operating practices, if different (name)

Title