



Senior Citizens Care Facilities General Application

New Business
 Renewal

Broker:	Broker Code:	Policy #:
Name and of Applicant / Insured:		
Postal Address Applicant / Insured:		
Does Insured have a web site? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide URL:		

If there is insufficient space for your response to any question, please attach separate sheets.

GENERAL INFORMATION SECTION

- Please check which of the following categories apply to the Applicant:
 Retirement Residences for ages 55+ providing minimal level of support. May provide meals & housekeeping. No nursing care provided
 Yes No
 Retirement Residences for ages 55+ providing moderate levels of personal care & support. RPN or RN on staff
 Yes No
 Long Term/Chronic Care Facility/Nursing Home providing 24 hour nursing care
 Yes No
 Is this a group home?
 Yes No
- Who is the current insurer? _____ Policy #: _____
- How long has the Applicant been in business? _____
- Has any similar insurance applied for or carried by the applicant/insured been declined or cancelled by any insurer within the last three years? Yes No If "Yes", provide details.

- What authoritative or regulatory body oversees the operation of the facility? : _____
 Date of Last Accreditation: _____
- Is Applicant a member of any of the following associations:
 CCHSA ORCA BCRCA ASCHA Other (specify) _____
- Is Applicant Classified as: For Profit or Not For Profit
- Total Annual Gross Revenues:
 Current 12 Months: _____
 Previous 12 Months: _____

Operations

- Total Number of Apartment Units Available: _____ Total Number of Apartment Units Occupied: _____
 Total Number of Living Units (offering moderate level of personal care/support) Available: _____
 Total Number of Living Units Occupied: _____
- Total Number of Beds Available _____ Number of Beds Occupied _____

Total Number of Residents who are bedridden _____ Ratio of Staff to Residents _____

11. Are immobile residents located on the lower floor? Yes No

12. What facilities and activities are available to residents? (i.e. fitness centre, day trips, craft classes, etc)

13. Please list any outside parties who provide services to residents in the facility (podiatrists, chiropractors, etc)

Do they provide evidence of their own liability insurance? Yes No Not Applicable

14. Do Registered Nurses have their own professional liability insurance? Yes No

15. Do LPN's/RPN's have their own professional liability insurance? Yes No

16. Are all employees enrolled in the Provincial Workers Compensation programme? Yes No

17. Are all employees/contractors/volunteers subject to police background screening? Yes No

18. Please provide a breakdown of staffing

Occupation/Nature of Work	Number of Employees	# of Employees Who Have First Aid/WHMIS Training	Number of Contractors
Registered Nurses			
Licensed/Registered Practical Nurses			
Management			
Clerical/Administrative			
Care Assistants/Orderlies			
Housekeeping/Maintenance			
Other (Please Describe)			

Property Coverage

19. Risk location(s): _____

20. Year Built: _____ Number of buildings: _____
 Was the building originally designed and built for this type of operation? Yes No

If no, please describe:

21. Is building protected by an automatic sprinkler system? Yes No
 If yes, is the extent of protection Full or Partial Please Describe _____
 Does sprinkler system have monitored alarm protection? Yes No

22. Is building protected by a fire alarm system? Yes No

If yes, is the fire alarm monitored? Yes No

Is each living unit equipped with a smoke detector? Yes No

How often are fire drills held? _____

23. Does the facility have an auxiliary power source in the event of a power failure? Yes No

24. Number of elevators? _____

a) Are they regularly inspected? Yes No

b) By whom? _____

c) Any recommendations made at last inspection? _____

d) Were they done? _____

e) Is there one elevator or more large enough to carry a bed? Yes No

25. Any cooking units:

a) on floor? Yes No

b) in rooms? Yes No

c) to do frying? Yes No

If yes, are they equipped with an automatic extinguishing system? Yes No

d) Are they regularly inspected? Yes No

e) By whom? _____

26. Describe and/or attach any emergency evacuation plan:

a) in daytime: _____

b) at night: _____

27. Is there a written contract in place with a qualified contractor for removal of snow and ice? Yes No

Are certificates of liability insurance obtained from all contractors? Yes No

Who is responsible for determining when snow/ice should be removed or sand/salted applied from walkways/parking areas? _____

Crime Coverage

28. Are cheques countersigned? Yes No

29. Are bank accounts reconciled by someone not authorized to withdraw or deposit? Yes No

30. How often are bank accounts reconciled? _____

31. Maximum amount of cash kept on premises at any one time? _____

32. Are cash and other securities kept in a money-safe with a combination lock? Yes No

Non Owned Automobile

33. Number of employees/volunteers, including partners and officers, who regularly use their personal vehicle on company business: _____

34. Does the Insured rent (short term – less than 30 days) or charter vehicles (passenger vans, buses) for the purpose of conducting company business? Yes No
If “yes” provide details including total estimated cost of hire. Details should be provided for any trips to the U.S.A.

Loss Experience

35. Please provide all information for all losses, whether insured or not, in the last five years including any accidents, facts, circumstances or allegations which may give rise to a claim:

36. What action has been taken to eliminate future losses or incidents if applicable?

ABUSE & MOLESTATION SECTION

1. Regardless of whether insurance was in place or not please provide a loss history for ALL abuse claims reported:

If there have been no claims, please check here

2. Is the Applicant aware of any facts, incidents or circumstances, which may result in a suit being brought against the Applicant? Yes No

If yes, please provide details:

Policies & Procedures

3. Does the organization have a written policy with regard to abuse and abuse prevention? Yes No

4. Has the policy been reviewed by legal counsel? Yes No

5. How often is the policy updated? _____

Hiring And Screening Procedures

6. Are all applicants, including volunteers, required to complete a written application form? Yes No

7. Does the application contain a release of liability to be signed by the applicant, authorizing the employer to conduct reference checks?

Yes No

8. Are reference checks always conducted (and documented)? Yes No
9. Are personal interviews conducted by a senior staff member? Yes No
10. Are all prospective and current employees and volunteers required to produce physical evidence of a clean police criminal background check?
 Yes No

Human Resources/Supervision

11. Do new employees/volunteers receive formal induction training? Yes No
12. Is formal training/education provided for staff (including formal refresher courses) on abuse/neglect awareness and prevention?
 Yes No
13. Is there an internal, documented protocol for abuse prevention?
IF YES, PLEASE ATTACH A COPY TO THIS APPLICATION Yes No
14. Do all employees/volunteers participate in documented annual performance appraisals? Yes No
15. Does the organization conduct resident & family satisfaction surveys? Yes No

Intervention And Reporting of Claims/Incidents

16. Is there a senior person within the organization who is designated to handle incidents of alleged abuse?
 Yes No
17. Is there a written procedure in place for handling incidents of inappropriate behaviour or alleged abuse?
 Yes No
18. Are all personnel aware of the necessity for prompt reporting of incidents? Yes No
19. Are there documented guidelines in place that require all suspected inappropriate behaviour and/or alleged incidents to be reported and followed-up on?
 Yes No

Record Keeping

20. Are the following items permanently and securely kept:
- (i) Employment/Engagement application forms, declarations, references and identity verification for all personnel?
 Yes No
- (ii) Records of police checks? Yes No
- (iii) Records of abuse prevention training provided to staff? Yes No
- (iv) Accident/incident registers, records of abuse allegations, abuse occurrences, including

notification to the appropriate authorities?

Yes No

(v) Referral, assessment, treatment and care plans & related correspondence?

Yes No

(vi) A record of past liability and/or abuse insurance policies?

Yes No

Historical Keeping

21. Has the applicant ever received a complaint from any party about issues relevant to abuse with regards to any employees or volunteers currently or previously working for the organization? Yes No
If "Yes", provide details.

22. Has the Applicant ever had:

- (i) Insurance cancelled or declined? Yes No
- (ii) Renewal refused by an insurer? Yes No
- (iii) Special terms or conditions opposed? Yes No

If "Yes" to any of the above questions please provide full details.

23. Does the applicant currently carry insurance for abuse? Yes No

If Yes, Name of Insurer:

Limit of Liability:

Policy Number:

Occurrence Wording or Claims Made Wording

IMPORTANT – PLEASE READ THE FOLLOWING CAREFULLY

The policy wording contains specific exclusions that will not apply to alleged or actual Bodily Injury, directly or indirectly caused by a person of whom any member of the Named Insured having supervisory authority:

1. either knew, or
2. had reasonable grounds to suspect that that person
3. either had previously directly or indirectly caused "Abuse" or
4. was likely to direct or indirectly cause "Abuse"

The Applicant's signature on this application acknowledges awareness and agreement to these exclusions.

ERRORS & OMISSIONS SECTION

N.B. PLEASE NOTE THAT THIS PROPOSED PROFESSIONAL LIABILITY INSURANCE FOR HEALTH INSTITUTIONS EXCLUDES THE SERVICES OF PHYSICIANS, SURGEONS AND DENTISTS WHEN THEY CARRY OUT OR NEGLECT TO CARRY OUT AN ACT IN THE PRACTICE OF THEIR PROFESSION.

1. Type of health institution: _____

2. Are all of the facilities licensed? Yes No

15. Is there any established system to identify risk situations? Yes No
If yes, please detail: _____

16. How are complaints handled? _____

17. Do you have formal documentation procedures for complaints and/or incidents? Yes No

18. How do you dispose of contaminated materials? _____

19. What security measures are used to control unauthorized entrance/exits from the facility?

20. a) Is there a facility "no smoking policy" in effect? Yes No

b) Are smoking materials (including matches/lighters):

i) restricted from a resident's room? Yes No

ii) supervised and/or stored in designated areas? Yes No

21. a) Has the Applicant ever previously purchased professional or errors and omissions liability insurance?
 Yes No

b) If yes, please give the following details for the last three years:

Insurer	Period	Expiring Premium	Limit	Deductible
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

Occurrence Wording or Claims-Made Wording

If Claims-Made, what was the retroactive date of the policy? (dd/mm/yy)? _____

22. Has insurance coverage ever been declined or cancelled or the renewal thereof been refused? Yes No

DIRECTOR'S & OFFICER'S SECTION

Copies of the following information must be attached to this application:

- a) Schedule of Directors and Officers including present positions;**
- b) the organization's charter or by-laws;**
- c) the organization's latest audited financial statement; and**
- d) the organization's latest interim report.**

1. Date organized: _____ Conducted business continuously since: _____

2. Legal structure (corporation, association, foundation, professional trade or service organization, etc.):

3. Purpose of the organization and nature of operations (provide copies of information booklet or brochure if available):

4. a) Limit of liability requested: \$ _____
b) The director or officer designated to receive any and all notices from the Insurer or their representatives concerning this insurance is:

Name: _____

Mailing Address: _____

5. Size of operating budget (revenue plus cash assets): \$ _____

Indicate the percentage of funds received from the following sources:

Federal, provincial, local government: _____ Other (please specify): _____
Fees for services: _____ Are contributions generally solicited? Yes No
Dues from members: _____
Donations, contributions from the general public: _____

6. Number of:
Directors _____ Officers _____ Professionals _____
Volunteers _____ Members _____ Clerical Employees _____

7. Does the organization have any stockholders or persons who profit from the operation, except as salaried employees?

Yes No If yes, provide full details:

8. List all subsidiaries and affiliated organizations, indicating whether profit or non-profit and nature of operations:

9. Does the organization have any operations outside Canada? Yes No

If yes, provide full details:

10. Name of auditor/accountant: _____

How often is an audit done: _____

Has the organization changed its auditor/accountant in the last five years? Yes No

If yes, provide full details:

11. Has the organization filed a Federal income tax return for any of the last five years? Yes No

If no, provide full details:

12. Are any of the Directors or Officers or any other person(s) proposed for this insurance indebted to the organization?
 Yes No

If yes, provide details:

13. a) How frequently does the Board of Directors meet? _____
b) How many Board members must be present to constitute a quorum? _____
c) Are meeting agenda and minutes of previous Board meetings and Board committee meetings distributed to each director at least 10 days prior to each Board meeting date?
 Yes No

d) Describe the procedures which are in place to keep the Directors and Officers informed of new developments, operations results, etc., between meetings.

e) Does each Director have a formal job description which clearly defines his/her scope of duties?
 Yes No

f) What are the Corporation's rules with respect to loans on behalf of the organization?

g) Indicate the source of the Board's legal advice: _____

Do the Board's legal advisors make regular presentations to the Board to review the responsibilities of the Directors and Officers and of the organization, as defined in the various relevant statutes and related jurisprudence?

Yes No

h) Are all Directors, Officers and senior employees required to obtain legal counsel prior to publicly commenting on any of the Corporation's activities?

Yes No

14. Provide details of current or expiring liability coverages:

	Insurer	Policy Period	Limit
Commercial General Liability	_____	_____	_____
Professional Errors & Omissions	_____	_____	_____
Other: _____	_____	_____	_____

15. During the past five years, has the organization had similar insurance declined, cancelled, non-renewed or refused?
 Yes No If yes, provide full details:

16. a) Has any claim been made or is a claim now pending against the organization or any person proposed for the insurance?
 Yes No If yes, provide full details:

b) Has any suit or legal action been filed by or on behalf of the organization against any person(s) proposed for this insurance?
 Yes No If yes, provide full details:

c) Does the organization or any other person(s) proposed for this insurance have knowledge or information of any actual or alleged negligent act, error, omission, misstatement or misleading statement or breach of duty which might give rise to a future claim?
 Yes No If yes, provide full details:

17. **It is agreed that any claim or action arising from any negligent act, error or omission, misstatement or misleading statement or breach of duty, which is known to any Director or Officer prior to issuance of the policy shall be excluded from coverage.**

INITIAL _____

