

Application Supplement for Home Health Care, Nurse Registry, Infusion Therapy or Other Medical Staffing

Please attach the following information:

1. Name of Applicant: _____

2. Type of Firm (check all that apply):

- Home Health Care
- Infusion Therapy
- Nurse Registry
- Visiting Nurse Agency
- Other Medical Staffing _____

3. Date Established: / /

4. Location(s) where services are provided (total must equal 100%):

- _____ % Adult Day Care
- _____ % Assisted Living Facility
- _____ % Clinic/Doctor's Office
- _____ % Home
- _____ % Hospice
- _____ % Hospital
- _____ % Nursing Home
- _____ % Other Facility: _____

5. Employees / Independent Contractors – Annual Staffing:

Type of Employee / Independent Contractor	No. Full Time	No. Part-Time	Billable Hours Per Year
Employed Registered Nurse	_____	_____	_____
Contracted Registered Nurse	_____	_____	_____
Employed Licensed Practical Nurse	_____	_____	_____
Contracted Licensed Practical Nurse	_____	_____	_____
Employed Certified Nurse Assistant	_____	_____	_____
Contracted Certified Nurse Assistant	_____	_____	_____
Employed Nurse Practitioner/Physicians Asst.	_____	_____	_____
Contracted Nurse Practitioner/Physicians Asst.	_____	_____	_____
Employed Companion/Home Health Aide	_____	_____	_____
Contracted Companion/Home Health Aide	_____	_____	_____
Employed Social Worker	_____	_____	_____
Contracted Social Worker	_____	_____	_____
Employed Physical Therapist	_____	_____	_____
Contracted Physical Therapist	_____	_____	_____
Employed Other Medical _____	_____	_____	_____
Contracted Other Medical _____	_____	_____	_____

Notice to Applicant

This is a supplemental application and is subject to the same provisions concerning representation made in the general application originally submitted to obtain professional liability coverage.

I understand that the information submitted herein becomes a part of my Professional Liability Application and is subject to the same warranty and conditions. This Supplemental Application must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Name of Owner, Partner or Principal

Title

Signature of Owner, Partner or Principal

Date

Application for Specified Professions Professional Liability Insurance and Service and Technical Professional Liability Insurance

Claims Made Coverage or Claims Made and Reported Basis

Applicant's Instructions

This application can be found on our website at www.mxmsig.com.

Maxum Indemnity Company recognizes that our customers must have effective quality and risk management practices to compete in their industry. A sterling reputation is built from sound management and business practices which will consistently provide the quality service and value required by their customers.

This application will allow us to make the right decision regarding your insurance and assist you in analyzing your potential exposures to loss.

IMPORTANT: Please attach the following information about your services and company:

1. Complete narrative of your professional services provided. Attach literature, brochures, and other information which would best describe your work.
2. Resumes of all principals or partners.
3. Current complete financial information.
4. Your standard sales, service, or license contracts.
5. If requesting a prior retroactive date, a copy of the current policy.
6. Currently valued hard copy loss runs.

Applicant Information

1. Name of Applicant: _____
2. Principal Business Address: _____

(Street)
(County)

(City)
(State)
(Zip)
3. Address(es) of Branch Office(s): _____
4. Website Address(es): _____
5. Phone Number: (____) _____ Fax Number: (____) _____
6. Date organized: ____ / ____ / ____
7. Federal Tax Identification Number: _____
8. Number of Employees: Full Time: _____ Part-Time: _____ Seasonal: _____ Total: _____
9. Business is a: Corporation Partnership Individual Other
10. Is the Applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organization?..... Yes No
 If yes, are any services provided to such organization(s)? Yes No
 If yes, to either of the above, provide details: _____

Applicant Information

11. During the past five years, has the Applicant been involved in, or presently contemplating:
- (a) Any merger, consolidation or acquisition? Yes No
 If yes, please provide details: _____
- (b) A change in the nature of business operations? Yes No
 If yes, please provide details: _____
12. During the past five years, has the name of the Applicant been changed? Yes No
 If yes, please provide details: _____

Professional Activities and Specialty

1. Describe all professional services performed for others and indicate the percentage of gross revenues derived from each activity.

Professional Services	Percent of Gross Revenues
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

2. Estimate annual gross revenues for the coming year:\$ _____
- (a) Percentage of annual gross revenues for the coming year:
- i. Domestic %
- ii. Foreign %
- (b) Annual gross revenues for the last three (3) years:
- i. Last twelve months: Year _____ \$ _____
- ii. 1st Prior Year: Year _____ \$ _____
- iii. 2nd Prior Year: Year _____ \$ _____

3. Describe Applicant's five largest jobs in the last three (3) years:

Client Name	Professional Services	Gross Revenues
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Is the Applicant engaged in any business or profession other than as described above? Yes No
 If yes, please describe: _____
5. Were more than 50% of the Applicant's gross revenues for any of the last three (3) years derived from any one contract? Yes No
 If yes, please specify client, professional services and duration of contract: _____
6. Does the Applicant utilize the services of independent contractors or sub-consultants? Yes No

Professional Activities and Specialty continued

If yes, please indicate percentage of billings and whether a certificate of professional liability insurance is required of each: _____

7. (a) Does the Applicant, any of its subsidiaries and/or affiliates build, service, repair, install, manufacture or fabricate anything? Yes No

(b) Does the Applicant, any of its subsidiaries and/or affiliates sell any product other than computer software? Yes No

If yes, to either (a) or (b) please describe: _____

8. Is any partner, owner, officer, director or employee of the Applicant a certified public accountant, an attorney or lawyer, an architect or engineer, a provider of any form of healthcare services or responsible for supervision or management of others who are providers of healthcare services? Yes No

If yes, please advise of the name of the individual(s), their position(s) with the Applicant and the nature of services they perform for clients of the Applicant:

Claims/History

1. During the last five years, have there been any professional liability claims against the Applicant, its predecessors, subsidiaries, affiliates, employees and/or against any other person or entity proposed for its insurance? Yes No

If yes, please attach complete details including description of allegations, status of claim, amounts demanded or paid, date of claim and action taken to prevent the same type of claim in the future.

2. Is (are) any person(s) or entity(ies) proposed for this insurance aware of any fact, circumstances or situation which might afford grounds for any claim, such as would fall under the proposed insurance? ... Yes No

If yes, please provide details:

3. Has any insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates, employees and/or for any other person or entity proposed for this insurance in the last five (5) years? Yes No

If yes, please attach a copy of such insurer's notice.

4. Has the Applicant and/or any of its directors, officers and/or employees its predecessors, subsidiaries, affiliates, employees and/or any other person or entity proposed for this insurance been involved in or have knowledge of any pending or completed governmental regulatory, investigative or administrative proceedings? Yes No

If yes, please attach a copy of the outcome of such proceedings.

Claims/History continued

5. Previous Professional Liability Insurance:

Policy Period	Insurer	Claims Made or Occurrence policy	Limits	Deductible	Retro Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

6. Does the Applicant carry General Liability Insurance? Yes No

If yes, please provide: Insurer: _____ Limits: _____

Does coverage include Products/completed Operations Hazards? Yes No

Notice to Applicant

The undersigned is an authorized employee of the prospective Named Insured and certifies that reasonable inquiry has been made to obtain answers to these questions. The answers are true, correct, and complete to his/her best knowledge and belief.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject civil penalties or criminal punishment.

Any changes in your operation must be reported to your agent.

Claims Made Coverage - Notice to Applicant

The coverage applied for is solely as stated in the policy. The policy provides coverage on a claims made basis for those claims that are first made against the insured during the policy period and after the retroactive date, unless the extended reporting period option is purchased in accordance with the terms of the policy.

WARRANTY: I warrant to the insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein.

Signing this application shall not obligate the insurer to bind coverage. It is agreed this application shall be the basis upon which a policy may be issued if the insurer accepts and provides evidence of coverage.

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date