

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

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 www.scottsdaleins.com

ADULT DAY CARE GENERAL LIABILITY APPLICATION

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

 Web site Address: _____

Agency Name: _____
 Agent: _____
 Address: _____

 E-mail: _____
 Phone: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

Limits Of Liability & Deductible Requested:

General Aggregate (other than Products/Completed Operations)		\$
Products & Completed Operations Aggregate		\$
Personal & Advertising Injury (any one person or organization)		\$
Each Occurrence		\$
Damage To Premises Rented To You (any one premise)		\$
Medical Expense (any one person)		\$
Errors and Omissions Coverage (Included up to General Liability Limits)	Each Claim Aggregate	\$ \$
Sexual and/or Physical Abuse Coverage (Included up to \$100,000/\$300,000 limits—cannot exceed General Liability Limits)		<input type="checkbox"/> \$100,000/\$300,000 <input type="checkbox"/> \$300,000/\$300,000 <input type="checkbox"/> Other
Other Coverage, Restrictions, and/or Endorsements:		\$
Deductible		\$

1. **Number of years in business?** _____

2. **Is applicant licensed?** Yes No
 Is a license required by the state? Yes No
3. **What is maximum number of clients permitted by license?** _____
4. **What is maximum number of clients on premises at any one time?** _____
 Average daily attendance? _____
5. **Describe all activities at this facility:** _____

6. **Indicate type of facility:** Social Medical Mental
7. **Indicate type of counseling, if any, provided:** Financial Medical
8. **Is this an in-home facility?** Yes No
 If yes, explain: _____

9. **Is there a swimming pool on the premises?** Yes No
 If yes:
 a. Number of pools: _____
 b. Pool area fenced with self-latching gate? Yes No
 c. Depths marked? Yes No
 d. Rules posted? Yes No
 e. Life safety equipment at poolside? Yes No
 f. Is there a diving board, platform, or slide? Yes No
 g. Is a certified lifeguard or CPR certified attendant present at all times? Yes No
 h. Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? Yes No
10. **Describe any special equipment on premises:** _____

11. **Any off-premises field trips?** Yes No
 If so, how many? _____ Describe: _____

12. **Describe the building, including age, construction, number of stories, alarms, sprinklers, etc.:** _____

13. **Are there any non-ambulatory attendees?** Yes No
 If yes: How many? _____
14. **Are there any Alzheimer's afflicted adults?** Yes No
 If yes: How many? _____
 Are all exits equipped with anti-wandering devices? Yes No
15. **Describe how injuries or illnesses are handled:** _____

16. **Is there a doctor on staff or on call?** Yes No
 If yes, explain: _____

17. Does applicant have Workers' Compensation coverage in force? Yes No
18. Ratio of caregivers to clients: _____
19. Total number of employees: _____
20. Does applicant subcontract any operations? Yes No
 If yes:
 a. Description of operations subcontracted: _____
 b. Annual cost of subcontracted work: _____
 c. Are all subcontractors required to carry General Liability Insurance? Yes No
 If yes, minimum limits required: _____
 If no, what percentage of total subcontracted costs are uninsured? _____
 d. Are all subcontractors required to carry Workers Compensation Insurance? Yes No
 e. Are certificates of insurance required from all subcontractors? Yes No
 f. Is applicant included as an additional insured on all subcontractors' policies? Yes No
21. Is there any overnight exposure? Yes No
 If yes, explain: _____

22. Is there any physical therapy exposure at this facility? Yes No
23. Is there any administering of medicine at this facility? Yes No
 If yes, explain: _____

24. Has the applicant had any previous or pending allegations of sexual and/or physical abuse? Yes No
 If yes, explain: _____

25. During the past three years, has any company ever cancelled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri) Yes No
 If yes, explain: _____

26. Does applicant have an accident and health policy? Yes No
 If yes, what limits? _____
27. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No
 If yes, describe: _____
28. Does applicant have other business ventures for which coverage is not requested? Yes No
 If yes, explain and advise where insured: _____

29. Additional Insured Information:

Name	Address	Interest

30. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium			

31. Loss History:

<p>Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses last three years.</p>				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO ALABAMA APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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 of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

FRAUD WARNING (Applicable in Tennessee, Virginia and 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.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.