Richmond National Insurance Company
11013 West Broad Street, Ste 300
Glen Allen, VA 23060

RENEWAL RESIDENTIAL FACILITY APPLICATION

I. INSTRUCTIONS

1. Completion of this application neither binds coverage nor guarantees that a quote or policy will be issued.
2. Requested coverage is not automatically provided. Read your quote carefully. The policy, if issued, will determine actual coverage.
3. All questions must be answered. If a question does not apply, write "N/A." If more space is needed, continue a separate sheet, and indicate the question number.
4. Some questions require supporting documentation. Provide all requested documentation with the fully completed application, signed and dated by the owner, partner, or legal officer.
5. The following Information/Documentation must be submitted prior to binding if applicable.
   - **5-year previous carrier loss runs, valued within the last 45 days**
   - **Copies of State Inspections, Complaint Investigations, and Facility License**

II. APPLICANT INFORMATION - TO BE COMPLETED BY ALL APPLICANTS

1. Applicant (first named insured):

2. Additional named insureds:

3. Mailing address:

4. Physical address: Check here if same as mailing ☐ - **If a large quantity of locations needs to be scheduled, please provide a separate schedule of locations (Excel Spreadsheet preferred)**

5. Website: Year Established:

6. Legal Structure:

☐ Corporation ☐ Joint Venture ☐ LLC ☐ Sole Proprietorship

7. Enterprise is:

☐ Non-profit ☐ For-Profit ☐ Governmental

8. Gross Revenue:

	Projected Next 12 Months	Past 12 Months
Medicare		
Medicaid		
Charitable		
Private Pay		
Total Gross Revenues		

9. Within the past 36 months or within the next 12 months, has the applicant or does the applicant expect to:

a) Merge, acquire or consolidate another entity? YES ☐ NO ☐

b) Enter into any new business activities or products being offered? YES ☐ NO ☐

If "Yes" Describe the essential terms of such transaction:

10. Does the Applicant own, operate, or manage any business or facilities other than the operations described in this Application?

YES ☐ NO ☐

If "Yes" please provide details, including name of entity and the Applicants ownership interest/management role.

11. What type(s) of Accreditations and/or state issued License(s) does the applicant carry?

12. Please provide detailed description of business operations and professional services provided by the applicant:

III. OPERATIONS INFORMATION: TO BE COMPLETED BY ALL APPLICANTS

13.

Classification/Bed Census	Total # of Licensed Beds:	Total # of Occupied Beds:
Skilled Nursing & Intermediate Care		
Assisted Living		
Assisted Living – Memory Care		
Elderly Independent Living		
Home for Persons with Mental and Physical Disabilities		
Youth Group Home		
Other Group Home / Shelter / Halfway House		
Substance Abuse Detox/Rehab/Sober Living		
Other (Please Specify Below)		

Other:

14. Provide the name & years of experience for the following:
   a. Director of Nursing Years of experience
   b. Facility Administrator Years of experience

15. Staff

Staff (all locations)	1st Shift	2nd Shift	3rd Shift	Staff (all locations)	1st Shift	2nd Shift	3rd Shift
Physician				Physician Assistant			
RN				Nurse Practitioner			
LPN				Social Worker			
Therapist				Counselor			
Caregiver/Aide				Admin/Clerical			
Pharmacist				Other (please describe)			

16. Do you conduct pre-employment screening and investigation? YES ☐ NO ☐

17. Are employees required to actively participate in continuing education? YES ☐ NO ☐

18. Do you have a written incident/occurrence reporting policy and procedures? YES ☐ NO ☐

19. Are there any animals on the applicant's premises? YES ☐ NO ☐

20. Is an assessment conducted for new patients and do all current residents have a pre-admission assessment on file and available for review? YES ☐ NO ☐

If yes, does this assessment include evaluation of:

Full body skin breakdown/Decubitis Ulcer	YES ☐	NO ☐
Mobility limitations	YES ☐	NO ☐
History of prior injuries/falls	YES ☐	NO ☐
Required assistance	YES ☐	NO ☐
Disorientation	YES ☐	NO ☐
Current medications	YES ☐	NO ☐
Wandering Risk	YES ☐	NO ☐

21.

Resident Census	Location 1	Location 2	Location 3
# of Licensed beds			
# of Occupied beds			
# of Male residents			
# of Female residents			
# of Independently Ambulatory			
# of Wheelchair bound			
# of Bedridden residents			
# of Severely/Profoundly Developmentally Disabled			
# of Mild/Moderately Developmentally Disabled			
# of Halfway House / Abused & Battered / Homeless Shelter			
# of Troubled Youth			
# of Foster Care / Transitional Youth			
Other Specify): _____			
Indicate number of residents in each age range:	____ 0-17 ____ 18-59 ____ 60+	____ 0-17 ____ 18-59 ____ 60+	____ 0-17 ____ 18-59 ____ 60+

22. Do you currently or plan to have any beds for residents with:

YES ☐	NO ☐	Traumatic Brain Injury
YES ☐	NO ☐	Chemical Dependency
YES ☐	NO ☐	Tube Feeding
YES ☐	NO ☐	Ventilator/Tracheostomy Services
YES ☐	NO ☐	Psychiatric/ Sociopathic/ Schizophrenic
YES ☐	NO ☐	Diagnosis of Pica

23. Have any residents eloped from your facility in the past 3 years? YES ☐ NO ☐

If "YES", please provide the number of incidents/ details.

24. Do any residents currently have bedsores? YES ☐ NO ☐

If “YES”, please complete the below:

Stage	Acquired	Inherited
I		
II		
III		
IV		

IV. ADDITIONAL INFORMATION

V. LOSS EXPERIENCE – If Yes, please provide details in our "ADDITIONAL INFORMATION" Section

25.	Has the applicant or any of its employees ever faced any limitations, suspensions, revocations, denials, or investigations by a licensing board or regulatory agency regarding their professional license or the authority to prescribe and dispense narcotics?	YES ☐ NO ☐
26.	Has the applicant or any of its employees ever faced charges or been found guilty of any offense, excluding minor traffic violations?	YES ☐ NO ☐
27.	Has the applicant or any of its employees ever received a diagnosis or undergone treatment for alcoholism, drug addiction, chemical dependency, mental illness, or chronic physical illness?	YES ☐ NO ☐
28.	Has the applicant ever had any insurance company rescind, cancel, non-renew, or decline similar insurance in the past? *If yes, please provide a detailed explanation.*	YES ☐ NO ☐
29.	Has the applicant or any other individual proposed for this insurance policy ever had a claim or lawsuit filed against them? **(Complete Supplemental Claims form for each.)**	YES ☐ NO ☐
30.	Are there any claims or do you possess any information that could reasonably lead to allegations of physical abuse or molestation?	YES ☐ NO ☐
31.	Is the applicant or any individual proposed for this insurance policy aware of any losses or claims that have not been reported to a previous insurance provider or any other entity that could potentially provide compensation? **(Complete Supplemental Claims form for each.)**	YES ☐ NO ☐
32.	Is the applicant or any individual proposed for this insurance policy aware of any acts, errors, omissions, facts, circumstances, incidents, situations, or requests for records from an attorney that could potentially give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the applicant or any individual proposed for this insurance? **(Complete Supplemental Claims form for each.)**	YES ☐ NO ☐

FRAUD WARNING

General Fraud Warning: 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.

For applicants in the following states, districts, and territories, the below notice supersedes the previous paragraph:

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.
Alaska	A 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.
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.
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.
California	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend

	insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
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 of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
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.
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.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
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.
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.
Louisiana	Any person who knowingly presents a false or fraudulent claims 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.
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 an 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.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
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.
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.
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 false or deceptive statement 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.
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.
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.
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.
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.
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.
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.

VI. ACKNOWLEDGEMENTS AND SIGNATURE

Applicant:

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant Signature: _____

Applicant Written Name and Title: _____

Date: _____

Agent/Broker:

1. If coverage is currently in place, does your office currently control this risk? ☐ Yes ☐ No

Agent or Broker Signature: _____

Agent or Broker Written Name and Agency/Brokerage: _____

Date: _____