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

RESIDENTIAL FACILITY RESIDENT CENSUS

I. INSTRUCTIONS

1. This census is an addendum to the Richmond National Residential Facility Supplemental Application and Richmond National Residential Facility Renewal Application. This census is to be completed in addition to, not as an alternative to, the applicable application.
2. 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.
3. This census should be completed for each location individually.

II. APPLICANT INFORMATION

1. First Named Insured: _____

   _____

2. Location Address: _____
   City: _____ State: _____ Zip: _____
   (This census is to be completed for each location individually)

III. RESIDENT CENSUS

1. Please complete this table regarding the demographic breakdown of your patients:

Description	# of Residents
Total number of residents	
Male Residents	
Female Residents	
Residents age 0 to 17	
Residents age 18 to 59	
Residents age 60 to 74	
Residents age 75 to 84	
Residents age 85+	

2. Are male and female residents separated by floor, building, or other means? ☐ Yes ☐ No
   a. If no, please clarify: _____

      _____

3. Are minor and adult residents separated by floor, building, or other means? ☐ Yes ☐ No
   a. If no, please clarify: _____

      _____

4. Are any residents a ward of the State or otherwise the legal responsibility of a government-appointed 3rd party? ☐ Yes ☐ No
5. Does this location accommodate family co-habitation on premise? ☐ Yes ☐ No
6. Are any residents at the facility as part of a court order or plea agreement? ☐ Yes ☐ No
7. Are residents at this location allowed to leave premises unattended? ☐ Yes ☐ No
8. Are there facilities at or adjacent to this location which are open to the public (e.g., a public park, basketball court, etc.)? ☐ Yes ☐ No
   a. If yes, please describe: _____

9. Please complete the following table regarding resident conditions:

Description	# of Residents	Description	# of Residents
Independently Ambulatory		Severely/Profoundly Mentally Disabled	
Wheelchair Bound		Mild/Moderately Mentally Disabled	
Bedridden		Halfway House/Homeless Shelter	
Dementia		Abuse/Domestic Violence Shelter	
Alzheimer's (Stage 1-5)		Troubled Youth	
Alzheimer's (Stage 6-7)		Foster Care/Transitional Youth	
Traumatic Brain Injury		Chemical Dependency	
Enteral Nutrition/Tube Feeding		Ventilator/Tracheostomy Services	
Psychiatric Disturbance (Schizophrenia, Anti-Social Personality Disorder, etc.)		Prior suicide attempts or Intentional self-harm behaviors	
Diagnosis of Pica		Hospice/Terminal illness	

12. If you have residents who are wheelchair bound or bedridden, do you have an internal wound care team or outside wound care consultant? ☐ Yes ☐ No

13. Do you have the right to transfer residents whose needs exceed the services provided at this location? ☐ Yes ☐ No

14. Has ANY non-hospice resident died at this location in the last 3 years? ☐ Yes ☐ No
If yes, please attach additional details.

IV. ADDITIONAL PREMISE DETAILS

1. Do all resident rooms have a smoke alarm installed and tested at regular intervals? ☐ Yes ☐ No

2. Do all resident rooms have a pull cord or call button? ☐ Yes ☐ No
   a. Is response/monitoring done on-site? ☐ Yes ☐ No
   b. If no to a., who responds? _____

3. Are handrails installed in hallways and bathrooms? ☐ Yes ☐ No

V. ACKNOWLEDGEMENTS AND SIGNATURE

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 for 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 any 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 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 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.
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.
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 a 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.

Applicant:

By signing below, I declare that to the best of my knowledge all answers provided herein and any attached or appended documents are true, that no material facts have been withheld or misstated, and that my answers are based on a reasonable inquiry or investigation.

I understand that I have a continuing obligation to notify Richmond National of any material changes in the answers to the questions on this application which may arise prior to the effective date of any policy issued pursuant to this application, and I understand that any outstanding quotations may be modified or withdrawn based upon such changes at Richmond National's sole discretion. I understand that all written statements and materials furnished to Richmond National in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

I understand that completion of this form does not bind coverage, and that I will need to accept Richmond National's quotation prior to binding coverage and policy issuance.

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
2. If this application is completed on behalf of an insured, are you personally familiar with the applicant's operations? *(Application will need to be verified and signed by the applicant prior to binding if a quote is offered.)* ☐ Yes ☐ No

Agent or Broker Signature: _____

Agent or Broker Written Name and Agency/Brokerage: _____

Date: _____