

**EXCESS CASUALTY
NURSING HOME QUESTIONNAIRE**

Name of Insured: _____
 Location: _____
 Single Location or Number of Locations: _____

Building Information:

1. Date Built: _____
2. Number of Stories: _____
3. Are sprinklers installed in the building? No Yes (____%)
4. Does the building have Fire/Smoke alarms? No Yes
 If "Yes," please complete the following:
 - a. Type of System: _____ Manual _____ Automatic
 - b. Alarm is Sounded: _____ Locally _____ At Fire, Police, or other central alarm system
5. Fire Protection Class: _____
6. Distance to nearest Fire Station _____
7. Construction of the building is: Fire Resistive Frame Masonry
 Other _____
8. Any Non-Ambulatory patients above the first floor? No Yes
9. Was building originally constructed for its present use? No Yes
 If "No," please answer the following:
 - a. Date of conversion? _____
 - b. Does building meet local building code? No Yes
 - c. Original use of building? _____
10. How long has the home been in operation? _____
11. Does the home have written Safety Program? No Yes

FOLLOWING MUST BE COMPLETED:

12. Number of Licensed Beds: _____ Skilled Care
 _____ Intermediate Care
 _____ Assisted Living
 _____ Independent Living
 _____ Other _____
13. Percentage of patients over the age of 65? _____ %
14. Classify number of patients under the age of 65 that are:

_____	Alcoholic
_____	Surgical
_____	Psychiatric
_____	Drug Addicts
_____	Medical
_____	Tubercular
15. Number of Employees:

	1 st Shift	2 nd Shift	3 rd Shift
RNS	_____	_____	_____
LPNS	_____	_____	_____
Nurses Aids	_____	_____	_____
Employed Physicians	_____	_____	_____
16. Any claims paid or reserved in excess of \$25,000? No Yes
 If "Yes," please explain fully: _____

GENERAL FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, West Virginia

Any person who knowingly and willfully 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.

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.

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.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each 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.

Maine, Tennessee, Virginia, 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.

Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

Applicant's Signature Date

Agent's or Broker's Name (Please print) Telephone Number Agents Signature

License No. Date