Healthcare
Application Form

US

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

1.1 Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form.

Company name:

Primary address (Address, State, ZIP, Country):

Website:

Date the business was established (MM/DD/YYYY):

Number of employees: Employee Reference No. (ERN):

1.2 Please state your gross revenue in respect of the following years:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Domestic revenue:	$	$	$
International revenue:	$	$	$
Total gross revenue:	$	$	$
Profit (Loss):	$	$	$

Date of company financial year end (MM/DD/YYYY):

1.3 Please list names, location and descriptions of all legal entities, including subsidaries which this application is in respect of:

Section 2: Activities

2.1 Please provide a percentage breakdown of the services provided:

2.2 Please indicate the estimated number of patient encounters for the next 12 months:

2.3 Please confirm if the applicant maintains any beds for overnight stays: ☐ Yes ☐ No

2.4 Please state whether all professionals are subject to the following background checks: ☐ Yes ☐ No

a) Criminal and sexual offender registry checks: ☐ Yes ☐ No

b) Credentialing and verifying of professional certificate of licenses of all employees and independent contractors: ☐ Yes ☐ No

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2.5 Please state whether any doctor or provider has had a board action brought against them in the last 5 years: ☐ Yes ☐ No

If "yes", please provide further details:

2.6 Please state whether any medications are prescribed as a part of your services: ☐ Yes ☐ No

If "yes", please provide some details on what medications are being prescribed and confirm if there are any controlled substances:

2.7 Please provide a breakdown of your staff by numbers:

	Employed	Contracted
Aesthetician:		
Certified nursing assistant (CNA):		
Counsellor:		
Dental assistant/hygientist:		
Dietician / Coach:		
Fitness trainer:		
Home healthcare aide:		
Licensed Practical Nurse (LPN):		
Live-in companion:		
Masseuse:		
Medical assistant:		
Medical director:		
Medical technician:		
Nurse practitioner:		
Nursing administrator:		
Nutritionist:		
Optician:		
Optometrist:		
Pharmacist:		
Phlebotomist:		
Physical, Occupational and Speech therapist:		
Physicians assistant:		
Chiropractor:		
Psychiatrist		
Registered nurse:		
Social worker:		
Other: Please specify:		

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2.8 Please confirm if the following carry their own Professional Liability insurance policies:

a) Employees: ☐ Yes ☐ No

b) Placed Personnel: ☐ Yes ☐ No

c) Physicians: ☐ Yes ☐ No

d) Sub-contractors: ☐ Yes ☐ No

If you have answered "yes" to any of the above, please confirm the limits of their respective Professional Liability insurance policies:

2.9 Please confirm if you sell any products: ☐ Yes ☐ No

If yes, please provide full details:

2.10 Please confirm whether minors are always supervised by a parent or guardian: ☐ Yes ☐ No

Section 3: Cyber Security Risk Management (tick if no cover is required ☐)

3.1 Please describe the type of sensitive information you hold and provide an approximate number of the unique records that you a) store, b) process, c) access:

3.2 Please confirm the maximum number of records (PII/PHI) that someone could access at any one time:

3.3 Please describe the most valuable data assets you store:

3.4 Please confirm whether multifactor authentication is used on all remote access and email accounts: ☐ Yes ☐ No

If yes, please confirm whether full disk encryption is used as standard: ☐ Yes ☐ No

3.5 Please confirm how sensitive data is stored from point of collection to being at rest.

3.6 Please state:

a) who is responsible for IT security within your business (by job title):

b) how many years have they been in this position:

c) whether you comply with any internationally recognised standards for information governance: ☐ Yes ☐ No

If you have answered yes to c. above, please state the internationally recognised standards with which you comply:

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Section 4: Coverage History

4.1 Please provide details of any professional liability coverage purchased in the last five (5) years to date:

Policy period	Primary/ XS Limit	Deductible	Carrier	Annual Premium	Occurance or Claims Made	Retroactive Date

4.2 Please provide details of any general liability coverage purchased in the last five (5) years to date:

Policy period	Primary/ XS Limit	Deductible	Carrier	Annual Premium	Occurance or Claims Made	Retroactive Date

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Section 5: Claims Experience

5.1 Have you ever been declined or refused coverage, or had coverage cancelled or non-renewed: ☐ Yes ☐ No

5.2 Please state whether you are aware

a. which may result in a claim under any of the insurance for which you are applying to purchase in this application form: ☐ Yes ☐ No

b. which resulted in legal action being made against any of the companies to be insured within the last 5 years: ☐ Yes ☐ No

c. which has resulted in cease and desist orders been made against you: ☐ Yes ☐ No

d. which resulted in a partner or director being found guilty of any criminal, dishonest or fraudulent activity or being investigated by any regulatory body: ☐ Yes ☐ No

If you have answered "yes" to any of the above then please describe the incident, including the monetary amount of the potential claim or the monetary amount of any claim paid or reserved for payment by you or by an insurer. Please include all relevant dates, including a description of the status of any current claim which has been made but has not been settled or otherwise resolved:

Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit www.cfcunderwriting.com/privacy

Contact name: Position:

Signature: Date (MM/DD/YYYY):

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ALABAMA FRAUD WARNING: 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.

ARKANSAS FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment for 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 FRAUD WARNING: 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 FRAUD WARNING: 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.

DISTRICT OF COLUMBIA FRAUD 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 FRAUD WARNING: 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.

KANSAS FRAUD WARNING: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY FRAUD WARNING: 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.

LOUISIANA 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.

MAINE FRAUD WARNING: 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 denial of insurance benefits.

MARYLAND FRAUD WARNING: Any person who knowingly or willfully presents a false or fraudulent claim for payment for 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.

NEVADA FRAUD WARNING: Any person who includes any materially false or materially misleading information on an application for an insurance policy may be guilty of a crime and subject to penalties that include imprisonment, fines and denial of insurance benefits.

NEW JERSEY FRAUD WARNING: 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 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 civil fines and criminal penalties.

NEW YORK 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 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 FRAUD WARNING: Any person who, with the 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 FRAUD 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.

OREGON FRAUD WARNING: Any person who, with an intent to knowingly defraud or knowingly facilitate a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement or a material fact, may be guilty of insurance fraud.

PENNSYLVANIA 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.

PUERTO RICO FRAUD WARNING: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than $5,000 and not more than $10,000, or a fixed term of imprisonment for 3 years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of 5 years, if extenuating circumstances are present, it may be reduced to a minimum of 2 years.

RHODE ISLAND 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.

TENNESSEE FRAUD WARNING: 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.

VERMONT FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VIRGINIA FRAUD WARNING: 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 FRAUD WARNING: 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 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.