NEW ENGLAND EXCESS EXCHANGE

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

ADULT DAY CARE APPLICATION

Applicant Name _____
Mailing Address _____
City/State/Zip _____
Location Address _____
City/State/Zip _____
Effective Date _____
Years in business _____
Form of Business ☐ Individual ☐ Partnership ☐ Corporation ☐ Non-Profit Organization
Where is the business located? ☐ Commercial building ☐ Private residence

A. Commercial General Liability

1. Limits of Liability Requested:
   General Liability ☐ 100/200 ☐ 100/300 ☐ 300/300 ☐ 300/600 ☐ 500/500 ☐ 500/1Mil ☐ 1Mil/1Mil ☐ 1Mil/2Mil

B. Commercial Property (Optional):

1. a. Is property prohibited in our Coastal Guidelines? (If yes, decline property.) ☐ Yes ☐ No
   b. Cause of loss ☐ Basic ☐ Broad ☐ Special
   c. Property deductible ☐ 1,000 ☐ 2,500 ☐ 5,000 ☐ Other _____
2. Building Construction _____ Protection Class _____ Area _____ Sq. Ft.
   Building Age _____ Year of update to: Roof _____ Heating _____ Plumbing _____ Electric _____
3. Coverage Desired: **Limit** **Building & Business Personal Property**
   Building (No residential bldgs.):_____ ☐ RC ☐ ACV **Coinsurance** ☐ 80 ☐ 90 ☐ 100
   Bus. Personal Property _____ ☐ RC ☐ ACV
   Business Income _____ ☐ 50 ☐ 60 ☐ 70 ☐ 80 ☐ 90 ☐ 100 ☐ 125 or ☐ 1/3 ☐ 1/4 ☐ 1/6
4. List any loss payees or mortgagees to be added. _____

C.

1. Is the applicant a licensed commercial Adult Day Care Provider? ☐ No ☐ Yes
2. State license number _____ Years at this location _____
3. Maximum number of clients permitted by license _____ On site at any given time _____
4. Indicate client to supervisor ratio _____
5. Number of full time staff _____ Number of part time staff _____
6. Describe any specialized care given (Handicapped, Deaf, Invalid, etc.). _____

7. What are the days and hours of operation? _____

8. Are meals served? ☐ No ☐ Yes If yes, _____% prepackaged _____% cooked

9. What type of cooking equipment? _____

10. Type of fire protection for cooking equipment _____

11. If Ansul system, how often serviced? _____

12. Number of rooms in facility _____ Number of exits on each floor _____

13. Number and location of smoke detectors _____

14. How often does the insured schedule trips off premises? _____

15. How often, to where and farthest distance? _____

16. Describe type of background checks on all employees and volunteers? (Note if "none.") _____

_____

17. Please describe all the activities at this facility. _____

_____

_____

18. Indicate type of facility: ☐ Social ☐ Medical ☐ Mental

19. Indicate type of housing, if any provided: ☐ Social ☐ Medical ☐ Mental

20. Is this an in home facility? ☐ Yes ☐ No If yes, please explain. _____

_____

21. Is there a swimming pool on the premises? ☐ Yes ☐ No If yes, is it fenced? ☐ Yes ☐ No

22. Describe any special equipment on premises. _____

_____

23. Are there any non-ambulatory attendees? ☐ Yes ☐ No If yes, how many? _____

24. Are there any Alzheimer's afflicted adults? ☐ Yes ☐ No If yes, how many? _____

25. Are there any protective measures in place to prevent Alzheimer's afflicted adults from wandering? ☐ Yes ☐ No

If yes, describe. _____

_____

26. Describe how injuries or illnesses are handled. _____

_____

27. Is there a doctor or staff or call? ☐ Yes ☐ No If yes, please explain. _____

_____

28. Is there any overnight exposure? ☐ Yes ☐ No

29. Is there any physical therapy exposure at this facility? ☐ Yes ☐ No

30. Is there any administering of medicine at this facility? ☐ Yes ☐ No If yes, please explain. _____

_____

31. Submit details of any loss in the last 5 years. _____

_____

_____

_____

_____

_____

_____

_____ _____

Applicant Signature & Date

Producer Name & Address

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

COVERAGE NOT BOUND UNTIL APPROVED BY THE COMPANY.