



- ACE American Insurance Company
- ACE Insurance Company of Illinois
- Atlantic Employers Insurance Company

General Liability Application Supplement

Instructions:

- Complete this supplement if the applicant is requesting Professional Liability Coverage
- Please type or print clearly.
- Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the space.
- Provide any supporting information on a separate sheet using your letterhead and reference the applicable question number.
- Check all Yes or No answers.
- If any questions do not apply – please indicate with N/A.
- This form must be completed, dated and signed by a principal of your facility.

I. Contact Information

| | |
|--------------------------------------|--|
| Insured Name: | |
| Mailing Address: | |
| Practice Address: | |
| Effective Date Requested: | |
| Limit of Liability Requested: | |

II. Premises

| Location | Square Feet | Year Built | Type of Construction | # of Floors | Type of Fire Protection |
|-------------------------------|-------------|------------|----------------------|-------------|-------------------------|
| Patient Care Buildings | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| Other Buildings | | | | | |
| | | | | | |
| | | | | | |

| Parking Lots/Decks | | | | | |
|--------------------|--|--|--|--|--|
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Fire Protection Key: AS = Approved sprinkler H = Heat detector S = Smoke Detector A = Automatic alarm

| | | |
|---|------------------------------|-----------------------------|
| 1. Has the Applicant planned any new construction and/or abatement for the prospective policy period? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the applicant have: | | |
| A heliport? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ambulance and/or other emergency use vehicles? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Owned, leased and/or non-owned watercraft? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Owned, leased and/or chartered aircraft? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

III. Employee Benefits Liability:

| | | |
|---|------------------------------|-----------------------------|
| 1. Does the Applicant request this coverage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Number of employees: | | |
| 3. Number of employees covered by employee benefits plan: | | |
| 4. Retroactive date: | | |

IV. Other General Liability

| | | |
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| 1. Does the Applicant sponsor any sporting or social events? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please provide additional details to explain your response. | | |
| 2. Does the Applicant operate or control a day care facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes, please provide the following information: a. Number of Children: _____ b. Days and hours of operation: _____ | | |
| 3. Are day care services provided on premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are day care services open to the public? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

V. Products Liability

| | | |
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| 1. Does the Applicant sell any medical supplies and/or equipment? Annual Sales: _____ Percentage of Annual sales due to Pharmaceutical: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the Applicant rent or lease any medical or therapeutic supplies and/or equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the Applicant perform any maintenance or repairs on equipment sold or leased? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are all devices/equipment checked and documented as to condition prior to release? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does the Applicant perform preventive maintenance on all equipment/devices according to a written schedule? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is the Applicant named as an additional insured or vendor on the manufacturers' policy for any and all products? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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| 7. Does the Applicant obtain certificates of insurance from product suppliers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Are any products imported from a foreign manufacturer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are written instructions for product use provided to the buyer/user? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Does the Applicant modify the product in any way from its original use/form? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Does the Applicant re-package or re-label any items obtained from suppliers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Is any of the equipment sold under the Applicant's name? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Does the Applicant have a sales staff? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Is the sales staff trained by the manufacturer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Does the Applicant repair or sell used equipment of others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Are serial numbers of finished products shown on shipment invoices and are complete records kept of inventory shipments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Does the Applicant distribute oxygen cylinders? If Yes, are they pre-filled or do you fill them at your premise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Does the Applicant follow F.D.A and D.O.T regulations for the sterilization and transportation of oxygen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

19. Product Categories

- Category I EXPENDABLE ITEMS – intended for one-time usage and disposed (i.e. adhesive tape, bandages, hypodermic needles, etc.)
Sales Receipts _____
- Category II NON-EXPENDABLE ITEMS (DME) – Durable Medical Equipment excluding diagnostic or treatment equipment or devices. This category includes, but is not limited to hospital beds, bathroom safety bars, portable toilets, patient lifts or hoists, traction apparatus, ambulatory aids, walkers, strollers, canes, crutches, wheelchairs, and prosthetic devices and IV stands.
Sales Receipts _____ Lease Receipts _____
- Category III DIAGNOSTIC OR TREATMENT DEVICES – includes treatment devices or equipment not used to sustain life or perform critical life monitoring functions. This category includes items such as blood pressure gauges, IV pumps, portable EKG machines or sensing devices.
Sales Receipts _____ Lease Receipts _____
- Category IV LIFE SUSTAINING OR CRITICAL LIFE MONITORING EQUIPMENT OR DEVICES. This category includes oxygen and other medical gases used in conjunction with respiratory therapy, dialysis or heart/lung machines, SIDS monitors or any other life dependent monitors or any other equipment or devices that malfunction. Failure or improper function of which, could result in the death or serious deterioration of the patients' health condition.
Sales Receipts _____ Lease Receipts _____

VI. Hold Harmless and Indemnification Agreements:

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|--|------------------------------|-----------------------------|
| 1. Has the Applicant agreed to hold harmless or indemnify others under contract? If Yes, please provide sample contracts. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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VII. General Liability Insurance Information: (Please list the last 3 years starting with the current.)

| Policy Period | Carrier | Limits | Retention | Premium | CM/Occ |
|---------------|---------|--------|-----------|---------|--------|
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| Are you aware of any accident, circumstance or loss which is likely to result in claim? If Yes, please provide additional details to explain your response. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

NOTICE TO ARKANSAS APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE & VIRGINIA APPLICANTS: 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.

NOTICE TO ALL OTHER APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

THE APPLICANT AGREES TO COOPERATE WITH THE COMPANY IN IMPLEMENTING AN ONGOING PROGRAM OF LOSS-CONTROL AND WILL ALLOW THE COMPANY TO REVIEW AND MONITOR SUCH PROGRAMS THAT THE APPLICANT UNDERTAKES IN MANAGING ITS MEDICAL PROFESSIONAL EXPOSURES.

Signature of Applicant

Signature of Broker/Agent

Title

Date

Broker/Agent License Number:

Date

Signed by Licensed Resident Agent

(Where Required By Law)