Home Health Agency Insurance Application

Complete all sections. Attach currently valued loss runs (5 years) and a schedule of locations.

1 · APPLICANT INFORMATION

NAMED INSURED (EXACT LEGAL NAME)		
DBA / FACILITY NAME		FEIN
MAILING ADDRESS		
CONTACT NAME / TITLE	PHONE	EMAIL
ENTITY TYPE	YEARS IN OPERATION	YEARS UNDER CURRENT OWNERSHIP
STATE LICENSE NUMBER(S)		LICENSE EXPIRATION

2 · COVERAGE REQUESTED

☐ Property	☐ General Liability	☐ Professional Liability
☐ Workers' Compensation	☐ Employment Practices	☐ Commercial Auto
☐ Hired & Non-Owned Auto	☐ Excess / Umbrella	☐ Crime
☐ Cyber	☐ Surety / Patient Trust Bond	☐ Other: _____

REQUESTED EFFECTIVE DATE	CURRENT EXPIRATION DATE
CURRENT CARRIER(S)	CURRENT ANNUAL PREMIUM

3 · AGENCY PROFILE — HOME HEALTH

ANNUAL VISITS (ALL DISCIPLINES)	ACTIVE PATIENT CENSUS	SERVICE RADIUS (MILES)
ANNUAL GROSS REVENUE	ANNUAL PAYROLL (W-2)	ANNUAL 1099 / CONTRACTED COST

MEDICARE CERTIFIED (Y/N)	ACCREDITATION (ACHC, CHAP, TJC)

Services provided (check all that apply)

☐ Skilled nursing visits	☐ Physical therapy	☐ Occupational therapy
☐ Speech therapy	☐ Home health aides	☐ Medical social services
☐ Private duty / non-medical	☐ Pediatric care	☐ Infusion / IV therapy

Workforce

W-2 FIELD EMPLOYEES (#)	1099 CONTRACTORS (#)	OFFICE STAFF (#)
☐ Criminal background checks on all staff	☐ License verification at hire & renewal	☐ Competency evaluations documented
☐ Staff use personal autos for visits	☐ Agency-owned vehicles	☐ MVR checks on drivers

4 · LOSS HISTORY

List all claims and incidents in the past 5 years across all lines, or check: ☐ No losses in the past 5 years

CLAIMS / INCIDENTS (DATE, LINE OF COVERAGE, DESCRIPTION, AMOUNT PAID OR RESERVED, OPEN OR CLOSED)

Attach currently valued carrier loss runs for the past 5 years for each line of coverage requested.

5 · ATTACHMENTS CHECKLIST

☐ 5-year loss runs	☐ Schedule of locations	☐ Statement of values
☐ Current dec pages	☐ Payroll by class code	☐ Vehicle schedule (if auto)

6 · SIGNATURE

The undersigned represents that the statements in this application are true and complete to the best of their knowledge, and understands that this application does not bind coverage. Coverage availability, terms, conditions, and pricing are subject to underwriting approval by the insurance carrier.

APPLICANT SIGNATURE	TITLE	DATE

Return the completed application and attachments through the upload page at bedrockglobalins.com or to contact@bedrockglobalins.com · 818-937-1827