Hospice 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 — HOSPICE

AVERAGE DAILY CENSUS (ADC)	ANNUAL ADMISSIONS	ANNUAL PATIENT DAYS
ANNUAL GROSS REVENUE	ANNUAL PAYROLL (W-2)	MEDICARE CERTIFIED (Y/N)

Levels of care provided (check all that apply)

☐ Routine home care	☐ Continuous home care	☐ General inpatient (GIP)
☐ Inpatient respite	☐ Own inpatient unit	☐ GIP via contracted facilities

Care settings (check all that apply)

☐ Private residences	☐ SNFs (contracted)	☐ ALFs / RCFEs (contracted)
☐ Hospitals (contracted)	☐ Own facility	☐ Other: _____

Programs and workforce

ACTIVE VOLUNTEERS (#)	VOLUNTEER COORDINATOR (Y/N)	BEREAVEMENT PROGRAM (Y/N)

MEDICAL DIRECTOR (EMPLOYED / CONTRACTED)	NUMBER OF CONTRACTED FACILITIES

☐ Background checks on staff & volunteers	☐ Staff use personal autos for visits	☐ 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