



# RCFE Liability Insurance Proposal

Professional / General / Abuse

**NAMED INSURED:** ABC Care Home LLC

**LOCATION:** ABC Care Home: 1234 Sample Way Sacramento, CA 92258

**EFFECTIVE DATE:** July 1, 2015

**CARRIER:** Lloyd's of London A+ Rated (Excellent) XV" // Non-Admitted Carrier (Claims Made & Incident Sensitive)

<b>COVERAGE:</b>	<b>General Liability aggregate</b>	\$ 3,000,000
	<b>Professional Liability aggregate</b>	\$ 3,000,000
	<b>Abuse/Sexual Liability aggregate</b>	\$ 3,000,000
	<b>Personal / Bodily Injury aggregate</b>	\$ 3,000,000
	<b>Each Occurrence (GL, PL, Abuse)</b>	\$ 1,000,000
	<b>Damage to Rented Premises</b>	\$ 50,000
	<b>Medical Expense (any one person)</b>	\$ 5,000

**DEDUCTIBLE:** Per Claim Deductible \$ 1,000

Premium	\$ 1,360.00
Policy Fee	\$ 150.00
Broker Fee	\$ 233.00
CA Tax	\$ 45.30
Stamp Fee	\$ 3.02
<b>TOTAL PREMIUM</b>	<b>\$ 1,791.32</b>

**DOWN PAYMENT** (Includes CA Surcharges, Taxes & Broker Fee): \$ 559.04

**(10) TEN INSTALLMENTS OF:** (Includes any finance charges): \$ 133.03

Payment of Premium can be Paid in FULL or FINANCING is available with a down payment listed above due upon signing, payable to Built Insurance Brokerage LLC. The minimum earned premium is 25% of the Premium plus taxes and fees if cancelled.

The applicant agrees to and understands there is additional cost to finance built into the installments each month. The applicant hereby acknowledges that all policy fees are fully earned at the inception date of the policy and are not returnable if the policy is cancelled. The undersigned, being authorized by and acting on behalf of the prospective insured(s), represents that the answers, information, facts and representations given in this application are complete, true and accurate. Failure to provide truthful answers and all material information may result in the company electing to deny all claims relating to or cancel, reform and/or rescind the insurance policy.

Premium Financing is through Capital Premium Finance. By signing this agreement you are stating that you understand this Policy DOES NOT include Commercial Property, EPLI and Workers Compensation Insurance.



Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# Application Questions: (CIRCLE YES OR NO)



Does the applicant do background checks as part of pre-employment screening?

Yes No

Does the applicant have formal procedures for the assessment of the appropriate level of care for all residents?

Yes No

Has any insurance company ever cancelled, non-renewed, or declined to accept the applicant's professional or general liability insurance?

Yes No

Has the applicant, its owners, management or shareholders ever been convicted for an act committed in violation of any law or ordinance other than a misdemeanor?

Yes No

Is the applicant aware of any claims or suits brought against you or any circumstances which may result in a claim or suit being made or brought against them?

Yes No

Has the applicant even been the subject of disciplinary or corrective proceedings by any regulatory or movement body?

Yes No

Does applicant operate a facility "outside" the compliance required Department of Social Services, CCLD CA regulations and guidelines including ongoing updates to CA Code Regulations, Title 22?

Yes No

If the applicant discovers, at any time, that any fact or representation made in this or in any electronic or physical document provided by or on behalf of the applicant to the company is false, misleading or inaccurate in any manner, the applicant must inform the company of such change, in writing, and any policy issued before such notification is subject to immediate cancellation. The applicant warrants that the information provided in this application related to the applicant's general liability and professional liability claims and loss history is correct and accurate. The applicant understands that any misrepresentations or omissions shall constitute grounds for recession of coverage and denial of claims. The applicant hereby authorizes the company to conduct any investigation and inquiry in connection with this application as it may deem necessary. The terms, provisions, conditions, limitations and exclusions contained in the insurance policy specimen sample online and will be the same upon issuance. You should carefully review the entire insurance policy with your agent or other insurance professional to ensure you're understanding of the coverage it provides, as well as the coverage excluded and your rights and obligations under the insurance policy. Information contained on our website labeled as Disclosures, Terms and Conditions and Privacy act, in this proposal is intended to provide you with a brief overview of the coverages provided for reference purposes only. It is not intended to provide you with all policy exclusions, limitations and conditions. The precise coverage afforded is subject to the terms, conditions, and exclusions of the policies issued.

By signing this application, the applicant warrants and represents that each of the facts and representations contained in this application, along with all other information supplied by or on behalf of the applicant, are true, complete and accurate. The applicant understands and agrees Built Insurance Brokerage LLC to be their broker representation for this policy, owner of the website/program Insuremyrcfe.com. The applicant understands that we have relied upon the information contained in the online application and information pulled from the DSS/CCLD public record database among other public records and seen here within, to determine eligibility and acceptability of the risks, rates and coverage. You agree that all Independent Contractors will be contracted, licensed and insured in order to be listed as an additional insured on your policy.



Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_