CNA HEALTHCARE AGING SERVICES
ADDITIONAL LOCATION APPLICATION

Application To Be Used Only With Main Supplemental Application For Additional Insured Locations

Applicant /Facility Information - Location # _____

Facility Name: _____ Website Address: _____

Facility Address: _____ Federal Employer ID #: _____

City: _____ State: _____ Zip: _____ Provider ID: _____

Year ownership acquired the facility: _____

Facility Licensure Information

Has this facility had its license suspended, revoked or placed on probation in the last five (5) years? ◯ Yes ◯ No

Has Medicare or Medicaid Certification been revoked or suspended in the last five (5) years? ◯ Yes ◯ No

Has this facility been the subject of federal/state fines, sanctions or civil monetary penalty against it or any of its staff? ◯ Yes ◯ No

If the answer to any of the above questions is "Yes", please provide details on your letterhead in a separate attachment to this Application.

Does this facility participate in a State Patient Compensation Fund (IN, KS, LA, PA)? ◯ Yes ◯ No

Administration

Name of Administrator: _____ License Number: _____ State: _____

Year started as Administrator: _____ Year started at this facility: _____

Full time at this facility ◯ Yes ◯ No

Name of Director of Nursing (DON): _____ Professional credentials: ◯ RN ◯ LPN

Year started as DON: _____ Year started at this facility: _____

Medical Director

Name of Medical Director: _____ License Number: _____ State: _____

Medical Specialty: _____ ◯ Employee ◯ Independent Contractor

Year started as Medical Director: _____ Year started at this facility: _____

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Staffing

Category	1st Shift				2nd Shift				3rd Shift			
	SNF	ALF	MC	ILF	SNF	ALF	MC	ILF	SNF	ALF	MC	ILF
RN												
LPN/LVN												
CNA												
Agency												
Pool												

Does this facility maintain the same staffing levels on each shift on weekends/holidays as weekdays? ◯ Yes ◯ No

If the answer to above is "No", please provide details: _____

Total Number of Employees: _____

Total employee turnover for prior 12 months is _____%

Classification

Resident Services	Licensure	Occupancy
Sub-Acute	Total Licensed Beds:	Average Occupancy:
Skilled Care	Total Licensed Beds:	Average Occupancy:
Intermediate Care	Total Licensed Beds:	Average Occupancy:
Assisted Living	Total Licensed Beds:	Average Occupancy:
Memory Care	Total Licensed Beds:	Average Occupancy:
Personal Care	Total Licensed Beds:	Average Occupancy:
Independent Living	Total # of Units:	Average Occupancy:
Post-Acute Care	Total Licensed Beds:	Average Occupancy:

Please indicate the percentage of residents by age range (100%): ____ <18 ____ 18-55 ____ 56-75 ____ >75

Is this facility approved for Medicare? ◯ Yes ◯ No If "Yes", please indicate the number of beds: _____

Is this facility approved for Medicaid? ◯ Yes ◯ No If "Yes", please indicate the number of beds: _____

Private Pay ◯ Yes ◯ No If "Yes", please indicate the number of beds: _____

If this facility is a multi-story building, are the non-ambulatory residents on the lower floors (1st or 2nd)? ◯ Yes ◯ No

Does this facility operate as a managed care provider? ◯ Yes ◯ No

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Non-Resident Services	Client Information	Revenue
Home Health Care (Social)	Total Annual Visits:	Annual Revenue:
Home Health Care (Medical)	Total Annual Visits:	Annual Revenue:
Adult Day Care (Social)	Total Number Licensed:	Annual Revenue:
Adult Day Care (Medical)	Total Number Licensed:	Annual Revenue:
Hospice	Annual Number of Clients:	Annual Revenue:
Meals on Wheels	Annual Number of Meals:	
Pharmacy ◯ Yes ◯ No	Open to Public ◯ Yes ◯ No	Annual Revenue:
Child Day Care ◯ Yes ◯ No	Open to the Public ◯ Yes ◯ No Average Attendance:	Annual Revenue:
PACE (Program of All-Inclusive Care for the Elderly) ◯ Yes ◯ No	If "**Yes**", please complete a PACE supplemental application	Annual Revenue:

Are any of the above Non-Resident services provided by independent contractors? ◯ Yes ◯ No

Additional Exposure	Open to the Public	Rating Basis
Pool ◯ Yes ◯ No	◯ Yes ◯ No	#
Hot Tub/Saunas ◯ Yes ◯ No	◯ Yes ◯ No	#
Community Centers ◯ Yes ◯ No	◯ Yes ◯ No	Sq. Footage:
Indoor Parking ◯ Yes ◯ No	◯ Yes ◯ No	Number of Spaces:
Restaurants ◯ Yes ◯ No	◯ Yes ◯ No	Total Revenue:
Tennis/Racquetball Courts ◯ Yes ◯ No	◯ Yes ◯ No	#
Exercise/Weight Room ◯ Yes ◯ No	◯ Yes ◯ No	#

	# of Residents by age			**# of Residents by age**	
Behavioral Health	**< 65**	**> 65**	**Behavioral Health**	**< 65**	**> 65**
Addiction Issues			Bipolar Disorder		
Post-Traumatic Stress Disorder			Developmental Disabilities		
Schizophrenia			Methadone Maintenance		
Traumatic Brain Injury			Criminal Justice Referred		

Does this facility have a formalized behavioral health program provided by outside mental health expert(s)? ◯ Yes ◯ No

Does this facility have a formalized behavioral health program provided by in-house resources? ◯ Yes ◯ No

Does this facility have a formalized behavioral health program? ◯ Yes ◯ No

Are Behavioral Health Residents housed separately from the rest of the population at this facility? ◯ Yes ◯ No

Indicate the number of current residents who receive the following types of ***Nursing Services***:

Classification	# of Residents
Catheter care:	
Ostomy care:	
Diabetes Care (including insulin injections)	
Medication injections:	
Medication administration:	
Enemas or suppositories:	
Continence care:	
Wound Care:	
Anticoagulation monitoring:	
On-Premises Dialysis Care:	
Ventilator Patient Care:	
Chemical Dependency Treatment:	
Mobility (ambulating, transferring to wheelchairs, etc.):	
Bowel and Bladder Management:	

Infection Control

Does this facility follow the CDC recommendations for infection control? ◯ Yes ◯ No

Does this facility provide and document staff training for infection control? ◯ Yes ◯ No

Does this facility have adequate supplies, such as Personal Protective Equipment, gloves, gowns, to support the infection control program? ◯ Yes ◯ No

Does this facility have a dedicated infection control nurse that monitors the program, conducts surveillance and tracks the organisms? ◯ Yes ◯ No

Does this facility have a qualified Infection Preventionist overseeing the facility infection control program? ◯ Yes ◯ No

Has this facility been cited for the following Tags 334, 441, 880, 881, 882, 883, 945 on CMS surveys within the past three (3) years? ◯ Yes ◯ No

If “Yes”, please identify the facility and date of citation and include a copy of the plan of correction (or paste in the space below) for each:

_____

_____

_____

_____

Has this facility had an outbreak of Norovirus, Scabies, Influenza, etc. within the past three (3) years? ◯ Yes ◯ No

If “Yes”, please identify the location and the date of such outbreak.

_____

_____

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Risk Management

Does this facility adhere to corporate risk management policies and procedures? ◯ Yes ◯ No

Additional Property/Life Safety Information

Type of construction: _____ Year Constructed: _____ # of Floors: _____

Was the building originally constructed for current occupancy levels? ◯ Yes ◯ No

If "No", please explain: _____

Have there been any water damage incidents in the past five (5) years? ◯ Yes ◯ No

If "Yes", have they been corrected? ◯ Yes ◯ No

Is this facility/campus protected (100%) throughout, including attic spaces, by an automatic sprinkler system? ◯ Yes ◯ No

If "Yes", have these systems been tested by a qualified contractor with results documented? ◯ Yes ◯ No

WARRANTY: I HAVE ANSWERED THE QUESTIONS IN THE APPLICATION TO THE BEST OF MY ABILITY AND DECLARE THAT, TO THE BEST OF MY KNOWLEDGE, THE STATEMENTS SET FORTH HEREIN ARE TRUE AND CORRECT. MY SIGNING OF THE APPLICATION DOES NOT BIND THE INSURANCE COMPANY TO ISSUE AN INSURANCE POLICY, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. I FURTHER UNDERSTAND THAT ANY INCORRECT OR INCOMPLETE STATEMENT IN THE APPLICATION COULD VOID MY COVERAGE IF A POLICY IS ISSUED.

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE:

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (For District of Columbia residents only: 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.) (For Florida residents only: 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.) (For Kansas residents only: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.) (For Louisiana residents only: 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.) (For Maine residents only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.) (For Maryland residents only: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.) ((For New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.) (For New York residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Oklahoma residents only: 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.) (For Oregon residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, may have committed a fraudulent insurance act, which which may be a crime and may be subject

to civil fines and criminal penalties.) (For Pennsylvania residents only: 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.) (For Puerto Rico residents only: Any person who knowingly and with the intention of defrauding, presents false information in an insurance application, or presents, helps or causes the presentation of a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction, shall be sanctioned for each violation with a fine of not less than five thousand dollars ($5,000) nor more than ten thousand dollars ($10,000); or imprisonment for a fixed term of three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established imprisonment may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.) (For Rhode Island residents only: 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. (For Tennessee residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. Penalties include imprisonment, fines and denial of insurance benefits.) (For Vermont residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.) (For Virginia residents only: (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.) (For Washington residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. 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.) (For West Virginia residents only: 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.)

A signature from the Applicant can be obtained electronically or as a "wet" signature prior to quote or binding.

If the Applicant decides to submit its signature electronically, the Applicant must check the "Accept" button below. By doing so the Applicant hereby consents and agrees that itsr use of a key pad, mouse or other device to check the "Accept" button constitutes its "signature", acceptance and agreement as if actually signed by the Applicant in writing and has the same force and effect as a signature affixed by hand. Further, the Applicant agrees the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of its signature of any resulting contract. After checking the "Accept" button the Applicant must type in the name of the person completing this application, including the Applicant's title and the date signed.

If the Applicant decides to submit a "wet" signature, the Applicant must sign, and add the title and date to the Application prior to quoting or binding.

SIGNATURE

☐ Accept

Name

Title

Date

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An insurance agent is required to transact your business with CNA.
Is your agency ◯ Retail OR ◯ Wholesale

Agency Name

Address

Individual Agent Submitting Application

E-Mail Address

Phone