



**AXIS INSURANCE**

10000 Avalon Blvd. Ste. 200

Alpharetta, GA 30009

Telephone: (678) 746-9000 | Toll-Free: (866) 259-5435 | Fax: (678) 746-9315

**AXIS HAS THE ABILITY TO OFFER COVERAGE ON AN OCCURRENCE FORM POLICY BASIS, ON A CLAIMS-MADE POLICY BASIS, AND WITH CLAIMS-MADE COVERAGES ATTACHED TO AN OCCURRENCE FORM POLICY.**

**SOLELY AS RESPECTS CLAIMS-MADE LIABILITY COVERAGES UNDER THE POLICY FOR WHICH THIS APPLICATION IS BEING SUBMITTED: THIS INSURANCE POLICY MAY CONTAIN COVERAGES THAT ARE PROVIDED ON A CLAIMS-MADE AND REPORTED BASIS AND APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD AND REPORTED TO THE INSURER AS SET FORTH IN THE REPORTING OF CLAIMS AND EVENTS SECTION. DEFENSE COSTS ARE INCLUDED IN THE LIMITS OF INSURANCE, AND PAYMENT THEREOF WILL ERODE, AND MAY EXHAUST, THE LIMITS OF INSURANCE.**

**ABOUT THIS APPLICATION**

- "Applicant," herein refers individually and collectively to all proposed insureds. All responses shall be deemed made on behalf of all proposed insureds.
- This Application and all materials submitted herewith shall be held in confidence.
- The submission of this Application does not obligate the Applicant to buy insurance nor is the Insurer obligated to sell insurance or to offer insurance upon any specific terms requested.
- If the policy applied for is issued, this Application, which shall include all Supplemental Applications and material and information submitted in connection with this Application, will be deemed attached to and will form a part of the policy.

**INSTRUCTIONS**

- Respond to all questions completely, leaving no blanks. Check responses when requested.
- If space is insufficient, continue responses on your letterhead.
- This Application must be completed, dated, and signed by an authorized officer of the entity identified in the section entitled "Applicant Information" below.

**APPLICANT INFORMATION**

1. Applicant's Name: \_\_\_\_\_
2. License Number: \_\_\_\_\_



**RESIDENTIAL MENTAL HEALTH SERVICES**  N/A

3. Please provide the following information for each facility:

Name of Facility, Facility Director and Address	Type of Facility (e.g. Drug/Alcohol Rehab, Mental Health, Developmental Disability, Eating Disorder)	Licensed Beds/ Ave. Occupied Beds	Patient Demographics	Staff to Patient Ratio
		____ Licensed ____ Occupied	___% <18 years ___% > 65 years	
		____ Licensed ____ Occupied	___% <18 years ___% > 65 years	
		____ Licensed ____ Occupied	___% <18 years ___% > 65 years	
		____ Licensed ____ Occupied	___% <18 years ___% > 65 years	
		____ Licensed ____ Occupied	___% <18 years ___% > 65 years	
		____ Licensed ____ Occupied	___% <18 years ___% > 65 years	
		____ Licensed ____ Occupied	___% <18 years ___% > 65 years	

4. Does the Applicant provide any involuntary treatment?  Yes  No

If yes, please describe: \_\_\_\_\_

5. Are any of the Applicant's facilities designated forensic hospitals?  Yes  No

6. Does the Applicant provide any services for sexual offenders?  Yes  No

7. Does the Applicant provide any detoxification services?  Yes  No

If yes, how many beds are dedicated to detoxification? \_\_\_\_\_

8. Are all patients screened by a physician prior to admission?  Yes  No

Does the screening evaluate:

a. Patient's risk of suicide or self-harm?  Yes  No

b. Current medications?  Yes  No

9. Does the Applicant have video surveillance at the facility?  Yes  No

If yes, please describe: \_\_\_\_\_



10. Are all windows in the Applicant's facility designed to be secure and prevent harm to patients?  Yes  No

11. Does the Applicant admit:

- Male  Female  Co-ed

If you admit male and female patients, how are residents separated? \_\_\_\_\_

12. Does the Applicant have formal policies and procedures including staff training for:

- a. Bed Checks?  Yes  No
b. Use of Restraints?  Yes  No
c. Sign In/Sign Out when residents leave the facility?  Yes  No
d. Medical emergency response?  Yes  No
e. De-escalation?  Yes  No
f. Ligature Risks?  Yes  No

Please provide copies of your de-escalation, bed check, restraint and ligature risk policies.

13. Is the Applicant or any of its staff appointed as the legal guardian or conservator for any of the Applicants residents/clients?  Yes  No

If yes, please provide the number of residents and details on processes in place to avoid allegations of abusing/exploiting the resident: \_\_\_\_\_

14. Does the Applicant provide any camps or outdoor/wilderness based behavioral health programs?

- Yes  No

OUTPATIENT MENTAL HEALTH SERVICES  N/A

15. Does the Applicant provide Medication Assisted Treatment (MAT)?  Yes  No

If yes, please provide details including the number of patients receiving MAT, the medications prescribed and the qualifications of the provider overseeing MAT: \_\_\_\_\_

16. Does the Applicant utilize Ketamine as a therapeutic agent?  Yes  No

If yes:

- a. Is a complete patient evaluation completed by a physician prior to prescribing Ketamine?  Yes  No
b. Is Ketamine administered:
 Intravenous
 Intranasal
 Intramuscular/ Subcutaneous
 Oral
c. Who administers Ketamine? \_\_\_\_\_



- d. Is ketamine used in conjunction with therapy?  Yes  No
- e. Are patients monitored for adverse effect for at least two hours after administration?  Yes  No
- 17. Does the Applicant provide any telemedicine services?  Yes  No

If Yes:

- a. Does the Applicant verify that the healthcare professional is licensed in the state where the patient is located?  Yes  No
  - b. What technology is used for telemedicine services: \_\_\_\_\_
  - c. Please describe the services provided by telemedicine: \_\_\_\_\_
18. Does the Applicant provide any Foster Care or Adoption services?  Yes  No

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### ABUSE AND MOLESTATION

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- 19. Does the applicant's hiring process include verification of whether any individual applying for employment has been convicted of any crime, including, but not limited to any sex-related or abuse offense?  Yes  No
- 20. Does the Applicant have a plan of supervision that monitors staff relationships with clients both on and off premises?  Yes  No
- 21. Does the applicant have a formal abuse prevention procedure(s) or program?  Yes  No
- 22. Are all staff regularly trained on abuse prevention procedure(s)?  Yes  No

If yes, please provide details: \_\_\_\_\_

- 23. Has the Applicant ever had an incident resulting in an allegation of sexual or physical abuse?  Yes  No

If yes, please provide details including the nature of the allegation, whether a claim was made, whether the staff member(s) is still affiliated with the Applicant, and actions taken to avoid a similar future incident:

\_\_\_\_\_

- 24. Is more than one person responsible for the welfare of any single patient?  Yes  No

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### REPRESENTATIONS AND SIGNATURE

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By signing this document, the undersigned authorized representative of the Applicant represents on behalf of all persons and entities proposed for coverage, after inquiry, that to the best of their knowledge:

- 25. The statements and answers given in, and all materials submitted with this Application are true, accurate and complete.
- 26. No facts or information material to the risk proposed for insurance have been misstated or concealed.
- 27. These representations are a material inducement to the Insurer to provide a proposal for insurance.
- 28. Any policy the Insurer issues will be issued in reliance upon these representations.
- 29. The Applicant will report to the Insurer immediately in writing any material change in the Applicant's activities,



products and services.

- 30. The Applicant will report to the Insurer immediately in writing any material changes to the answers provided in this Application which occur or are discovered between the date of this Application and the effective date of the policy for which coverage is sought by submission this Application.
- 31. The Insurer reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Insurer has offered.

**WARNING**

**PLEASE REVIEW THE STATE FRAUD STATEMENT CONTAINED AT THE END OF THIS APPLICATION APPLICABLE TO THE STATE IN WHICH THE APPLICANT RESIDES.**

***Any person who, with intent to defraud or knowingly facilitates a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.***

*This Application must be signed by the Applicant's Chief Executive Officer, Chief Financial Officer, Chief Operations Officer or General Counsel, or their functional equivalent, unless the Insurer instructs the Applicant otherwise.*

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<b>Name</b>	<b>Name (signature)</b>
<b>Title</b>	<b>Date</b>

Produced By:

Agent: \_\_\_\_\_ Agency: \_\_\_\_\_

Agency Taxpayer ID or SS No.: \_\_\_\_\_ Agent License No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



## **STATE FRAUD STATEMENT**

### **ALABAMA**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison or any combination thereof.

### **ARKANSAS**

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.

### **CALIFORNIA**

For your protection, California law requires the following warning to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **COLORADO**

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.

### **DISTRICT OF COLUMBIA**

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.

### **FLORIDA**

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.

### **KANSAS**

A "fraudulent insurance act" means an act committed by 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.

### **KENTUCKY**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.



### **LOUISIANA**

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.

### **MAINE**

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.

### **MARYLAND**

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.

### **NEW JERSEY**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **NEW MEXICO**

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.

### **NEW YORK**

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.

### **OHIO**

Any person who, with 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.

### **OKLAHOMA**

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

### **OREGON**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:



1. Material to the risk assumed by us; or
2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

### **PENNSYLVANIA**

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.

### **PUERTO RICO**

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 any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established 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.

### **RHODE ISLAND**

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.

### **TENNESSEE**

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.

### **VERMONT**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

### **VIRGINIA**

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.

### **WASHINGTON**

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.

### **WEST VIRGINIA**

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.



