

3D STAR INSURANCE SERVICES, INC.

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

GROUP HOME (NON-ELDERLY RESIDENTS) SUPPLEMENTAL APPLICATION

PLEASE ATTACH THE FOLLOWING:

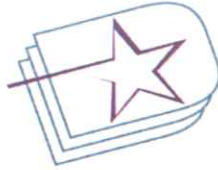
- **Current State Facility License**
- **State Survey/Inspection**
- **5 - year Currently valued loss runs**
- **Copy of Resident Agreement**
- **Brochures**
- **Copy of Insured's/Administrator's CV or Resume**

Applicant Name:	
Location Number:	
Location Address:	

Number of licensed beds:	Number of occupied beds:	
Range of client ages? _____	How many male? _____	How many female? _____
Patient Census	# Ambulatory	# Non-Ambulatory
Severely/Profoundly Retarded		
Mild/Moderately Retarded		
Psychotic or Sociopathic		
Schizophrenic		
Drug or alcohol rehab		
Emotionally disturbed/depressed		
Other (specify)		

FACILITY:

Is the insured a: <input type="checkbox"/> Building Owner <input type="checkbox"/> Tenant <input type="checkbox"/> General Lessee			
Construction of building:			
Year built:		Number of floors:	
Age of wiring:		When was wiring last updated?	
Number of fire escapes:		Is the building sprinklered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Local fire alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Central Station fire alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all bedrooms/hallways have smoke detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hard-wired or Battery operated detectors?	Circle one.
Are handrails provided in hallways and bathrooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Distance to the nearest fire station (in miles)?	



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ELOPEMENT CONTROLS:

What precautions are taken to keep track of patients?	
How many residents have eloped from your facility in the last 3 years?	
Are there sign out procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there alarms on doors to prevent clients from wandering from the residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No

STAFFING:

<u>Staff</u>	<u>1st Shift</u>	<u>2nd Shift</u>	<u>3rd Shift</u>	<u>Staff</u>	<u>1st Shift</u>	<u>2nd Shift</u>	<u>3rd Shift</u>
MD				Nurse Aids			
RN				Psychologist			
LPN				Counselor			
Nurse Aids				Therapists			
Psychologists				Other (specify)			

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In 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.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer.

Applicant's Name:

Signature

Title:

Date: