



## OUTPATIENT REHABILITATION RENEWAL APPLICATION

1. **Name of Applicant:** \_\_\_\_\_

(Provide names of all legal entities past and present that are intended for coverage. This would include any additional entities acquired this past year).

- 2. Do you want to change your current insurance structure?  Yes  No
- 3. Has the applicant had any change to their business operations over the past 12 months?  Yes  No  
 If "Yes" have the exposures and losses been included with this application?  Yes  No
- 4. Are there any plans to acquire other facilities within the next 12 months?  Yes  No
- 5. Has there been any change in where services are provided?  Yes  No

**If the answer is "yes" to any of the above, provide details on a separate sheet of your letterhead.**

6. Type of Services that provided at the facility:

| Therapies                         | Annual Percent of Total Services | Annual Number of Projected Outpatient Visits |
|-----------------------------------|----------------------------------|--|
| Aquatic Therapy                   | %                                |  |
| Athletic Training                 | %                                |  |
| Behavioral Health / Psychological | %                                |  |
| Cognitive Therapy                 | %                                |  |
| Driving, Adaptive                 | %                                |  |
| Hippotherapy                      | %                                |  |
| Occupational Therapy              | %                                |  |
| Orthotics / Prosthetics           | %                                |  |
| Physical Therapy                  | %                                |  |
| Prosthetics / Orthotics           | %                                |  |
| Recreation Therapy                | %                                |  |
| Sexuality                         | %                                |  |
| Social Services                   | %                                |  |
| Speech / Language / Audiology     | %                                |  |
| Sports Medicine                   | %                                |  |
| Vocational Training               | %                                |  |
| Other (describe):                 | %                                |  |
| Other (describe):                 | %                                |  |
| <b>TOTAL:</b>                     | %                                |  |

7. What percentage of therapies provided are diagnostic? \_\_\_\_\_%



8. Clinical Specialties (must equal 100%):

| <b>Specialty</b>       | <b>Percent</b> |
|------------------------|----------------|
| Cardiac                | %              |
| Hand                   | %              |
| Incontinence           | %              |
| Multiple Sclerosis     | %              |
| Neurorehabilitation    | %              |
| Orthopedic             | %              |
| Parkinson's Disease    | %              |
| Pulmonary              | %              |
| Spine                  | %              |
| Stroke                 | %              |
| Traumatic Brain Injury | %              |
| Vestibular Therapy     | %              |
| Other (describe):      | %              |
| Other (describe):      | %              |
| <b>TOTAL:</b>          | %              |

9. Provide an updated loss history dated within 60 days for the past 5 years (including the current year) on a report-year basis. Loss data must include the incident/occurrence date, report date/claim made date, expense payments, indemnity payments, expense reserves, indemnity reserves, description of allegation and close date.

**AUTHORIZATION**

**Signature in full**

**Date**

**Name - please print**

| Agency Name and Address | Person submitting application | Telephone Number | E-Mail |
|-------------------------|-------------------------------|------------------|--------|
|                         |                               |                  |        |

**This product will be underwritten in one of the CNA property/casualty companies. CNA is a registered service mark and trade name of CNA Financial Corporation**