



**CNA HEALTHCARE AGING SERVICES
RENEWAL APPLICATION**

This application must be completed and signed by the applicant. Please include with the application.

- Accord Applications
- Signed Statement of Values
- Aging Services Business Interruption Worksheet (if applicable)
- Current valued loss reports of prior carriers (5 years minimum)
- Most recent FYE balance sheet and income statement
- Brochures and/or advertising materials
- Resident Admission Agreement
- Resumes for Administrator and Director of Nursing (DON)
- Copy of facility license
- State survey reports - last two (2) years (Include all statements of deficiencies and Corrective Action Plans)
- Substantiated Complaint Survey(s) and Corrective Action Plans if complaint is within the last two (2) years
- Organizational chart including corporate structure
- Emergency Evacuation Plan

Applicant /Facility Information

Facility Name: _____ Website Address: _____
Facility Address: _____ Federal Employer ID #: _____
City: _____ State: _____ Zip: _____ Provider ID: _____
Year ownership acquired the facility: _____

Facility Licensure Information

Has any 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Has Medicare or Medicaid Certification been revoked or suspended in the last five (5) years?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 any 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 as a separate attachment to this Application.

Do any facilities participate in a State 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: _____



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Medical Director

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

Medical Specialty: _____ **Employee** **Independent Contractor**

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

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

Are facilities approved for Medicare? Yes No If "Yes", please indicate the number of beds: _____

Are facilities 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 facilities are multi-story buildings, are the non-ambulatory residents on the lower floors (1st or 2nd)? Yes No

Do any facilities 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		
Schizophrenia			Methadone		
Traumatic Brain Injury			Criminal Justice		

Do all facilities have a formalized behavioral health program provided by outside mental health expert(s)? Yes No

Do all facilities have a formalized behavioral health program provided by in-house resources? Yes No

Do all facilities have a formalized behavioral health program? Yes No

Are Behavioral Health Residents separate from the rest of the population at all facilities? Yes No



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Staffing

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

Do facilities 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 on your letterhead as a separate attachment to this Application.

Total Number of Employees: _____

Total employee turnover for prior 12 months is _____%

Nursing Services Rendered/Activities of Daily Living Services (ADL's) Rendered

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:	



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Infection Control

Have any facilities been cited for the Tags F880, F881, F882, F883, F945 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:

Have any facilities had an outbreak of Norovirus, Scabies, Influenza, COVID-19, Legionella, Methicillin-resistant staphylococcus aureus (MRSA), Hepatitis B or C, a Superbug (antibiotic resistant bacteria), or other communicable disease within the past three (3) years? Yes No

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

Has the facility completed the attached CMS Long Term Care (LTC) Infection Control Worksheet? Yes No

If "Yes", are the answers on the attached CMS Long Term Care (LTC) Infection Control Worksheet true and correct? Yes No

If "Yes", are all answers applicable to all facilities applying for insurance? Yes No

If the response for any individual facility differs from the answers on the CMS Long Term Care (LTC) Infection Control Worksheet, please describe below.

- If the responses to the above CMS Long Term Care (LTC) Infection Control Worksheet questions are "Yes", please attach the completed CMS Long Term Care (LTC) Infection Control Worksheet to this application and skip the remaining questions in the Infection Control section of this application.
- If the response to the CMS Long Term Care (LTC) Infection Control Worksheet question is "No", please complete all questions below in the Infection Control section.

Do all facilities follow the CDC recommendations for infection control? Yes No

Do all facilities have written infection control policies and procedures readily available that are based on evidence-based guidelines, regulations, or standards? Yes No

Do all facilities maintain a list of diseases reportable to public health authorities? Yes No

Do all facilities have a written plan for emergency preparedness (e.g., pandemic influenza or natural disaster)? Yes No



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Do all facilities have a written plan for outbreak response that includes a definition, procedures for surveillance and containment, and a list of syndromes or pathogens for which monitoring is performed?	Yes	No
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Do all facilities provide and document staff training for infection control?	Yes	No
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Do all personnel receive training and competency validation on hand hygiene at least every 12 months?	Yes	No
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Do all facilities routinely audit, monitor, and document adherence to hand hygiene practices?	Yes	No
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If "Yes", please describe the practices below.

Do all facilities have a protocol for monitoring and evaluating clusters or outbreaks of illness among healthcare personnel?	Yes	No
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Are adverse events related to breaches in infection control practices analyzed using root cause analysis in order to promote sustainable practice improvements throughout the facility?	Yes	No
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Do all facilities have a policy on Standard Precautions, which includes selection and use of PPE?	Yes	No
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Do all personnel receive training and competency validation on proper use and importance of PPE at least every 12 months?	Yes	No
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Do all facilities routinely audit, monitor, and document adherence to proper PPE practices?	Yes	No
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If "Yes", please describe the practices below.

Do all facilities have adequate supplies, such as Personal Protective Equipment, gloves, gowns to support the infection control program?	Yes	No
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Do all facilities offer face masks to coughing residents and other symptomatic persons upon entry to the facility?	Yes	No
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Do all facilities have a policy on Transmission-based Precautions that includes the clinical conditions for which specific PPE should be used?	Yes	No
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Do all facilities have an exposure control plan that addresses potential hazards posed by the specific services provided by the facility (e.g., blood-borne pathogens; TB screening of healthcare personnel)?	Yes	No
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Do all facilities have a dedicated infection control nurse that monitors the program conducts surveillance and tracks the organisms?	Yes	No
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Do all facilities have a qualified Infection Preventionist overseeing the facility infection control program?	Yes	No
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Do all facilities have written intake procedures to identify potentially infectious persons at the time of admission, including, but not limited to, documentation of recent antibiotic use; history of infections or colonization with <i>Clostridium difficile</i> or antibiotic-resistant organisms?	Yes	No
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Do all facilities have a written surveillance plan outlining the activities for monitoring and tracking infections occurring in residents?	Yes	No

Do all facilities have a process for reviewing infection surveillance data and infection prevention activities (e.g., presentation at a QA committee)?	Yes	No
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<p>If "Yes", does the Quality Assurance committee plan include monitoring and evaluating the activities of the infection control plan?</p>	<p>Yes</p>	<p>No</p>
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Do all facilities have written cleaning/disinfection policies that include routine and terminal cleaning and disinfection of resident rooms and high-touch surfaces in common area(s)?	Yes	No

Do all facilities have written cleaning/disinfection policies for reusable medical devices (e.g., glucose meters, wound care equipment, podiatry equipment) and other equipment that is shared among residents (e.g., blood pressure cuffs, stethoscopes, rehabilitation equipment) prior to use on another patient?	Yes	No

Do appropriate personnel receive job-specific training and competency validation on cleaning and disinfection procedures at least every 12 months?	Yes	No
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Do all facilities routinely audit, monitor and document the quality of cleaning and disinfection procedures? Yes No

Do all facilities provide necessary supplies for appropriate cleaning and disinfection procedures, including EPA-registered products effective against <i>C. difficile</i> and norovirus?	Yes	No

Are all answers above to Infection Control questions applicable to all facilities applying for insurance? Yes No

If the response for any individual facility differs from the answers above, please describe below.

[illegible]



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WARRANTY: I HAVE ANSWERED THE QUESTIONS IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS TO IT (HEREINAFTER COLLECTIVELY KNOWN AS "APPLICATION"), TRUTHFULLY, ACCURATELY, AND COMPLETELY, AND HAVE NOT WITHHELD ANY INFORMATION THAT WOULD INFLUENCE THE JUDGMENT OF THE COMPANY. MY SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. THIS APPLICATION WILL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. I AGREE THAT THE STATEMENTS IN THE APPLICATION SHALL BE DEEMED MATERIAL TO THE ACCEPTANCE OF THE RISK ASSUMED BY THE COMPANY UNDER THE POLICY, IF ISSUED, AND THAT THIS APPLICATION SHALL BE ON FILE WITH THE COMPANY AND SHALL BE DEEMED TO BE ATTACHED TO AND MADE PART OF THE POLICY, IF ISSUED, AS IF PHYSICALLY ATTACHED THERETO. I UNDERSTAND THAT ANY MISREPRESENTATION IN THE APPLICATION WILL RENDER THE POLICY, IF ISSUED, NULL AND VOID OR DEEM THE POLICY VOID AB INITIO SO THAT NO COVERAGE WILL BE AVAILABLE UNDER THE POLICY, IF 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 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.)



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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 its 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

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

This product will be underwritten by one of the CNA property/casualty insurance companies. CNA is a registered trademark of CNA Financial Corporation. Certain CNA Financial Corporation subsidiaries use the “CNA” trademark in connection with insurance underwriting and claims activities. Copyright © 2020 CNA. All rights reserved.