

## COVID-19 SAFETY PROCEDURES SUPPLEMENTAL APPLICATION

### INSTRUCTIONS

- This Application is in addition to the Healthcare Organizations New Business Application, or the Healthcare Organizations Renewal Application, which should be completed first by the Applicant.
- Answer ALL questions completely, leaving no blanks. If any questions, or any part thereof, do not apply, show "N/A" in the appropriate space.
- This Application must be completed and signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application.

### I. APPLICANT INFORMATION

<b>1.1</b> Applicant (Proposed Named Insured):	<b>1.4</b> Website(s):
<b>1.2</b> Applicant Business Address: City, State, Zip:	
<b>1.3</b> Contact Person: Email:	

### II. SAFETY PROCEDURES

<b>2.1</b> Is Applicant following the guidelines or interim guidelines published by the Centers for Disease Control (CDC) for healthcare professionals, which are applicable to applicant's business, including guidance on preventing the spread of COVID-19 and infection control (please refer to the CDC website at <a href="http://www.cdc.gov/coronavirus">www.cdc.gov/coronavirus</a> )?  If no, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.2</b> Is the Applicant providing its staff with appropriate personal protective equipment (i.e. gowns, N95 masks and gloves), and is such equipment being used by Applicant's staff at all times when appropriate (i.e. exposure to COVID-19 is suspected or confirmed)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.3</b> Are applicant's staff members checking in with patients, prior to seeing them in person, to determine whether or not they have symptoms consistent with COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.4</b> Does Applicant have a documented training procedure for its staff on the steps to detect COVID-19 symptoms in themselves, in other staff members, and in patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.5</b> Is Applicant recording daily temperature checks of its staff members, to ensure they are not at risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.6</b> Does Applicant you have a written procedure and action plan if a staff member or patient is showing symptoms? If yes, please provide a copy of such written procedure and plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.7</b> Is Applicant providing any telehealth services to it patients to help provide care? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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## FRAUD WARNINGS

**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 and subjects that person to criminal and civil penalties.**

### APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD only.

### APPLICABLE IN CO

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.

### APPLICABLE IN FL AND OK

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)\*. \*Applies in FL only.

### APPLICABLE IN KS

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.

### APPLICABLE IN KY, NY, OH AND PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY only.

### APPLICABLE IN ME, TN, VA AND WA

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 and denial of insurance benefits. \*Applies in ME only.

### APPLICABLE IN NJ

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

### APPLICABLE IN OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

### APPLICABLE IN VT

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.

## REPRESENTATIONS AND SIGNATURE

**By signing this Application, the undersigned represents, on behalf of the Applicant and all proposed insureds, the following:**

- a. **After conducting due diligence, the statements in the Application and Supplemental Application furnished to the Insurer are accurate and complete;**
- b. **Those statements furnished to the Insurer are representations Applicant makes on behalf of all proposed Insureds;**
- c. **Those representations are a material inducement to the Insurer to provide a premium proposal;**
- d. **If a policy is issued, the Insurer will have issued this Policy in reliance upon those representations;**
- e. **If there is any material change in the Applicant's condition or in the Applicant's activities, services, or answers provided in this Application that occurs or is discovered between the date this Application is signed and the Effective Date of any policy, if issued, Applicant will immediately report such material change to the Insurer in writing; and**
- f. **The Insurer reserves the right, upon receipt of such notice, to change or rescind any insurance proposal previously offered by the Insurer.**

As used above, the term "Insurer" refers to Capitol Specialty Insurance Corporation.

**NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED OR THAT ANY ITEMS REFERENCED IN QUESTIONS OR ANSWERS TO QUESTIONS WILL BE COVERED EVEN IF COVERAGE IS OFFERED AND BOUND.**

**This Application must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application.**

\_\_\_\_\_  
Signature of authorized representative of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Type / Print name of authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Date