



APPLICATION – ADULT DAY CARE
Licensed Facilities only
ACORD apps must also be submitted

Named Insured _____

Describe all activities at this facility. _____

Average daily attendance _____ Maximum number of clients permitted by license _____
Number of non-ambulatory clients _____ Number of patients under 18 or over 65 _____
Number of patients with dementia or Alzheimer's _____
Is convalescent care offered? [] Yes [] No
Is physical therapy provided? [] Yes. Give details [] No

Is medicine administered? [] Yes. Give details [] No

Client screening and acceptance procedures in place? [] Yes [] No
Current records maintained on all clients? [] Yes [] No
Any overnight operations? [] Yes [] No
Is there a doctor on the staff? [] Yes. [] No
Do you transport attendees? Submit if yes. [] Yes [] No
Mandatory pre-employment background checks [] Yes [] No
Any previous abuse incidents, arrests or convictions? [] Yes [] No

Physical/Sexual Coverage

[] \$25,000/\$50,000 [] \$100,000/\$300,000
[] \$50,000/\$100,000 [] \$300,000/\$300,000

Must indicate limit if coverage desired. No other limits available

Age of building _____ Construction _____ Number of floors _____
Total Square Footage _____
Date updated _____ Electric _____ Heating _____ Plumbing _____
Date of last inspection? Any deficiencies not corrected? [] Yes [] No
If yes, details. _____
Swimming Pool? If yes, must complete swimming pool supplement and submit. [] Yes [] No
In home facility? If yes, give details. Must submit to Maxum [] Yes [] No
Emergency lighting? [] Yes [] No
Has emergency evacuation plan been prepared? [] Yes [] No
Smoke detectors in all rooms? [] Yes [] No
Scheduled and unscheduled fire/emergency drills? [] Yes [] No
Anti-wandering alarms/devices on all exits if dementia/Alzheimer's patients accepted? [] Yes [] No

APPLICANT'S SIGNATURE: _____ DATE: ___ / ___ / ___