



CONNECTICUT UNDERWRITERS, INC.

P.O. Box 2784 421 Wadsworth Street Middletown, CT 06457-9284
860.347.9600 fax 860.347.9611

CONEXCOINSURANCE AGENCY
114 Turnpike Rd, Suite 109
Westborough, MA 01581
(508) 616-0016 FAX 508-616-0066
MA WATS 1-800-888-7830

NEW HAMPSHIRE UNDERWRITERS INS. AGENCY
116 South River Road, Bldg D, Suite 6A
Bedford, NH 03110
(603) 622-2231 FAX (603) 622-2655
WATS 1-800-562-2254

CONNECTICUT UNDERWRITERS, INC.
600 W. Germantown Pike, Suite 400
Plymouth Meeting, PA 19462-1046
(610) 260-1499 FAX (610) 828-8257

PERSONAL CARE ASSISTANT/HOMEMAKERS APPLICATION
(NON-NURSING)

- 1. Name of Applicant:
2. Individual Corporation Partnership Other (Explain)
Date Established
3. Street Address: Phone Number:
City: State: Zip:
Applicant's Web Site Address:
4. Provide full name(s) of individual and partners.
5. Applicant's premium is adjustable based on gross sales. Our auditor will verify applicant's sales.
If this information is kept by the applicant's accountant, please provide accountant's name, address and telephone number.

Table with 6 columns: Insurance Company, Year, Premium, Type? Occurrence/ Claims Made, Any Claims (check one), Description. Includes checkboxes for Occ, CM, Yes, No.

- 7. Is the applicant aware of any circumstances which may result in a claim?
8. Are applicant's employees or independent contractors responsible for monitoring any equipment?
If yes, please provide full description.
9. Please confirm all duties are non-medical and all customer's are in private homes.

Table with 5 columns: Number Employed, Number Contracted, Contractors Ins. Limits Required, 100% Home. Includes rows for Aides and Other.

11. Sales from employees: \$ Sales from independent contractors: \$
Sales from non-nursing operations: \$ Total Sales: \$
12. Does the applicant want Hired Auto and Non-owned Auto \$100,000 Sub-Limit?

- 13. Limits of Insurance Requested
General Aggregate Limit (Other than Products-Completed Operations)
Products-Completed Operations Aggregate Limit
Personal and Advertising Injury Limit
Each Occurrence Limit
Damage to Premises Rented to You (Up to \$50,000 limit available)
Medical Expense Limit (Up to \$5,000 limit available)
Each Professional Incident Limit (if applicable)

14. Effective Dates Desired - From: To:

Applicant's Signature Date:
Title Producing Agent

DOES THE APPLICANT DESIRE SEXUAL MOLESTATION COVERAGE? COMPLETE THIS SECTION IF REQUESTING SEXUAL MOLESTATION COVERAGE.

- 15. Has the facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct?
16. Have you or any employee, volunteer or other person working for you ever been arrested or convicted of a crime?
17. Describe all background checks performs (prior employer, police, references, etc.)
18. Are there written guidelines regarding sexual misconduct?
19. What steps have been taken to prevent or avoid a sexual misconduct incident?
20. Has any facility that applicant has been associated with in the past ever had any incidents occur or claims brought against it while applicant was there?
21. Please indicate the liability limits requested: \$25,000/\$50,000 \$50,000/\$100,000 \$100,000/\$300,000
If you answered "yes" to any questions, please provide details