



Safeguard Healthcare Supplement

Instructions

Please answer all questions. If the answer to any question is NONE, please print NONE. Attach separate sheets of paper as necessary. The application must be signed and dated by the highest ranking clergy or executive. PLEASE CAREFULLY READ STATEMENT AT THE END OF THE APPLICATION BEFORE SIGNING.

General Information

1 Name of Applicant: _____

Applicant details

2 Please complete employee grid below:

	Number employed	Number contracted	Number volunteer	% Male
Doctors/Physician Assistants				
Nurses				
Office staff				
Other (please describe)				
Totals				

Organization details

3 Please check yes or no in the grid below:

Services	Yes	No
Home care		
Nursing homes/assisted living		
Independent living		
Mental institutions		
Counselling		
Dialysis centers		
Blood donations		
Family planning		
Alternative medicine		
Physical therapy		
Doctors office		
Hospital		

Loss Prevention Efforts

4 Please check yes or no in the grid below:

Method	Yes	No
Security guards at facility		
Secure access to facility		
Cameras		

5 Detail any other methods of loss prevention _____

THE APPLICANT WARRANTS TO THE BEST OF ITS KNOWLEDGE AND BELIEF THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND INCLUDE ALL MATERIAL INFORMATION.

THE APPLICANT FURTHER WARRANTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY PERIOD, IT WILL IMMEDIATELY NOTIFY US OF SUCH CHANGE. SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER NOR THE APPLICANT TO ACCEPT INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE AND WILL BE ATTACHED AND MADE PART OF THE POLICY SHOULD A POLICY BE ISSUED. IF AN EXCESS POLICY IS ISSUED THE APPLICATION WILL BECOME A PART OF THE EXCESS POLICY.

_____ date _____ applicant's authorized signature of a principal, partner or officer _____ title

_____ date _____ applicant's authorized signature of the individual in charge of
the human resources or personnel department _____ title

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.