Boston Insurance Brokerage, Inc.
28 State Street, Suite 2202, Boston, MA 02109
P: 617.556.7000 **T:**866.331.1997 **F:** 617.556.7070

ALLIED MEDICAL
NON-RESIDENTIAL CARE FACILITY RENEWAL APPLICATION

APPLICANT NAME:			
MAILING ADDRESS:			
CITY, STATE, ZIP:			
COUNTY:		PHONE NUMBER:	
INSPECTION CONTACT:		DATE ESTABLISHED:	
YEARS IN BUSINESS UNDER CURRENT MGMT:			
Type of Enterprise: ☐ Corporation ☐ Individual ☐ Partnership ☐ Municipality ☐ For Profit ☐ Joint Venture ☐ In-Patient -Psychiatric ☐ Other: _____			

In the past 12 months,

1. Has the insured's area of operations changed in the last year? ☐ Yes ☐ No
   If "Yes," then please explain._____
2. Has the number of staff changed from last year? ☐ Yes ☐ No
   If "Yes," then please explain._____
3. Has the facility been inspected and resulted in any deficiencies? ☐ Yes ☐ No
   If "Yes," then please explain and forward a copy of the inspection along with the list of deficiencies and plan of correction. _____
4. Have there been any claims, or incidents that could result in a claim, reported to you within the last 12 months that haven't been reported to us? If "Yes," then please explain. ☐ Yes ☐ No
   _____
5. Have any acts resulted in disciplinary action through any federal, state or local governmental agency? If "Yes," then please provide all the details._____ ☐ Yes ☐ No
   _____

Please provide the following:

6. Gross revenue and payroll for the past 12 months_____
7. Gross estimated revenue and payroll for the next 12 months _____
8. A copy of your most current State License.

DECLARATION AND SIGNATURE:

The undersigned declares that to the best of his/her knowledge the statements in this application and its attachments are true. The company is hereby authorized to make any investigation and inquiry deemed necessary in regard to this application.

_____ _____
Applicant's Signature Sub-Producer

_____ _____
Title/Date Producer

*SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY OR THE UNDERWRITING MANAGER TO COMPLETE THE INSURANCE. Application MUST be currently signed and dated to be considered for quotation.

* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states