

Business Insurance Application for Home Care Businesses



Please complete the following information and we'll contact you within three business days with a premium comparison and to proceed with getting a firm quote.

Are you a member of a franchise group? YES NO If yes, please indicate your franchise group. _____

Business name _____

Business mailing address _____
ADDRESS CITY STATE ZIP

Contact name _____ Phone number _____ Fax number _____

Email _____ Years in business _____ Federal ID number _____

Corporation Sole proprietor Partnership Individual LLC Other _____

Number of employees _____ When does your current insurance expire? _____

General liability Occurrence coverage OR Claims made coverage with retroactive date/prior acts date _____

OFFICE INFORMATION

Office address _____
ADDRESS CITY STATE ZIP

Annual sales \$ _____ Burglary alarm YES NO Do you own or lease your building? OWN LEASE

If owned, how much do you insure it for? (COST TO REBUILD THE BUILDING) \$ _____

How much do you cover the contents of your building for? (COST TO REPLACE ALL OF THE BUSINESS PROPERTY IN YOUR BUILDING)
\$ _____

In what year was the building built? _____ Square feet you occupy _____

What type of construction is your building? Please describe: (I.E. CEMENT BLOCK WITH STEEL FRAME, ALL METAL BUILDING, ETC.)

Does the building have fire-suppression sprinklers? YES NO Distance to nearest fire hydrant (in feet) _____

WORKERS' COMPENSATION

Total payroll (annual) for all employees engaged in companion care \$ _____

Total payroll for all employees that have clerical responsibilities \$ _____

What is your experience modification with NCCI? (I.E. .95, 1.08) _____

GENERAL INFORMATION

- 1 Do you provide any medical services? YES NO
- 2 Do you conduct background checks for each employee? YES NO
- 3 Do you decline employment when the background check reveals adverse information? YES NO
- 4 Do you use any contract labor? YES NO
- 5 Do you lease your employees? YES NO
- 6 Do you obtain and review MVRs and obtain proof of automobile liability insurance for all employees? YES NO
- 7 List losses or claims you've had in the last four years. Include the approximate date, brief explanation, and total amount paid by your insurance company. _____

Submitting your application

Please send completed applications to Lockton Affinity via the contact information below. If possible, include the declarations pages of your current policies so we can provide a more accurate comparison.

HomeCare@LocktonAffinity.com | Fax 913.652.7599 | PO Box 410679, Kansas City, MO 64141-0679

If you have questions, feel free to reach out to our dedicated representatives at (800) 723-9624.