

# 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. \_\_\_\_\_

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### 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](mailto: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.