



GREENHILL INSURANCE SERVICES

Mailing Address:
1707 Post Oak, Suite 279
Houston, Texas 77056
WWW.GRNHLL.COM

Renewal Application for Health Care Services

INSTRUCTIONS: ANSWER ALL QUESTIONS; If the answer is NONE, state NONE; If the answer is NOT APPLICABLE, state NOT APPLICABLE (N/A). If the space provided is insufficient to fully answer the question, PLEASE ATTACH A SEPARATE SHEET. NOTE: APPLICATION MUST BE DATED AND SIGNED BY OWNER, PARTNER, OFFICER OR ADMINISTRATOR. PLEASE TYPE OR PRINT IN INK.

PART I. GENERAL INFORMATION

Renewal Effective Date: _____

1.1 Applicant Name (including dba's): _____

Renewal Policy Number: _____

1.2 Mailing Address (if different from previous policy): _____

1.3 Location Address(es)(If different from previous policy): _____

1.4 County (parish) of each location: _____

1.5 Telephone Number: Office (_____) _____ Fax (_____) _____
Email: _____
Website: _____

1.6 Person to contact: Name: _____ Title: _____
Email: _____ Telephone Number: (_____) _____

1.7 Annual Gross Receipts: Estimated next twelve months - \$ _____
Last twelve months - \$ _____

1.8 Annual Remuneration: Estimated next twelve months - \$ _____
Last twelve months - \$ _____

1.9 Full Narrative of all services and exposure provided _____

1.10 Total Premises Square Footage Occupied by Insured: _____

PART II. EXPOSURES

- 2.1 Total number of all staff _____
- 2.2 What was your total number of patient/client visits last year? _____ Estimated next year? _____
- 2.3 Exposures: Percent of revenues: Pediatrics _____ Live-In Services _____
Number of Adoption Placement : last year? _____ Estimated next year? _____
- 2.4 For Residential exposure, please advise number of Occupied Bed? _____ Licensed Beds? _____
Number of residents in each category: _____ under 18 _____ 18 to 65 _____ 65+
- 2.5 For Hired & Non Owned Auto only, please advise number of drivers? _____ Yearly Reimbursable Miles: _____
- 2.6 For Non Emergency Transports only, please advise estimated number of annual runs? _____
- 2.7 For Medical Arts Schools only, please advise estimated number of students? _____
- 2.8 Does the insured have any knowledge of an event, circumstance or occurrence, or does the insured foresee that a claim may be brought as a result of said event, circumstance or occurrence? Yes No

IF **YES**, describe the event and indicate the reason for anticipation of a claim. _____

I understand and agree this Application and any and all supplements attached hereto may be made a part of any policy issued, and any such policy will be issued in reliance upon the representation made herein. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in reliance on this Application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release to the company providing insurance coverage and Greenhill Insurance Services, LLC. any documents, records or other information bearing upon the foregoing.

I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

Applicant and all owners, employees, and contractors are licensed or duly authorized in all states or jurisdictions where professional services are provided. Applicant warrants the truth of all answers to the above questions, and that applicant has not withheld any information which is calculated to influence the judgment of the insurance company in considering this application.

IMPORTANT: THIS APPLICATION MUST BE SIGNED BY THE INSURED. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.

Date Insured Signature Title