

HEALTHCARE - FAST TRACK INSURANCE APPLICATION

To receive a free no-obligation quotation complete this application and return to our office. We will contact you within 48 hours with a status update. If you have any questions please contact the Agent of Record (see below).

First Choice Insurance Agency
Jeffrey Cassedy - Agent of Record
Direct Line: 703-382-2342 Fax: 703-483-9934 E-mail: JGC@FCIAGENCY.COM
P.O. Box 150337, Alexandria, VA 22315
www.fciagency.com

Applicant Name _____

Mailing Address _____

City _____ County _____ State _____ Zip Code _____

Contact _____

Phone _____ E-mail _____

Effective/Renewal Date _____ Current Insurance Carrier _____

BUSINESS INFORMATION

Applicant is a: Corp Partnership LLC Individual
 Other Explain: _____

Nature of Healthcare business (what do you do?): _____

PREMISES INFORMATION

List all locations:

Loc. #	Street, City, County, State, Zip Code	Interest Owner/Tenant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PREMISES INFORMATION - continued

Loc. #	Building Age	Building Construction*	Total Sq. Ft. Occupied	No. of Stories	Sprinkler System	Fire Alarm	Burglar Alarm
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

* Building Construction: F = Frame, MA = Masonry, MNC = Masonry Non-combustible, M = Metal

Building Improvements - Indicate Year Improvement Made

COMPLETE ONLY IF BUILDING IS OVER 30 YEARS OLD

Loc. #	Heating	Plumbing	Roofing	Wiring
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PROPERTY COVERAGE

Loc. #	Building*	Contents
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

*Include limit only if you own building or if you are required by lease to insure the building.

LIABILITY COVERAGE

- Select Limit: \$500,000/\$1,000,000
 \$1,000,000/\$2,000,000
 \$2,000,000/\$4,000,000

GENERAL QUESTIONS

Does your total gross sales exceed \$15,000,000?	Yes	No
Do you have more than 50% interest in any other business?	Yes	No
Any past, pending or planned bankruptcy of applicant or any officer, partner, member or owner of applicant in the past five years?	Yes	No
Has coverage been cancelled on non-renewed in last three years?	Yes	No
Any building designated as a Historic or Landmark Registry Property	Yes	No
Does your business do any of the following? Provide skilled nursing or medical care in the home, home health care services, clinics open more than 18 hours, kidney dialysis, alcohol or drug treatment centers, social/marriage counseling, birth control/family planning clinics, birthing centers, pregnancy termination clinics, oxygen tent operations, medical marijuana dispensaries, health screening centers or organ/sperm/blood banks.	Yes	No
Does drug testing exceed 10% of total revenue?	Yes	No
Pathology exceed 20%?	Yes	No
Do your operations include any of the following? overnight care, clinical trial labs, blood banks, organ banks, sperm banks or tissue banks.	Yes	No
Do you have a mobile medical unit and/or provide a mobile medical vehicle?	Yes	No
Do you operate an ambulance or emergency transportation service?	Yes	No
Do you dispense methadone or operate as a methadone clinic?	Yes	No
Do you provide overnight care?	Yes	No
Do you conduct electroconvulsive therapy (ECT)?	Yes	No
Do you carry Professional Liability coverage?	Yes	No

UMBRELLA LIABILITY - optional coverage

Select Limit	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000
	\$5,000,000	Other \$		

WORKERS'S COMPENSATION - complete Worker's compensation application, see www.fciagency.com

COMMERCIAL AUTO - complete Commercial Auto application, see www.fciagency.com

CLAIMS - please provide details of any claims in past 3 years. Attached Loss Runs if available.

SIGNATURE

By signing below you acknowledge that the statements and answers provided on this application are truthful and accurately represent your business at this time and that no substantial changes are anticipated..

Signature: _____ Title: _____

Type Name: _____ Date: _____

Additional information may be necessary. Not all businesses will qualify for quotation.

If any questions contact Jeffrey Cassedy @ 703-382-2342 or e-mail JGC@FCIAGENCY.COM