



M3 Insurance Solutions, Inc.
 828 John Nolen Drive
 Madison WI 53713
 T 608.273.0655 F 608.273.1725
 www.m3ins.com

WALA Association - Liability Insurance Application

1. Name of Business: _____

2. Name of Operator/Owner: _____

County: _____ Phone: _____ Email Address: _____
Owner/Operator Owner/Operator

If you have additional facilities, please complete a separate application for each location.

4. Number of years under current ownership: _____

5. Do you rent or own this location? Rent Own
 If Rent, please list landlord name and address:

6. Are you a current member of WALA? Yes No

7. Do you have a current certification or license? Yes No

8. Are you in compliance with all of the State requirements and regulations? Yes No
 If No, list deficiencies and plan of action:

9. Have you ever had a citation, warning or fine issued against you or your Adult Family Home or CBRF? Yes No
 If Yes, please explain:

10. Have you ever had your license or certification suspended, revoked or placed under probation? Yes No
 If Yes, please explain:

11. Have you had any accidents, incidents, lawsuits or insurance claims related to but not limited to abuse, neglect, violence, medications, care, property, premises or death for your AFH or CBRF in the last three years, regardless if the incident was insured? Yes No
 If Yes, please explain:

If you answered Yes and you failed to provide documentation of these accidents, incidents or insurance claims, your application will be returned.



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12. a. Total number of licensed or certified beds: _____
 b. If certified for only 1 bed, is your resident a relative? Yes No

13. Total number of employees: _____

14. Are employment references and background checks performed on all caregivers prior to hiring? Yes No

Describe the procedures:

15. What is the requested effective date of coverage? (mm/dd/yyyy) _____
 Note – Coverage is effective upon approval of application and receipt of payment.

16. Name and address of funding source/managed care organization with whom you contract:

17. If you reside in the home with your residents, please provide the name of your Homeowner's Insurance Company:

18. Do you have any of the following? Pools ATVs

19. Do you have any animals? Yes No
 If Yes, Please describe what types:

20. Please print application, sign and mail to M3 InsuranceK
 (T H Q ~ | æ & ^ Æ G Å [@ Å [^ } Ö : ã ^ , Å æ ã [] Ê WI 53713) **along with the following:**

- Check for amount of total premium due _____ made payable to M3 Insurance Solutions, Inc.
- If prior commercial insurance was placed for your AFH or CBRF, provide a copy of the declaration page of the commercial insurance policy and loss runs.
- Or, if no previous commercial insurance, please complete section below.

Application, additional documents and payment must be received by M3 within 10 days of the requested effective date of coverage and binding of coverage is subject to final underwriting approval.

I certify there have been no losses or any incidents to my knowledge which may give rise to a loss.

Signature: _____ Date: _____

Printed Name: _____



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INSURANCE APPLICATION WARRANTY

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 understand and agree that the Company may confirm responses contained on the application through the State of Wisconsin's licensing and or inspection division, or through the applicable Managed Care Organization's licensing and inspection services. I further understand and agree that failure to provide a true and accurate responses 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, West Bend Mutual Insurance Company, 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 APPLICANT. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.

Date

Applicant Signature

Print Name / Title