

## Home Health Care/Social Services Risk Management Program General Information Section

**NOTE: Do not leave any questions blank. If it does not apply, mark it "N/A."**

Name Insured: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address of Premises if Different than Mailing: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Owner or Insurance Contact: \_\_\_\_\_

Website: \_\_\_\_\_

Legal Status:      Individual                  Partnership                  Corporation                  LLC

Years in Business: \_\_\_\_\_ Total Experience in this Type of Business: \_\_\_\_\_

Have you had any claims in the past 5 years?      Yes                  No

### Which best describes your business (check all that apply)

Home Care Agency                                  Revenue from Activity: \_\_\_\_\_

Home Health Care Agency                                  Revenue from Activity: \_\_\_\_\_

Human Services Organization                                  Revenue from Activity: \_\_\_\_\_

TRUST YOU NEED. CHOICE YOU DESERVE.



56 NORTH MAIN STREET  
PO BOX 620  
GRANITE FALLS, NC 28630

T: 828-396-3342  
GRANITEINSURANCE.COM

***Declaration***

I/We hereby declare that the statements and responses are accurate and true and that I/we have not omitted, misrepresented, or misstated any facts. I/We acknowledge that the statements and responses contained in this application shall become a part of the insurance policy issued by the Company and that any misrepresentation or omission may void such policy.

I/We understand and agree that the completion of this application does not bind the Company to issue, nor me to purchase a contract of insurance. Furthermore, I/we understand and agree that any misrepresentation or omission in this application may void the contract and give the Company a right to rescind the contract, in addition to any other right or remedy the Company may have. I/We understand that failure to correct a misrepresentation on this or any other application, or the failure to disclose a material fact that I/we become aware of subsequent to the completion of this application but prior to the effective date of the policy to which it applies, may void the policy.

Applicant Name: \_\_\_\_\_  
Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_