

## Addiction Treatment Centers

Basic underwriting information required for all submissions:

- ACORD applications
- Supplemental Application
- Property Statement of Values
- Levels of Care Definitions
- 5 years Carrier loss runs
- Company Brochure
- Financial Statements
- Privacy Policy
- Self Assessment Forms
- Business Income Statement of Values (If coverage desired).

# ASAM Levels of Care

## Level 0.5

- § Early Intervention Services
- § Directed at patients not meeting criteria for a substance abuse disorder
- § For assessment & education

## OMT

- § Opioid Maintenance Therapy – not restricted to outpatient treatment modality

## Lever 1 – OUTPATIENT SERVICES

- § 1D – Ambulatory Detox without extended On-site monitoring
- § Outpatient Treatment – traditional Level 1

## Level 2 – INTENSIVE OUTPATIENT / PARTIAL HOSPITALIZATION SERVICES

- § IID – Ambulatory Detox with extensive On-site monitoring
- § II.1 – Intensive Outpatient
- § II.5 – Partial Hospitalization

## Level 3 – RESIDENTIAL / INPATIENT SERVICES

- § III.1 – Clinically – Managed, Low intensity Residential Treatment (Half Way, Supportive living)
- § III.2 D – Clinically managed, medium intensity Residential Treatment (Social Detox)
- § III.3 – Clinically – Managed, medium intensity Residential Treatment (Extended Care)
- § III.5 - Clinically – Managed, medium / High intensity Residential Treatment (Therapeutic Community)
- § III.7 D – Medically – Monitored Inpatient Detox Services
- § III.7 - Medically – Monitored Intensive Inpatient Treatment (traditional level 3 ASAM)

## Level 4 – MEDICALLY – MANAGED INTENSIVE INPATIENT SERVICES

- § IV –D – Medically Managed Inpatient Detoxification Services
- § IV - Medically Managed Inpatient Treatment

**ADDICTION TREATMENT PROVIDERS INSURANCE  
SUPPLEMENTAL APPLICATION**

Applicant name: \_\_\_\_\_

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

**A. General Information**

1. Any mergers or operations under another name within the past five years?  Yes  No  
Are any mergers planned/anticipated for the coming year?  Yes  No  
If Yes to either, explain: \_\_\_\_\_
2. Annual operating budget: \_\_\_\_\_ Annual payroll: \_\_\_\_\_  
Primary funding:  Federal  State  County  Other: \_\_\_\_\_
3. Do you operate any locations not included in this application?  Yes  No  
If yes, explain: \_\_\_\_\_
4. List all accreditations and attach copies of certificates: \_\_\_\_\_
5. List all association memberships or affiliations: \_\_\_\_\_
6. Attach copy of current state or other governmental license(s).  
If none, explain: \_\_\_\_\_
7. Has your license ever been suspended, revoked, or placed under conditional status?  Yes  No
8. Have thee been any claims that allege negligence or failure to comply with any regulatory/licensing guidelines?  Yes  No

**B. Management**

1. Do you have sign in/sign out procedures for:  Staff  Clients/Residents  Visitors/Public
2. Type of security provided for the protection of your clients/residents?  Guards  Video cameras  Other: \_\_\_\_\_
3. What measures are taken to monitor client activities? \_\_\_\_\_
4. What precautions do you take to prevent non-staff members from accessing unauthorized areas of the property?  
\_\_\_\_\_
5. Do you have incident reporting procedures and/or committee reviews?  Yes  No
6. Is your staff made aware of reporting procedures?  Yes  No
7. Do you have a plan for medical emergencies?  Yes  No
8. Is there always someone trained in CPR and first aid on the premises?  Yes  No
9. Do you have AED(s)?  Yes  No

**C. Professional Liability**

1. Hiring Practices:  
 Do you require your staff (paid and volunteer) to complete an employment application?  Yes  No  
 If no, explain: \_\_\_\_\_  
 Do you conduct a personal interview for each prospective staff member?  Yes  No  
 Do you verify employment related references?  Yes  No  
 Do you verify licenses and other credentials?  Yes  No  
 Do you obtain criminal background checks on all staff members before hiring them?  Yes  No  
 Do you require drug tests on all staff members, including drivers?  Yes  No  
 If Yes:  before hiring  after hiring  Random  
 What actions do you take if any report is considered unfavorable? \_\_\_\_\_
2. Do you share written job descriptions with all staff members? \_\_\_\_\_
3. Name of executive director/manager: \_\_\_\_\_  
 Number of years experience in this field: \_\_\_\_\_ Number of years at this facility: \_\_\_\_\_  
 Specialized training or education: \_\_\_\_\_
4. Are any staff members under 18 years of age?  Yes  No  
 If Yes, list their position(s) and how they are supervised? \_\_\_\_\_
5. What is the staff turnover rate for the last 12 months? \_\_\_\_\_
6. Is the staff required to report to the administrator all incidences that may result in a claim?  Yes  No  
 If Yes, is a written record kept?  Yes  No Are they reviewed?  Yes  No
7. Are files maintained to protect confidentiality of clients?  Yes  No
8. Do you do any consulting work?  Yes  No If Yes, explain: \_\_\_\_\_
9. Does your current insurance program provide professional liability coverage?  Yes  No  
 If Yes:  Occurrence  Claims-made Limits: \_\_\_\_\_  
 Effective dates: \_\_\_\_\_ Carrier: \_\_\_\_\_
10. Do psychiatrists prescribe experimental drugs/treatment?
11. Has anyone ever had a patient who committed suicide?  Yes  No
12. List Physicians and Psychiatrists:

Name			
Specialty			
Board Certified or Eligible			
Years in Practice			
License #			
Hours p/week for insured			
Employed or Contracted?			
Individual carry own malpractice insurance?			
If yes, does coverage include acts while working for center?			
If yes, does coverage include Contingent Coverage for Center?			
Any claims past 5 years?			

16. Staff

Position	Employees F/T	Employees P/T	Volunteers F/T	Volunteers P/T	Contractors F/T	Contractors P/T
Administrator						
Clerical/Office Staff						
Counselor						
Dentist/Dental Hygienist						
Nurse Assistant						
Nurse Practitioner						
Nurse – RN/LPN						
Nutritionist/Dietician						
Optometrist						
Pharmacist						
Physician Assistant						
Physician						
Psychiatrist						
Psychologist						
Resident Manager						
Social Worker – Bachelors (BSW)						
Social Worker – Masters (MSW)						
Therapist – Occupational						
Therapist – Physical						
Other positions (specify)						
Total:						

**D. Substance Abuse Program**

- 1.. Do you provide a methadone maintenance program?  Yes  No  
 If yes, where is the methadone stored? \_\_\_\_\_  
 Number of methadone-only clients annually: \_\_\_\_\_ Number of clients with take home privileges: \_\_\_\_\_  
 Describe measures to guard against the diversion of methadone by employees and/or clients: \_\_\_\_\_
- 2.. Do you operate a detoxification unit?  Yes  No If Yes,  Medical  \_\_\_\_\_  
 If Medical, do you accept clients with a history of delirium tremens (DTs) or seizures?  Yes  No  
 If clients are experiencing DTs or seizures, do you  treat them or  refer them to a hospital?
3. Please indicate the ASAM Level of Care provided for Detoxification: Level 0.5 \_\_\_ Level 1 \_\_\_  
 Level II \_\_\_ Level III \_\_\_ Level III.2 \_\_\_ Level III.7 \_\_\_ Level IV \_\_\_ (see level definitions on our website)
4. By job title, who staffs the facilities? \_\_\_\_\_
5. Which staff members dispense the medications? \_\_\_\_\_
6. Are the medications and equipment kept in a locked facility?  Yes  No  
 If No, where are they kept? \_\_\_\_\_ Which staff members have access? \_\_\_\_\_
7. Do you have policies and procedures in place for prescribing/administering medication?  Yes  No
8. What medical equipment do you have? \_\_\_\_\_
9. Do you maintain a log of all those who receive care?  Yes  No
10. Do you maintain medical history and care records for each individual?  Yes  No

**D. Abuse and Molestation**

1. Does your current insurance program include Abuse and Molestation coverage?  Yes  No  
If Yes, what are the limits?
2. Does your employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses?  Yes  No
3. Do you have a written crisis plan in place for dealing with employees, victims, parents, and the media if you have an incident of abuse?  Yes  No
4. Are there any written complaint procedures in place for hiring and are they displayed prominently?  Yes  No
5. Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises?  Yes  No
6. Are formal written procedures in place for hiring?  Yes  No
7. What procedures are in place to make sure no relationship occurs between staff and clients? \_\_\_\_\_
8. Is there more than one person responsible for the welfare of any single patient?  Yes  No
9. Have any incidents resulted in an allegation of sexual abuse?  Yes  No Was the case settled?  Yes  No  
Was the case taken to trial?  Yes  No Amount paid for damages to the victim: \$ \_\_\_\_\_
10. Does Insured run criminal background checks? Employees  Yes  No  Volunteers  Yes  No

**E. Premises**

1. If the building you occupy was built prior to 1978, has it been inspected for lead paint?  Yes  No  
If No, what is the plan for abatement? \_\_\_\_\_
2. Do you have any plans for renovations or new construction?  Yes  No If Yes, explain: \_\_\_\_\_
3. Are any non-ambulatory patients above the first floor?  Yes  No
4. Number of fire extinguishers on premises: \_\_\_\_\_ How often and by whom are they serviced? \_\_\_\_\_
5. How many means of egress are there? \_\_\_\_\_ Are all exits clearly marked?  Yes  No
6. Are all exit doors equipped with panic hardware?  Yes  No
7. Is there a fire escape?  Yes  No If yes, describe: \_\_\_\_\_
8. Do you have a written emergency evacuation plan?  Yes  No  
If Yes, are the emergency evacuation procedures and floor plan posted?  Yes  No  
Have you established a central meeting point outside the building?  Yes  No  
Does the emergency plan include notification to the fire department?  Yes  No  
How often are drills held? \_\_\_\_\_
9. Do you have backup generators in the event of a power failure?  Yes  No
10. Describe housekeeping and maintenance practices: \_\_\_\_\_
11. Describe the parking facilities: \_\_\_\_\_ Are they well lit?
12. Is the hot water heater set to a temperature of 120 degrees?  Yes  No
13. Has your facility been inspected by an insurance company or independent inspection firm?  Yes  No
14. Do you have a current flood policy in force?  Yes  No  
If yes, attach a copy of the declarations sheet? If No, would you like a flood quote with your proposal?  Yes  No

**F. Automobile**

1. Are all vehicles listed on the ACORD application titled to the applicant?  Yes  No If No, explain: \_\_\_\_\_
2. Where do you keep your owned vehicles?  Garage  Driveway  Parking Lot  Other: \_\_\_\_\_
3. Are keys locked and secured away from non-drivers when not in use?  Yes  No
4. Are vehicles with 8 or more seating capacity equipped with an audible backup warning device?  Yes  No
5. Do you provide transportation for:  Staff  Clients/Residents  Visitors/Public
6. Do you have field trips?  Yes  No If Yes, do you provide the transportation?  Yes  No  
If you do not provide the transportation, how is it provided?  
If vehicles are hired for field trips, are they hired with a driver?  Yes  No
7. Do vehicles equipped for wheelchairs have tie-down belts to stabilize the wheelchair and passenger?  Yes  No
9. Do you require seat belts to be worn by all occupants?  Yes  No

**Driver's  N/A**

1. Do you obtain a written authorization to release driver information from all of your staff upon hiring?  
 Yes  No  
Do you obtain MVRs on all drivers?  Yes  No If Yes, how often? \_\_\_\_\_
2. What are your procedures for dealing with driver accidents or violations? \_\_\_\_\_
3. Are all drivers at least 21 years of age?  Yes  No How many drivers are over age 70? \_\_\_\_\_
4. How many drivers (employees and volunteers) aged 21 to 25 transport clients in agency vehicles? \_\_\_\_\_
5. Do any drivers have a CDL license?  Yes  No
6. Explain your driver safety program: \_\_\_\_\_
7. Is training provided for new employees/volunteers prior to their transporting clients?  Yes  No
8. Does anyone besides employees or volunteers drive your vehicles  Yes  No If Yes, explain: \_\_\_\_\_
9. Do you allow personal use of your agency vehicles?  Yes  No If Yes, by whom and for what reason? \_\_\_\_\_

**Hired and Nonowned Vehicles  N/A**

1. Do you hire vehicles?  Yes  No If yes, what types of vehicles do you hire? \_\_\_\_\_  
Do you obtain certificates of insurance  Yes  No What minimum limits do you require? \_\_\_\_\_
2. Total number of hired vehicles: \_\_\_\_\_ Annual cost of hire: \_\_\_\_\_
3. How many driver personal vehicles for business use regularly? F/T: \_\_\_\_ P/T: \_\_\_\_ Vol: \_\_\_\_  
How many drive personal vehicle for business use occasionally? F/T: \_\_\_\_ P/T: \_\_\_\_ Vol: \_\_\_\_  
Do you obtain proof of insurance for employees/volunteers who use their own autos?  Yes  No  
Do you update these records at least yearly?  Yes  No What minimum limits do you require? \_\_\_\_\_

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL**

**AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied).**

**I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION PROVIDED IS TRUE AND CORRECT AND THAT NO INFORMATION WHICH MATERIALLY AFFECTS THIS INSURANCE HAS BEEN WITHHELD. THE INSURER IS AUTHORIZED (BUT NOT OBLIGATED) TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. ACCEPTING THIS APPLICATION DOES NOT BIND THE INSURER TO COMPLETE THE INSURANCE.**

**APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

