WESTERN WORLD
An AIG company

Application For
Home Health Care Basic Non-Nursing Services

1. Name of Applicant: ITN Health America, LLC
2. ☐ Individual ☑ Corporation ☐ Partnership ☐ Other (Explain) ____
   Date Established 2009
3. Street Address: 7150 Forest Glen Dr
   City: Rockford State: IL Zip: 61114
   Applicant's Web Site Address:
4. Provide full name(s) of individual and partners. Marta Njos
5. What state/s are you licensed or certified in? Provide details of what your license/certification allows you to do.
   IL
6. Has applicant's license ever been suspended or revoked? ☐ Yes ☑ No
   Has applicant ever been investigated by the State Health Dept., State Licensing Board or other governmental body? ☐ Yes ☑ No
   If yes to either question above, provide full details on Attachment to A102.
7. Is applicant's operation Medicare approved? ☐ Yes ☑ No Medicare sales? $
8. Is applicant accredited by any of the following?
   National Homecaring Council ☐ Yes
   National Association of Home Care ☐ Yes
   Joint Commission on Accreditation of Healthcare Organizations ☐ Yes
   Community Health Accreditation Program ☐ Yes
9. Sales from employees: $ 0 Sales from independent contractors: $ 85000
   Sales from non-nursing operations: $ Total Sales: $ 85000
10. Do employed nurses have their own Professional Liability coverage? ☑ Yes ☐ No
    Limits Required? $ 1,000,000
    Does the applicant require Certificates of Insurance from all nursing (RNs, LPNs) independent contractors? ☑ Yes ☐ No
    Limits Required? $ 1,000,000/2,000,000
11. Applicant's premium is adjustable based on **gross sales**. *Our auditor will verify applicant's gross sales.*
    If this information is kept by the applicant's accountant, please provide accountant's name, address and telephone number.
    If this information is kept by the applicant, please provide the telephone number and address where the records are kept.
    779-772-3638 7150 Forest Glen Dr
    If you are not normally at this location during working hours, please provide a beeper number or telephone number where you can be reached:
    Applicant's telephone number if not previously given:
12. Prior coverage:

Insurance Company	Year	Premium	Type? Occurrence/ Claims Made	Any Claims (Check One)	Description
VGM	2022		☑ Occ ☐ CM	☐ Yes ☑ No	
			☐ Occ ☐ CM	☐ Yes ☐ No	
			☐ Occ ☐ CM	☐ Yes ☐ No	
			☐ Occ ☐ CM	☐ Yes ☐ No	
			☐ Occ ☐ CM	☐ Yes ☐ No	

13. Is the applicant aware of any circumstances which may result in a claim? ☐ Yes ☑ No
    If yes, provide full details on Attachment to A102.
14. Does the applicant want the policy to cover employees? *There is a premium charge.* ☐ Yes ☑ No
    (Note: The policy already protects the applicant for the acts of his/her employees.)
15. Are applicant's employees or independent contractors responsible for monitoring any equipment? ☑ Yes ☐ No
    If yes, please provide full description. no equipment used
    ☐ *Check if continued on Attachment to A102.*

16. Are employees required to complete daily work reports? ☑ Yes ☐ No
Does applicant utilize a formal Quality Assurance/Risk Management program? ☐ Yes ☑ No
Does applicant conduct patient/client surveys? ☑ Yes ☐ No
Is there an informed consent process in place? ☑ Yes ☐ No
Are there written policies in place for:

Drug administration procedures?	☑ Yes ☐ No	Patient acceptance?	☑ Yes ☐ No
Emergencies in the field?	☑ Yes ☐ No	Patient rights?	☑ Yes ☐ No
Employee training?	☑ Yes ☐ No	Physician orders?	☑ Yes ☐ No
Food preparation?	☑ Yes ☐ No	Proper lifting?	☑ Yes ☐ No
Handling of complaints?	☑ Yes ☐ No	Reporting of suspected physical/sexual abuse?	☑ Yes ☐ No
Medical equipment training?	☑ Yes ☐ No	Termination of Care?	☑ Yes ☐ No

If the answer to any question is no, refer risk to Company.

17. Please provide details of employed or contracted personnel:

	Number Employed	Number Contracted	Contractors Ins. Limits Required	Percentage working in: Hospital	Nursing Home*	Home
Aides/Homemaker Health Aides						
LPN's						
RN's						
Home Companions		2				100
Certified Nursing Assistants						
Others (Specify)						

Percentage of Clients under 18 years of age? 0 % Percentage of Clients over 65 years of age? 100 %
* If yes, is contract with client for private duty work? ☐ Yes ☐ No *If no, please explain on Attachment to A102.*

18. Are the following background checks performed?

All prior employers?	☑ Yes ☐ No	Home telephone verification?	☑ Yes ☐ No
All educational institutions?	☑ Yes ☐ No	Professional licensing verification?	☑ Yes ☐ No
Driver's license information?	☑ Yes ☐ No	Residency information?	☑ Yes ☐ No
Drug screening required?	☑ Yes ☐ No	Sex offender registry search?	☑ Yes ☐ No
Federal, State (if possible) and County criminal record search?	☑ Yes ☐ No	Social Security No. verification?	☑ Yes ☐ No

If the answer to any question is no, refer risk to Company.

19. Is 24 Hour Service provided? ☑ Yes ☐ No If Yes, Percent of Operations ______ %
If Yes, is this Live-in? ☐ Yes ☐ No Shift Work? ☐ Yes ☐ No

20. Please describe services performed by any other professionals. companion/non-medical

☐ *Check if continued on Attachment to A102.*

21. Please list any medical equipment applicant supplies to clients. na

22. Does the applicant sell or rent equipment to clients? ☐ Yes ☐ No
If yes, complete Application A-17.

23. Please provide details of licensing or certification needed for this operation. Licensed through State of IL Dept of Health

☐ *Check if continued on Attachment to A102.*

24. **Limits of Insurance Requested**

General Aggregate Limit (Other than Products-Completed Operations)	$ 3,000,000	
Products-Completed Operations Aggregate Limit	$ 3,000,000	
Personal and Advertising Injury Limit	$ 1,000,000	
Each Occurrence Limit	$ 1,000,000	
Damage to Premises Rented to You (Up to $100,000 limit available)	$ 100,000	Any One (1) Premises
Medical Expense Limit (Up to $5,000 limit available)	$ 5,000	Any One (1) Person
Each Professional Incident Limit (if applicable)	$	

25. Effective Dates Desired – From: 09/10/2023 To: 09/10/2024

Received By: Rachele Earlywine
Eckburg Insurance Group, Inc.
P.O. Box 15490
Loves Park, IL 61132

Received From: ITN Health America, LLC
7150 Forest Glen
Rockford, IL 61114

Receipt For Payment # 997

Account Number	Date
ITNHEAL-01	12/22/2023

Commercial Package

Policy Number	
MEO5371470.23	
Effective Date	**Expiration Date**
9/14/2023	9/14/2024
Company	
Gateway Underwriters Agency	

Amount Received: $1,894.00

This is to certify that we received payment from the above listed insured in the amount of $1,894.00

Printed by: Rachele Earlywine

...d on: 12/22/2023

HOME INSUR
POLICY DECLARAT

COUNTRY Mutual Insurance Company®
P.O. Box 2100, Bloomington, Illinois 61702-2100

POLICY NUMBER	POLICY TERM	PAYMENT PLAN	INS. OFFICE / AGE
A12K8345590	12 MONTHS	ANNUAL	12093 WINNE/ 18

To report a claim any time day or night, call 1-866-COUNTRY(1-866-268-6879).

ACCOUNT NUMBER 0003886586

INSURED

NJOS MARTA E
7150 FOREST GLEN DR
ROCKFORD IL 61114

Policy period beginning Mar 18, 2022
12:01 a.m. standard time at your address.

Declarations reason POLICY RENEWAL

You have only the coverages and amounts of insurance as stated in this declarations, subject to all provisions of your policy.

TOTAL PREMIUM $146.53

LOCATION OF PROPERTY COVERED	
LCTN	STREET ADDRESS/LOT & BLOCK/PHYSICAL DESCRIPTION/QTR, SECTION, TOWNSHIP, RANGE, COUNTY AND STATE
001	7275 FOREST GLEN DR APT G ROCKFORD IL

$500 DEDUCTIBLE EACH OCCURRENCE APPLICABLE TO SECTIONS 2, 3, 5 AND 6 CC, DD, EE, HH

DESCRIPTION OF PROPERTY COVERED

ITEM	LCTN	DESCRIPTION OF COVERAGE	SEC	COV	PERIL	LOSS STLMT	LIMIT OF LIABILITY	PREMI
			(Refer to policy booklet)					
001-01		LIABILITY	1	A			300,000	
		MEDICAL PAYMENTS	1	B				
		EACH PERSON					5,000	
		EACH OCCURRENCE					25,000	
100-25	001	PERSONAL PROPERTY TENANT OWNER	2	D	2-19	3	20,000	
		PERSONAL PROPERTY REPLACEMENT COST	6	DD				
30	001	ADDITIONAL LIVING EXPENSE	2	E	2-19		4,000	
999-80		PACKAGE OF SPECIAL COVERAGES	5	K				
		POLICY DISCOUNTS						
		MULTI-POLICY DISCOUNT						
		POLICY ENDORSEMENTS						
		ILLINOIS AMENDATORY						

The 2022 annual meeting for COUNTRY Mutual Insurance Company is April 20 at 1:00 pm, 1701 Towanda Ave., Bloomington, Illinois.

AUTHORIZED REPRESENTATIVE

2/14/2022
DATE COUNTERSIGN

FOR SERVICE CALL YOUR FINANCIAL REPRESENTATIVE STEVE WERTHMAN AT (815)387-0142.
INSURED'S COPY

21303 (02-06/16)