Peace Church Risk Retention Group
Renewal Underwriting Survey

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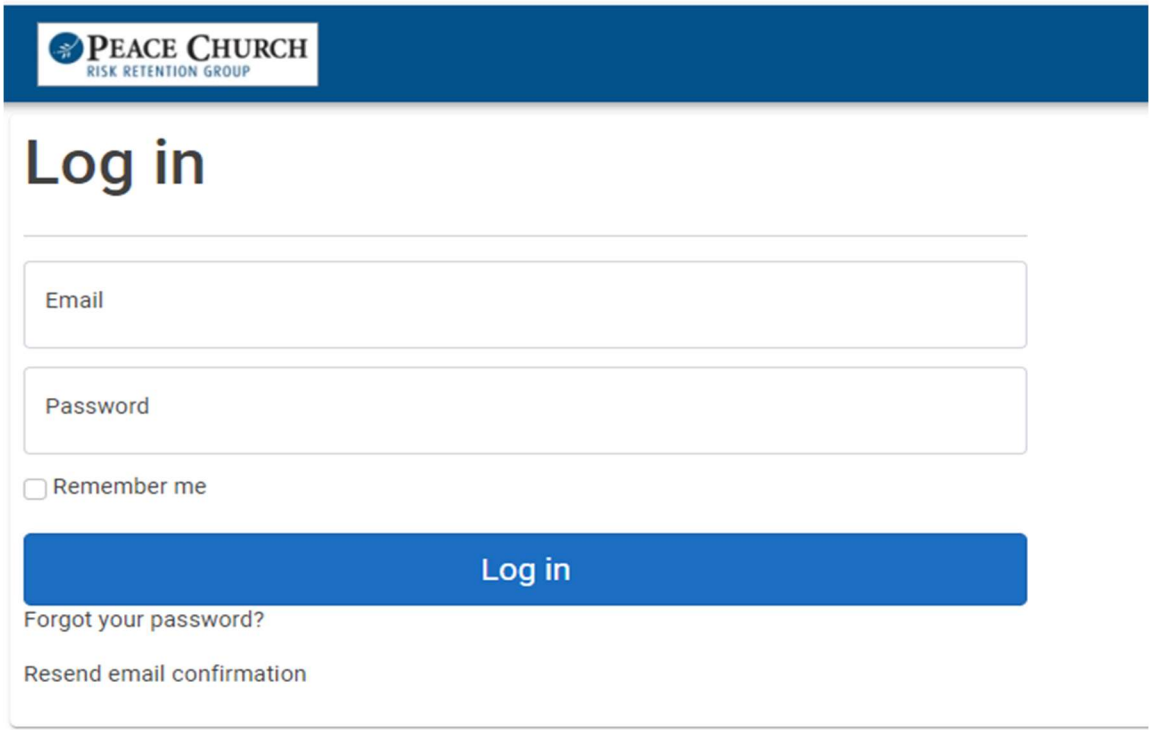
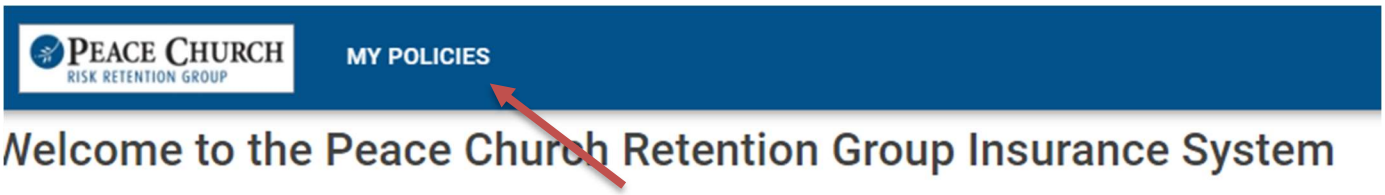
INSTRUCTIONS

GENERAL INSTRUCTIONS

1. Login to the system from the Resource Partners website using your email address and the password assigned to you.

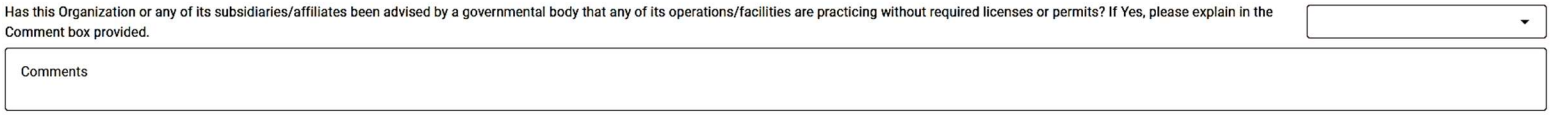


2. Once you Log In, Click on “My Policies” in the top ribbon on the screen next to the Peace Church logo.

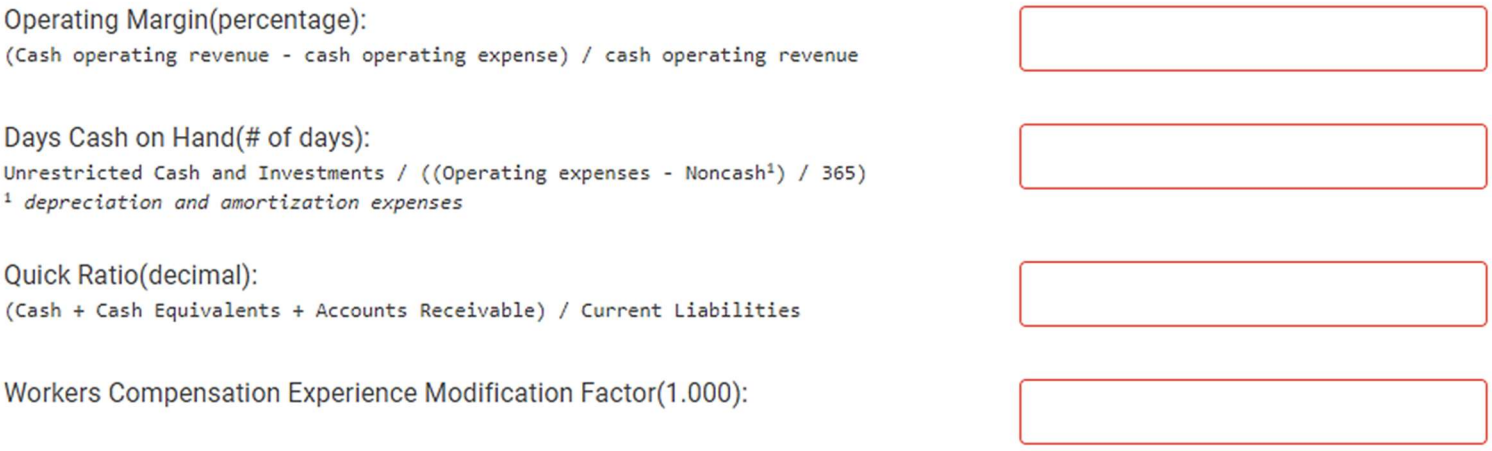


3. Click the “Edit” button to the right of the renewal policy with the upcoming policy term effective date.

4. The **Policyholder General Information** screen will appear.
5. Review the information included on this screen making changes as appropriate. The **Claims Factor** and **Status** fields will auto fill. When all information is updated click the **NEXT** button at the top of the screen.
6. The **Policyholder Questions** screen will appear. To the right of the questions is a drop-down box for Yes/No answers and below the question is a free form box for comments or additional information.



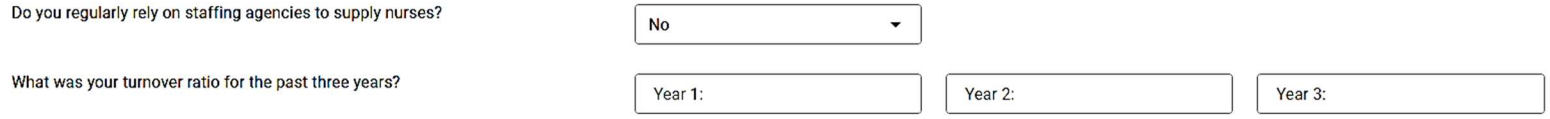
The method to calculate the financial ratios is included below each ratio



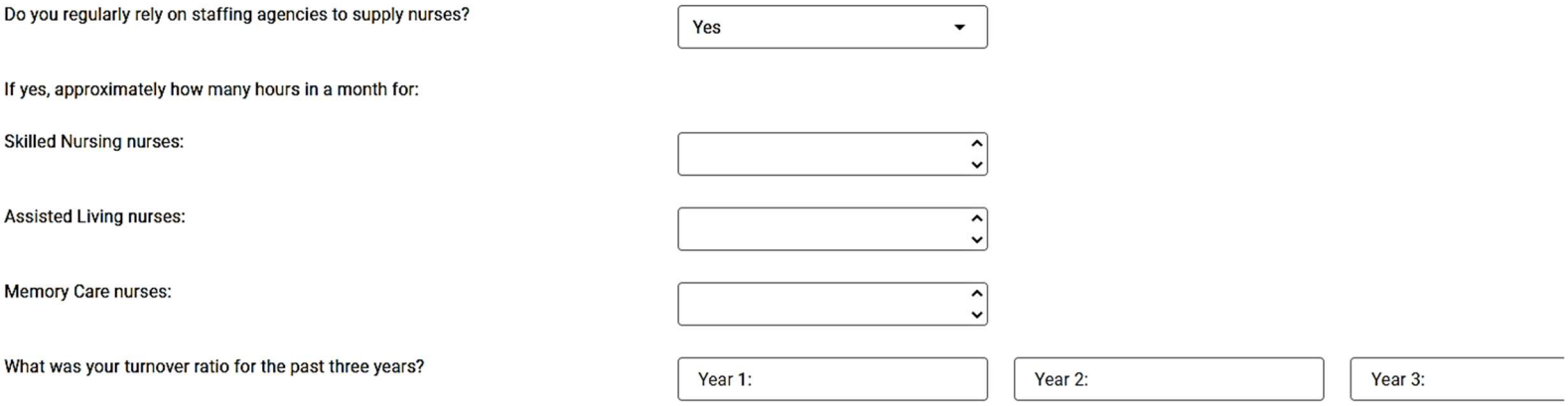
A Comment box is at the bottom of the screen for any additional information you would like to include to explain any of the answers on this screen. When you have completed the screen click the **NEXT** button at the top of the screen. This will save the information you have entered.
If there are empty fields a notice will come up to let you know how many fields are left empty. Clicking the **OK** button on the notice will remove it from the screen. You can then navigate back to the **POLICYHOLDER QUESTIONS** screen using the navigation bar at the top of the screen.

7. The next screen is the **Underwriting** section. On this screen there are again drop-down boxes for Yes/No answers with comment boxes available for explanations. Some answers will open additional questions to complete.

For example:



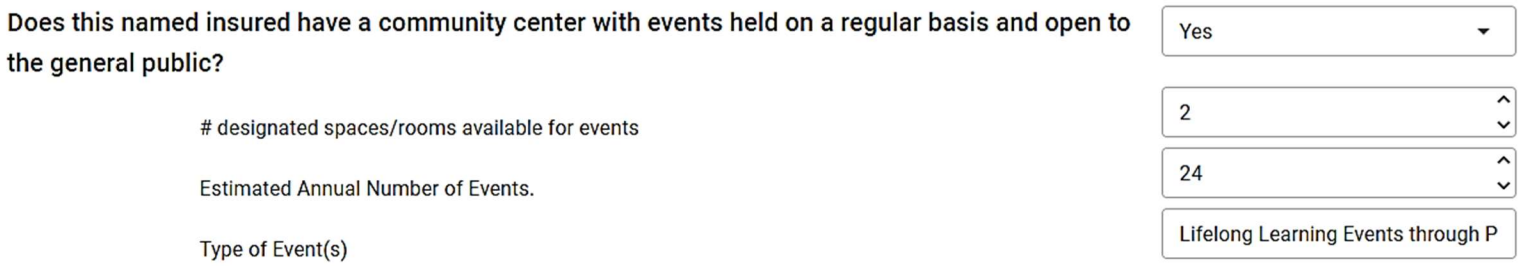
But if you answer this question Yes:



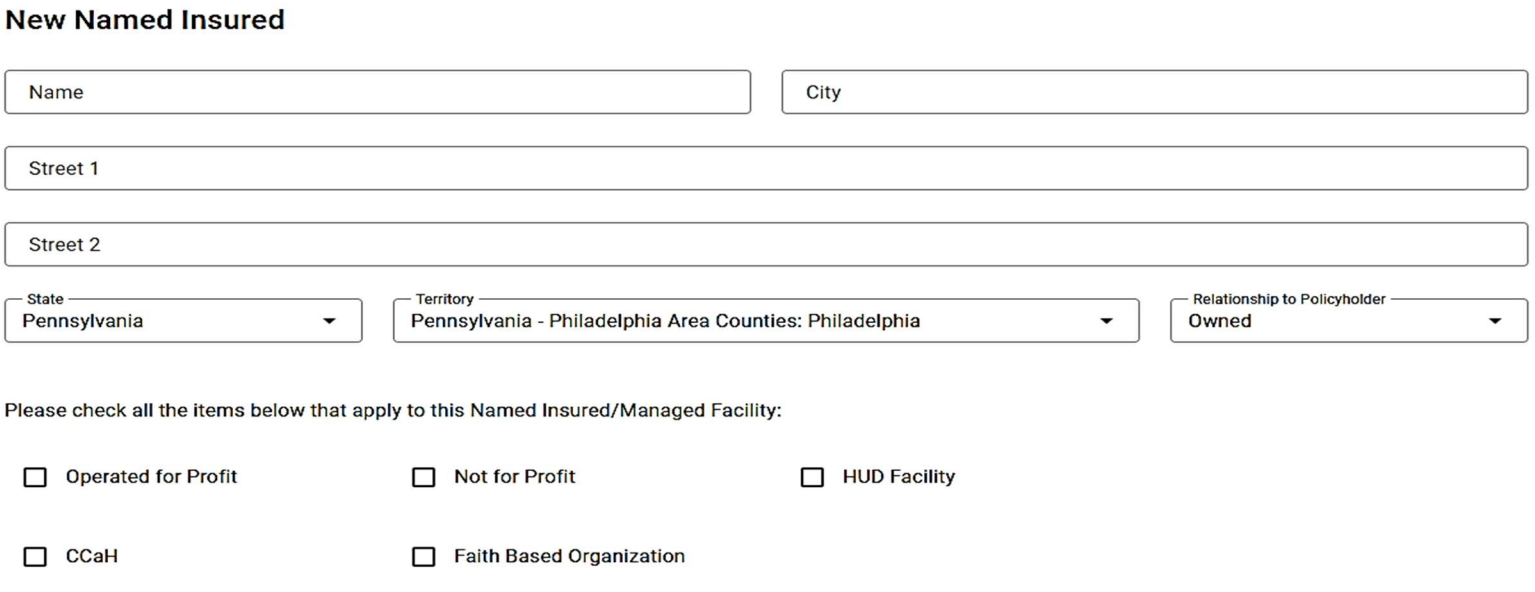
After completing all questions on this screen click the **NEXT** button at the top of the screen to save your answers and move you to the next screen. Here again you will be notified of empty fields on the Underwriting page. Clicking **OK** will remove the notice and you can move on or navigate back to the **UNDERWRITING** screen.

8. The next two sections are the **Named Insureds** and the **Liabilities**. Review the list of named insureds. If any of them are no longer active and do not need to be covered click the **Remove** symbol (trashcan) at the end of that line. For each other named insured click the **Edit** button (pencil) and review the information for that named insured – under each named insured are questions about possible activities of that named insured with Yes/No drop-down answers. If you answer **Yes** to any of these activities additional information questions will appear.

Example:



To add additional named insureds click the "**+**" button which will open a blank named insured screen to complete for the additional entity.



After completing the information for the each entity including the Ancillary Questions click "**SAVE**" and you will return to the list of Named Insureds. You will need to review each entity and click the **"SAVE"** button to transfer them to the **Liabilities** screen.

Once all Named Insureds are listed click the "**NEXT**" button to save your information and take you to the **Liabilities** screen. For each listed insured include the licensed beds for Skilled, Intermediate, Assisted Living and Memory Care exposures. For Independent Living and HUD housing apartments include the number of doors or units (a duplex would be two (2) doors or units). If your facility offers short stay care use the CMS 2540 Worksheet S-3 Part I to complete the Title XVIII Inpatient Days and Bed Days Available.

Name of Named Insured	Skilled Care Beds	Intermed. Care Beds	Assisted Living Personal Care Beds	Independent Living Units/Doors	CCaH Number of Member Visits	Virtual Home Health Number of Visits	Title XVIII Inpatient Days or Visits	Bed Days Available
First Named Insured	95	0	68	0	0	0	184	24897
HUD Housing Apartments	0	0	0	45	0	0	0	0
Memory Care Housing	0	0	24	0	0	0	0	0
Independent Living Apartments	0	0	0	247	0	0	0	0

Once everything has been entered click the "**NEXT**" button to save your work and take you to the **Verification** section.

9. In this section you will upload the requested documents if they are applicable to your facility.

DOCUMENTS TO SUBMIT (.pdf format is acceptable)

- Certificate of Authority as a Continuing Care at Home Provider
- Copy of the Current Skilled Care, Intermediate Care and/or RCFE or Dual Licenses
- Copy of the Current Assisted Living, Personal Care or Residential Care License
- Most recent Audited Financial Statement
- Copy of the Current Primary Automobile Declarations page that includes:
    a. Schedule of vehicles
    b. Policy Term
    c. Liability Premium
- Currently valued (within 90 days) Primary Automobile loss run for the most recent 5 years (2009-2014)
- For any **New Entity** added onto this renewal survey: Please submit legal documents referencing the formation and date the entity was registered.
- For any **Name Changes** referenced on this renewal survey: Submit legal documents referencing the change
- Submit Evidence of Current Medical Malpractice for all Medical Personnel as appropriate. (Employed, contracted or volunteer)
- A copy of your most recent Medicare Cost Report – Form CMS 2540-10 Worksheet S-3 Part I
- Copy of your Pandemic Response Policy if you have made changes or updated the policy since the last time it was submitted

The system will allow you to upload multiple documents under each category.

Once you have completed the uploads – check that you completed the survey and are ready to submit - "**sign**" and date the document then click the "**SUBMIT**" button. If the submission was successful, you should see a screen telling you the survey was submitted for review.

You will be contacted with any questions or requests for additional information through email to the Main Contact shown on the General Information screen of the survey.