The Hanover Insurance Group®

Durable Medical Equipment Advantage

Supplemental Application

INCLUDE THE FOLLOWING WITH THIS COMPLETED AND SIGNED SUPPLEMENTAL APPLICATION:

☐ Completed and signed ACORD applications ☐ 5 years of currently valued loss runs

☐ Marketing or Advertising brochures or descriptive materials provided to clients.

GENERAL APPLICANT INFORMATION

Applicant Name: StateServ Parent LLC

Preferred Effective Date: 10/1/2026 Website: www.stateserv.com

Primary owner(s) or principal(s): _____

Please identify any other subsidiary organization(s) that should appear as additional named insureds:

_____

Federal Employee Identification Number: 87-3115334

Professional Organization Memberships: _____

Number of years in operation: 22 Years under present management: _____

Within the past five years has the applicant acquired, sold or discontinued any operations? ☑ Yes ☐ No

If Yes, please provide details: Acquisition of DeltaCare

Risk Management Contact: Elliot Amundson Phone: _____ Email: elliot.amundson@dragor

GENERAL INFORMATION

1. Is the Applicant licensed in all states in which operating? ☑ Yes ☐ No

   Licensed by: Joint Commission and/or AQHA or by the State (Florida AHCA and DBPR)

   a. If No, please advise if the state requires licensure to perform services being provided? ☐ Yes ☐ No
2. Is the Applicant Medicare licensed and certified? ☐ Yes ☑ No

   If Yes, please provide Medicare Provider number: _____
3. Is the Applicant Medicaid licensed and certified? ☐ Yes ☑ No
4. Has the Applicant or any staff member ever been disciplined by any local, state, or federal authority, or has their license ever been revoked or suspended? ☐ Yes ☑ No

   If Yes, please explain: _____
5. Is the Applicant accreditated with:

   a. Community Health Accreditation Partner (CHAP) ☐ Yes ☐ No Effective Dates: _____

   b. Joint Commission ☑ Yes ☐ No Effective Dates: _____

   c. Any other accrediting body? ☑ Yes ☐ No Effective Dates: _____

   Please describe: _____

more

6. Prior Carrier Information

	NO PRIOR COVERAGE	COMPANY	LIMITS	COVERAGE FORM	RETROACTIVE DATE	ANNUAL PREMIUM
Professional Liability	☐	Travelers Prop & Casualty	$1M/$3M	☑ Occurrence ☐ Claims Made		$
General Liability	☐	Travelers Prop & Casualty	$1M/$3M	☑ Occurrence ☐ Claims Made		$
Abuse & Molestation	☐	Travelers Prop & Casualty	$1M/$3M	☑ Occurrence ☐ Claims Made		$
					Or, provide Annual Policy Premium	$

7. Is the Applicant aware of ANY claims or specific facts or circumstances which may give rise to a claim being made against any person or entities applying for this insurance that have NOT been reported to your previous carrier? ☐ Yes ☑ No

If Yes, please provide details including dates, current status, and any amount paid/incurred. (Attach additional pages if necessary).

8. Product/Services Offered

	REVENUES: SALES	REVENUES: REPAIRING OR INSTALLING
Diagnostic Equipment	$	$
Disposable Medical Supplies	$	$
Durable Medical Equipment	$ $146000000	$
Elevators	$	$
Invasive Products	$	$
Laser Rental/Sales	$	$
Life Support or Medical Monitoring Devices including ventilators	$	$
Medical Gas Systems	$	$
Orthotics/Prosthetics	$	$
Oxygen (gas and cylinders)	$ 10000000	$
Refurbished DME	$	$
Servicing DME	$	$
Soft Goods	$	$
Stair/Ceiling Lifts	$	$
Vehicle Hand Controls	$	$
Vehicle Lifts (person in chair)	$	$
Wheelchair Lifts (empty chairs)	$	$
Wholesale Durable Medical Equipment	$	$

9. Miscellaneous Services

	REVENUES:
Home Healthcare (please complete Home Healthcare Application)	$
Installation/construction–home renovations and installations for disability access and accommodation	$
Orthotics/Prosthetics (please complete Orthotics & Prosthetics Application):	$
Pharmacy (please complete Pharmacy Application)	$
Other (please describe): **Benefit Management $450M, Pharmacy $420M**	$ $870000000

10. Does the Applicant draw plans, designs, specifications or manufacture any products? ☐ Yes ☑ No
If Yes, provide a detailed explanation including items and percentage of sales:
_____

11. Does the Applicant repackage, relabel, or in any way alter a manufacturer's product or label? ☐ Yes ☑ No
If Yes, provide a detailed explanation including items and percentage of sales:
_____

12. Does the Applicant directly import products from a foreign manufacturer? ☐ Yes ☑ No
If Yes, provide a detailed explanation including items and percentage of sales:
_____

13. Does the Applicant customize, modify or repair any equipment? ☐ Yes ☑ No
If Yes, provide a detailed explanation including items and percentage of sales:
_____

14. Does the Applicant rent/sell products or services to hotels, resorts, casinos or other retailers? ☐ Yes ☑ No
If Yes, provide a detailed explanation including items and percentage of sales:
_____

15. Does the Applicant provide any installation services to any non-residential customers? ☑ Yes ☐ No
If Yes, provide a detailed explanation including items and percentage of sales:
Setup equipment such as beds

16. Is any representative of the Applicant ever present in an operating room during any medical procedure? ☐ Yes ☑ No
If Yes, provide a detailed explanation:
_____

17. If providing training on use of equipment, does the Applicant obtain written documentation from documentation from the customer that they have received the training? ☑ Yes ☐ No
If No, provide a detailed explanation:
_____

18. Does the Applicant use a Rental Agreement when renting equipment to customers? ☑ Yes ☐ No

19. Does the Applicant use facilities other than authorized Original Equipment Manufacturer facilities to service and repair equipment? ☑ Yes ☐ No

20. Is the Applicant an authorized repair facility for any manufacturer? ☐ Yes ☑ No
If Yes, list the equipment and manufacturer: _____

21. Does the Applicant perform any repairs or modifications that void any manufacturer's warranties? ☐ Yes ☑ No
If Yes, provide a detailed explanation:
_____

more

22. Medical Professional Staffing:

POSITION	EMPLOYEE FULL TIME	EMPLOYEE PART TIME	VOLUNTEERS FULL TIME	VOLUNTEERS PART TIME	INDEPENDENT CONTRACTORS FULL TIME	INDEPENDENT CONTRACTORS PART TIME
Orthotists/Prosthetists						
Pharmacist						
RN						
Therapist–Occupational						
Therapist–Physical						
Therapist–Speech						
Therapist–Respiratory	6	7				
Other (specify)						

23. Do all independent contractors maintain separate professional liability insurance with available limits at least $1m/$3m? ☐ Yes ☑ No

If No, are you requesting that they be added to the coverage for which you are applying? ☑ Yes ☐ No

DECLARATION AND SIGNATURE

Authorized Representative Designation

The person named herein is an authorized representative of the person(s) or entity(ies) proposed for this insurance and designated to give and receive any and all notices on behalf of such person(s) or entity(ies) concerning this insurance.

Named Individual: _____

Title/Position: _____ **Date:** _____

Authorization

By signing this application the undersigned declares that they have reviewed the application for accuracy before it was signed, answered the questions in this application to the best of their ability and that, to the best of their knowledge following reasonable inquiry, the statements set forth herein and in any attachments or other documents submitted with this application are true, complete, accurate, correct and no material facts have been omitted, misrepresented, or misstated. The undersigned understands that the Insurer will have relied on all such information provided by the undersigned in issuing the policy. The undersigned further represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known to any entity official or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. The signing of this application does not bind the insurance company to issue a policy, but it is agreed that this application shall be the basis of the contract should a policy be issued.

Signature of Authorized Entity Representative: Elliot Amundson Elliot Amundson (Jul 25, 2026 17:06:42 CDT) **Date:** Jul 25, 2026

Fraud Notice

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties.

Signature in Full: _____ **Date:** _____

FRAUD NOTICE–Where Applicable Under The Law of Your State

Notice to Alabama Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Notice to Arkansas Applicants Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to California Applicants: For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purposes of defrauding or attempting to defraud the policyholder with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to District of Columbia Applicants: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or any application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Notice to Hawaii Applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Notice to Kentucky Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Notice to Louisiana, Rhode Island and West Virginia Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Maine Applicants: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Notice to Maryland Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to New Mexico Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Notice to New York Applicants: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Ohio Applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Notice to Oklahoma Applicants: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365:15-1-10, 36 §3613.1).

Notice to Oregon Applicants: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

Notice to Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

Notice to Tennessee and Virginia Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Notice to Washington Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.