

## ASSISTED LIVING FACILITIES INSURANCE APPLICATION

1. First Named Insured: \_\_\_\_\_  
(First Named Insured is responsible for premium payment, cancellation and changes – refer to policy wording.)
2. Type of Entity:  Individual  Joint Venture  Partnership  Organization (incl. Corporation)  
 LLC  Trust
3. Other Insureds: \_\_\_\_\_  
Relationship to the First Named Insured: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
Street City County State Zip Code
5. Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_
6. Effective Date Desired: \_\_\_\_\_

7. Additional Insureds, Loss Payees and/or Mortgagees:

Type	Name	Address	City	State	Zip Code

8. Property Location Information:

Loc. No.	Street Address	City	County	State	Zip Code
1					
2					

9. Prior Carrier Information--(Loss Information for the past 3 yrs is required. If no insurance – state no insurance.)

Year	Carrier	Policy No.	Incurred Losses	Description of Loss

### General Liability/Professional Liability Limits

Per Occurrence: \$ \_\_\_\_\_

Aggregate: \$ \_\_\_\_\_

Hired and Non-Owned Liability (\$100,000/\$100,000 Max Liability Limit): \$ \_\_\_\_\_

Physical/Sexual Abuse (\$200,000/\$200,000 Max Liability Limit): \$ \_\_\_\_\_

Employee Benefits Liability  Include  Exclude

Personal Liability  Include  Exclude

## UNDERWRITING INFORMATION

### General Section

1. Information:

	No. of	Resident Breakdown	No. of
Licensed Beds		Residents under 18	
Occupied Beds		Residents 18 to 35	
Years in Business		Residents 36 to 50	
Employees		Residents 51 to 65	
Staff Hours per Week		Residents over 65	

2. Management/Owner Personnel:

Name	Age	Length of Employment	Years Experience

**GENERAL LIABILITY/PROFESSIONAL LIABILITY UNDERWRITING**

1. Type of facility: Licensed Adult Foster Care Facility Licensed Home for the Aged  
Unlicensed Assisted Living Facility Other \_\_\_\_\_
2. Type of residents served: Elderly Developmental Disabilities Other \_\_\_\_\_
3. Are you licensed by the state? If yes, License # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Yes No
4. Has your license ever been revoked, suspended or restricted? Yes No  
(If yes, provide a detailed explanation on a separate sheet of paper)
5. Are any residents diagnosed by a physician as having Alzheimer's disease? Yes No  
# in Early Stage: \_\_\_\_\_ # in Mid Stage: \_\_\_\_\_ # in Late Stage: \_\_\_\_\_
6. Are any residents diagnosed by a physician as having Dementia? If yes, how many? \_\_\_\_\_ Yes No
7. Do you bathe and dress residents? Yes No
8. Do you administer medication? Yes No
9. Are there any non-ambulatory residents? If yes, how many? \_\_\_\_\_ Yes No
10. Do you obtain criminal background checks on all employees? Yes No
11. To your knowledge, have you or any employee or volunteer been convicted or arrested? Yes No
12. Do you maintain forms for documenting and recording all incidents & accidents? Yes No
13. Do you have off-premises field trips/activities? Yes No  
If yes, provide frequency and details: \_\_\_\_\_
14. Are precautions taken to track residents? Yes No
15. Are sign-out procedures in place for all residents? Yes No
16. Do you have alarms on your doors when exited from the interior? Yes No
17. Are there security cameras on the premises? Yes No  
If yes, how many cameras? \_\_\_\_\_ Do they have night-vision? Yes No
18. Are there any lakes, ponds, rivers and/or swimming pools or spas on or near your premises? Yes No  
If yes, is it on the premises? \_\_\_\_\_ If so, are residents allowed to use? \_\_\_\_\_  
Is it fenced with a self-locking gate? \_\_\_\_\_ If it is not on premises, what is the distance to the premises? \_\_\_\_\_ Is it fenced? \_\_\_\_\_
19. Is there a dog on the premises? If yes, what breed? \_\_\_\_\_ Yes No
20. Do you have any licensed professionals under contract? Yes No  
If yes, do you obtain certificates of insurance from them? Yes No
21. Do you hire any of your employees from an outside employee-leasing firm? Yes No
22. Do you use any employees from a Temporary Staffing Agency? Yes No
23. Do you keep records on all residents and record all incidents? Yes No
24. Do the premises meet all state regulations regarding life safety such as fire alarms, clearly marked exits, evacuation plans, etc? Yes No
25. Are all admissions to the facility on a voluntary basis? Yes No
26. Does the owner live on the premises and is this their only residence? Yes No
27. Do you organize or sponsor any athletic events or sports teams other than for your residents? Yes No
28. Do you ever serve alcohol to residents or others? Yes No

**HIRED AND NON-OWNED AUTO COVERAGE (Answer only if coverage is desired)**

1. Do you currently have a Commercial Automobile policy? Yes No
2. Do you hire vehicles? Yes No If yes, what types of vehicles do you hire? \_\_\_\_\_
3. Do you hire from a transportation company? Yes No If yes, with drivers? Yes No
4. Total number of hired vehicles: \_\_\_\_\_ Annual cost of hire: \_\_\_\_\_
5. How many employees drive personal vehicles for business use regularly? F/T: \_\_\_\_\_ P/T: \_\_\_\_\_
6. Do you ever transport residents in employee's vehicles? Yes No  
If yes, please describe circumstances: \_\_\_\_\_

7. Do you obtain Motor Vehicle Records on all employees using their autos in your business? Yes No
8. Have you ever had a hired or non-owned automobile loss? Yes No

**PROPERTY UNDERWRITING**

1. Building Information (indicate year of updates – attach a separate sheet if necessary)

Prem #	Bldg. Age	Roof	HVAC	Plumbing	Electrical	Sprinklered (Circle One)	Fire Alarm* (Circle One)
1						Yes No	L P CS
2						Yes No	L P CS

\* (L=Local, P=Police Connected, CS=Central Station)

2. Have you or anyone with a financial interest in the property been convicted of arson, fraud, or other crime related to loss of property owned now or during the past five years? Yes No
3. Distance to nearest fire hydrant? \_\_\_\_\_  
 Distance to nearest fire department? \_\_\_\_\_

**Coverages**

Property (a schedule of buildings may be attached in lieu of completing the schedule below)

Loc. No.	Bldg #	Coverage	Limit of Insurance	ACV, RC or Agreed	Co-Insurance	Constr. Class	PC	Ded.
					80%			
					80%			
					80%			
					80%			
					80%			

**YOU MUST INCLUDE THE FOLLOWING ITEMS WITH YOUR APPLICATION:**

- ORIGINAL SIGNED APPLICATION**
- PRIOR INSURANCE COMPANY AND POLICY NUMBER**
- DETAILED INFORMATION ON ANY PAST CLAIMS**
- COPY OF LICENSE(S)**
- COPY OF MOST RECENT STATE LICENSING INSPECTION REPORTS**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE. Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an Insurer, submits an application or files a claim containing false or deceptive statements may be guilty of insurance fraud and subject to fines and/or imprisonment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Producing Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Name and Address

\_\_\_\_\_  
Phone Number