



Assisted Living Facility Application – General Information

COVERAGES, LIMITS & RATING INFORMATION SHOULD BE SHOWN ON ACORD APPLICATION

Operations:

Location Address:

Type of Care Home:

Association Membership Number:

Years at Location:

Current Residential Care Home License: Yes

Date License Issued:

Annual Revenue:

Annual Payroll:

of Tenant Beds:

Tenant Occupancy Rate:

Are Tenants Ambulatory?: Yes

Are Entrances Monitored? Yes

of 24 Hour Staff:

Background Check on Employees: Yes

Premises:

Year Built:	# of Stories	Building Construction Type:	Roof Material:
Was premises built for current occupancy?: Yes			
Hard Wired or Battery Smoke Detectors?		Central Station Fire Alarm? Yes	
Currently Tagged Fire Extinguishers? Yes		Emergency Lighting System? Yes	
Percentage Sprinklered:			
Adjacent Properties Within 100 ft:			
Burglary Protection:			
Kitchen Protected by Ansul System? Yes		Hood & Duct Cleaning Contract? Yes	
Laundry Facility(ies) Vented? Yes			
Other remarks:			

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 civil penalties.

Insured Signature:

Date:

Agent Signature: