



17.	How many fire extinguishers are in the building? _____	
18.	Is the building sprinklered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Are there smoke detectors in the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Is the fire alarm: <input type="checkbox"/> Local or <input type="checkbox"/> A Central Station Alarm	
21.	Please provide information on the number of staff in your facility:	
	<b>Staff Type</b>	<b>Number</b>
	RN	
	LPN	
	Nurse Aids	
	MD	
	General Care Giver	
	Certified Medication Aide	
	Therapists	
	Counselors/Social Workers	
	Other (describe): _____	

**SIGNATURE AND AUTHORIZATION**

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Supplement are true and complete.

The notices, conditions, representations and authorizations contained in the Application submitted by or on behalf of the Applicant for the proposed insurance, are incorporated into and apply to this Supplement.

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	