TDC SPECIALTY UNDERWRITERS
The Doctors Company Group

TDC Specialty Insurance Company
(hereafter, the "Underwriter")
A wholly owned subsidiary of The Doctors Company
Servicing Address: 29 Mill Street
Unionville, CT 06085

Long Term Care Liability Insurance Renewal Questionnaire

ACCOUNT INFORMATION

1.	Applicant Name	
2.	Principal Address (if changed in last 12 months)	Street:
		City: State: Zip:
3.	Risk Manager or Contact Person:	Name/Title:
		Email:
		Telephone:

EXPOSURE INFORMATION

4. Has the number of licensed beds being insured changed by more than ten percent (10%) in the last twelve (12) months? ☐Yes ☐No

If "Yes" to the above, please complete the exposure schedule below showing the number of skilled, assisted, dementia and independent living beds at each insured location:

Facility Name	Complete Address	Skilled Nursing Facility Beds	Assisting Living Beds	Dementia Beds	Independent Living Beds

Please disclose any information material to this risk that has not otherwise been addressed in this Questionnaire. Attach additional sheets if necessary.

SIGNATURE AND AUTHORIZATION

Applicant Signature:		
By (Chairman and/or President-Print Name):		
	Title:	Date:

Note: This questionnaire must be signed by the Chairman or President of the Applicant acting as the authorized agent of all individuals and entities proposed for this insurance.