

Long Term Care Liability Insurance Additional Location Supplement

THIS SUPPLEMENT IS PART OF THE APPLICATION, INCLUDING A RENEWAL APPLICATION, SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS, REPRESENTATIONS AND AUTHORIZATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS SUPPLEMENT.

A separate Long Term Care Liability Insurance Additional Location Supplement must be completed for each additional facility seeking coverage that is not named in the Application.

ADDITIONAL LOCATION INFORMATION

1. Applicant Name identified in Long Term Care Liability Application: _____

Location #: _____

2. Legal Name of Facility: _____

Physical Address: Street: _____

City: _____ State: _____ Zip: _____

Year built: _____ # of Stories: _____ Total Square Feet: _____

Does this building meet applicable current NFPA life safety codes? Yes No

Construction Type: Frame Brick Non-Combustible Masonry Non-Combustible Fire Resistive

Areas Protected by Approved Automatic Sprinkler System: None Residents Rooms Entire Facility

Common Areas Hallways Trash Collection Area

3. Bed Census	Number of Licensed Beds/Units	Number of Occupied Beds/Units
Skilled Nursing Facility		
Dementia / Alzheimer		
Sub-Acute / Rehabilitation		
Assisted Living		
Independent Living		

4. Other Professional Services None Adult Day Care Home Health Services
Number of Daily Attendees: _____
Number of Annual Visits: _____

5. Resident Age Groups

Age Group	Number of Residents
Age 0-21	
Age 22-50	
Age 51 and Over	

6. Administration and Staff:

	Name	Years Experience	Tenure at Facility	Licensed (Y/N)
Administrator				<input type="checkbox"/> Yes <input type="checkbox"/> No
DON				<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Director				<input type="checkbox"/> Yes <input type="checkbox"/> No

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	