Supplemental Application for Nursing Homes
(to be completed in addition to Acord application)

- Applicant Name:__________________________________________________________
  Years in Business:____________

- How is your facility funded? Private □ _____ %        State/Federal □ _____ % .

- Total # of beds:_______ , # of Occupied beds______, # of Unoccupied beds ______

- Is the facility 100% sprinklered? _____

- What is the smoking policy? Please describe______________________________________________________________________

- Is there a policy in place where the dryer vents in the laundry room are cleaned daily? ______

- What protective equipment is your kitchen equipped with? ________________________________

- Describe preventive & replacement maintenance program for electrical/mechanical equipment, structural problems, etc.______________________________________________________________

- Have there been any building improvements, additions or structural modifications made to any of the buildings?: __________ If yes, describe_______________________________________________________

- Describe security protection (i.e. alarms, fences, etc.)________________________________________________________________________

- Was this facility originally built as a nursing home/assisted living facility occupancy?__________

- If there is more than one building at the same location, attach diagram, indicate distances between buildings and value of each building.

- Attach 3 year hard copy loss runs or provide letter (on insured’s letterhead) signed by insured providing 3 year loss history.