

Assisted Living (Elderly Residents) Supplemental Application

13. What monitoring system is in use? _____
14. How many residents have eloped from your facility in the last 3 years? _____
15. What is the protocol or criteria for placing an alarm bracelet on a resident?

16. Is the family notified of the placement of an alarm bracelet on a resident? Yes No

Resident Census	Location 1	Location 2	Location 3
Number of licensed beds			
Number of occupied beds			
How many Alzheimer's residents?			
How many senile dementia residents?			
How many residents are ambulate only with assistance?			
How many residents ambulate only with assistance?			
How many residents are in a wheelchair all or most of the day?			
How many residents are bedridden?			
Minimum Number of Staff on duty during the Third Shift?			

Scheduled of Physicians (employed or contracted):

Name and Specialty _____

Board Certified _____

Hours/Week Worked _____

Volunteer, Contracted, or Employed? _____

Has Malpractice Insurance? Yes No

Limits of Liability Carried (occurrence, aggregate) \$ _____ \$ _____

Name and Specialty _____

Board Certified _____

Hours/Week Worked _____

Volunteer, Contracted, or Employed? _____

Has Malpractice Insurance? Yes No

Limits of Liability Carried (occurrence, aggregate) \$ _____ \$ _____

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Premises Information

	Location 1		Location 2		Location 3	
Building construction						
Year Built						
Square feet						
Number of Floors						
Fire Alarm (please indicate central, local or none per location)						
Pool	Yes	No	Yes	No	Yes	No
Smoke detectors in all bedrooms/hallways?	Yes	No	Yes	No	Yes	No
Is the building fully sprinklered? If not what % is sprinklered?	Yes	No	Yes	No	Yes	No
Are all non ambulatory and wheelchair bound residents on 1st floor?	Yes	No	Yes	No	Yes	No
Fenced with self-locking gates?	Yes	No	Yes	No	Yes	No

17. Please check the hiring procedures that apply or are conducted to screen applicants:

- Reference Checks
- Criminal Background Checks
- Staff required to have basic training in CPR
- Verification of certification or professional licensing

18. **Staff**

Staff All Locations	1st Shift	2nd Shift	3rd Shift	Staff All Locations	1st Shift	2nd Shift	3rd Shift
MD				Counselor			
RN				Psychologist			
LPN				Therapists			
Nurse Aids				Other (Specify)			

19. **Bedsore Information**

Reporting Date: _____

Bedsore Stage	Acquired in Facility	Inherited from another Location
Stage II		
Stage III		
Stage IV		

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Notice to Applicant: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences they take place during the policy period.

In New York: Any person who knowingly and with intent to defraud any insurance company or other 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 material fact thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the started vale of the claim for each such violation.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, in complete, or misleading information to as insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

Warranty: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release the release of claim information form any prior insurer to Conway E&S, Inc., 100 Allegheny Drive Suite 100 Warrendale, PA 15086.

Applicant's Name: _____

Signature: _____

Title: _____

Date: _____