

Named Insured _____

DBA _____

Mailing Address _____

Phone # _____ Cell# _____ Fax # _____

Individual _____ Partnership _____ Corporation _____

PROPERTY INFO:

Property Address _____

Year Built _____ Square Ft. _____ Distance to Fire Dept _____

Distance to Hydrant _____ Pool _____ Spa _____

Age of Roof _____ Type of Roof _____

Number of Exits _____ Years at Location _____

Burglary Protection _____ Number of Stories _____

Last Wiring Yr _____ Plumbing Yr _____

Heating Yr _____ Roofing Yr _____

Sprinklered _____

Other Structures on Premises? _____

LIABILITY INFO:

Year Business Started: _____

Type of Client _____ Number of Beds Licensed _____

Number of Dementia _____ Hospice _____ Alzheimer's _____

Number of Ambulatory _____ Non Ambulatory _____

Number of Male Residents _____ Female Residents _____

Occupancy Rate _____ Number of Wheelchairs _____

Nursing Staff _____ 24 Hour Staff _____

Aggressive Dogs or Any dogs: _____

Current Insurance Company _____

Expiration Date _____

Premium Amount _____

Mortgagee info _____

Claims for the past 5 yrs _____

Details _____

Referred by _____

Date _____

Prepared by _____