

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 \_\_\_\_\_