Assisted Living / Residential Care Insurance Application

Complete all sections. Attach currently valued loss runs (5 years) and a schedule of locations.

1 · APPLICANT INFORMATION

NAMED INSURED (EXACT LEGAL NAME)		
DBA / FACILITY NAME		**FEIN**
MAILING ADDRESS		
CONTACT NAME / TITLE	**PHONE**	**EMAIL**
ENTITY TYPE	**YEARS IN OPERATION**	**YEARS UNDER CURRENT OWNERSHIP**
STATE LICENSE NUMBER(S)		**LICENSE EXPIRATION**

2 · COVERAGE REQUESTED

☐ Property	☐ General Liability	☐ Professional Liability
☐ Workers' Compensation	☐ Employment Practices	☐ Commercial Auto
☐ Hired & Non-Owned Auto	☐ Excess / Umbrella	☐ Crime
☐ Cyber	☐ Surety / Patient Trust Bond	☐ Other: _____

REQUESTED EFFECTIVE DATE	**CURRENT EXPIRATION DATE**
CURRENT CARRIER(S)	**CURRENT ANNUAL PREMIUM**

3 · FACILITY PROFILE — ASSISTED LIVING / RESIDENTIAL CARE

LICENSED CAPACITY	**CURRENT CENSUS**	**ANNUAL GROSS REVENUE**	**ANNUAL PAYROLL**
STATE LICENSE TYPE (E.G., ALF, RCFE, PCH)		**LICENSEE NAME (IF DIFFERENT)**	

Resident population (check all that apply)

☐ Ambulatory residents	☐ Non-ambulatory residents	☐ Memory care residents
☐ Residents receiving hospice care	☐ Bedridden / non-ambulatory waivers	☐ Residents under age 60

Services and operations (check all that apply)

☐ Secured memory care unit	☐ Medication management	☐ Awake staff overnight
☐ On-site licensed nurse	☐ Resident transportation	☐ Special diets prepared

TOTAL EMPLOYEES	CAREGIVERS PER SHIFT (DAY)	CAREGIVERS PER SHIFT (NIGHT)	ADMINISTRATOR TENURE (YRS)

Most recent licensing visit

VISIT DATE	CITATIONS / DEFICIENCIES, IF ANY

4 · LOSS HISTORY

List all claims and incidents in the past 5 years across all lines, or check: ☐ No losses in the past 5 years

CLAIMS / INCIDENTS (DATE, LINE OF COVERAGE, DESCRIPTION, AMOUNT PAID OR RESERVED, OPEN OR CLOSED)

Attach currently valued carrier loss runs for the past 5 years for each line of coverage requested.

5 · ATTACHMENTS CHECKLIST

☐ 5-year loss runs	☐ Schedule of locations	☐ Statement of values
☐ Current dec pages	☐ Payroll by class code	☐ Vehicle schedule (if auto)

6 · SIGNATURE

The undersigned represents that the statements in this application are true and complete to the best of their knowledge, and understands that this application does not bind coverage. Coverage availability, terms, conditions, and pricing are subject to underwriting approval by the insurance carrier.

APPLICANT SIGNATURE	TITLE	DATE

Return the completed application and attachments through the upload page at bedrockglobalins.com or to contact@bedrockglobalins.com · 818-937-1827