



**LONG TERM CARE ORGANIZATIONS  
PROFESSIONAL AND GENERAL LIABILITY  
RENEWAL APPLICATION**

**PROGRAM UNDERWRITERS**

*The short form renewal application is designed to capture any changes in operations since the prior policy was issued.  
Please provide information that differs from the original application.*

**A. Applicant Information**

- 1 Corporate Name: \_\_\_\_\_
- 2 Address: \_\_\_\_\_
- 3 Policy Number: \_\_\_\_\_ Policy Term: \_\_\_\_\_
- 4 If you have an outside management company, have there been any changes? Yes No  
If "Yes" please describe: \_\_\_\_\_

**B. Description of Services**

- 1 Please advise if there have been any changes in any exposures (i.e. Home Health or Adult Daycare) or change in operations. Yes No  
If "Yes", please describe: \_\_\_\_\_
- 2 Are there any additional facilities? Yes No  
If so, please list: \_\_\_\_\_
- 3 Please provide a census and exposures update by facility. Use the additional tab for any additional facilities.  
Facility Name: \_\_\_\_\_  
Facility Address: \_\_\_\_\_

Exposures:	Total Licensed Beds	Current Number of Occupied Beds
Skilled Nursing / Intermediate:	_____	_____
Assisted Living:	_____	_____
Dementia & Alzheimer:	_____	_____
Independent Living (unlicensed):	_____	_____
Home Health Services:	_____ number of annual visits	
Adult Daycare:	_____ number of daily attendees	

- 4 Resident Groups Under 21: \_\_\_\_\_ 21 to 54: \_\_\_\_\_  
Age of Resident 55-75 \_\_\_\_\_ 75+ \_\_\_\_\_

**C. Staffing**

- Has there been any turnover in Key Staff (Medical Director, Administrator, Director of Nursing)? If "Yes", please describe: Yes No  
\_\_\_\_\_

**D. Claims**

Please provide five (5) years of updated insurance company or third-party-administrator produced loss runs that have been valued within the last three (3) months.

**E. Warranty Statement**

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSONS AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS HEREIN ARE TRUE AND COMPLETE. THE INSURER IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO COMPLETE THE INSURANCE.

IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE POLICY EFFECTIVE DATE, THE APPLICANT WILL NOTIFY THE INSURER WHO MAY MODIFY OR WITHDRAW ANY QUOTATION.

THE INFORMATION CONTAINED AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE INSURER AND, ALONG WITH THE APPLICATION, IS CONSIDERED TO BE PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME PART OF THE POLICY ISSUED.

Print Applicant Name:

Applicant Signature:

Title:

Date:

---

---

---

---