



Amalgamated Insurance Underwriters, LLC
1 Paragon Drive, Ste 265
Montvale, NJ 07645
800-613-2600

Healthcare Facilities Supplemental

General Information:

Applicant _____ EIN _____
DBA _____ Website _____
Location Address _____
Mailing Address _____
Nature of Business _____ Years owned Business _____
Has the applicant ever filed bankruptcy? Yes [] No []
Managing Contact _____ Phone # _____ Position _____
Property Manager _____ Phone # _____ Email _____

General Location Information:

Property Type _____ In-Unit Cooking Exposure? Yes [] No []
Years Owned _____ Owner Operated? Yes [] No [] If No, please provide Insurance Evidence
Total Beds: _____ Total Units (if Applicable): _____ Average Occupancy Rate: _____%

Building Information:

Year Built: _____ Total Square Footage: _____ # of Buildings: _____ # of Stories: _____
Any Additions/Renovations made to original property: Yes [] No []
If Yes, Describe including year (s) completed: _____
Roof Type: _____ Roof Age: _____ Electricity Type: Fuses [] Circuit Breakers [] Age _____
Any Stab-Lok Fuses Present? Yes [] No []
Type of Wiring: _____ Age: _____ If Aluminum, Remediated? Yes [] No [] Remediation Type: _____
Distance to Fire Hydrant: _____ Distance to Fire Station: _____
Sprinkler System: Yes [] No [] Percent Area protected by Sprinkler: _____%
Type of Smoke Alarms: _____ Covering all Hallways/Common Areas? Yes [] No []
How often are Smoke Alarms Inspected: _____ Are Exit Signs Illuminated: Yes [] No []
Is there a Written Evacuation Plan: Yes [] No [] Are all employees trained in evacuation plan: Yes [] No []
Enclosed Stairwells: Yes [] No [] Heat Detectors: Yes [] No [] Self closing doors in main areas: Yes [] No []

Thank you for your business!



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Cooking Facilities:

Does the facility have a main kitchen? Yes No Operated by Owner or Leased:
Does the Kitchen have an Automatic Extinguishing System over all Cooking Surfaces? Yes No
Is the Extinguishing System Equipped with an Automatic Fuel Shut-Off Switch? Yes No
Is the Hood and Duct cleaning on a Service Contract? Yes No Service Period:
Does the Kitchen comply with the NFPA 96? Yes No

Medical/Diagnostic Equipment:

Total Equipment Value: \$ Equipment Types: Owned or Leased:
What security is in place for protection of medical equipment?
What security is in place for protection of drugs/medications?
For equipment valued \$50k or more, attach itemized equipment list including Description, Manufacturer, Age, Value

Security, Policies & Procedures:

Type of Premises Security If Security Guard, Armed? Yes No
Is there a manager on premises/24 hours duty? Yes No

Does the Applicant have:

- A progressive discipline policy? Yes No
An employee complaint/grievance resolution procedure? Yes No
A program to train supervisory and management personnel to recognize, report, and respond to all potential hostile situations? Yes No
A background check procedure for all potential employees? Yes No
Are there security cameras in common areas and outdoors? Yes No

Claim History:

Number of Property Claims in Past 5 years? Claim Type: Payout:

Any person who knowingly and with intent to defraud any insurance company or other person files and application for insurance or statement or claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant Name/Title

Applicant Signature Date

Thank you for your business!