



Amalgamated Insurance Underwriters, LLC
1 Paragon Drive, Ste 200
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 []
Property Manager* _____ Phone #* _____ Email* _____

Claim History:*

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

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 _____
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 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 []

*Required Field



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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
A customer complaint/grievance resolution procedure? Yes No
A program to train supervisory and management personnel to recognize, report, and respond to all potential hostile employees or situations? Yes No
A background check procedure for all potential employees? Yes No

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*

*Required Field