



## Nursing Home/Retirement Home/Long Term Care Home Application

### General Information

Name of Broker/Producer:	
Legal Name of Applicant:	
Mailing Address:	
Web Site Address:	
Contact Name/Title: (For inspection purposes)	Telephone Number:

1. In what year did the business start to operate under the current ownership? \_\_\_\_\_
2. Is the Business: ☐ Public (municipally owned) ☐ Private (profit) ☐ Private (non-profit) ☐ Retirement Home
3. Type of Nursing Home: ☐ Operation providing minimal support (may provide meals/housekeeping; no nursing care provided)  
☐ Operation providing moderate levels of personal care or support (RN/RPN on staff), less than 1.5 hours of care per day per resident  
☐ Long Term/Chronic Care Facility/Nursing Home providing 24-hour nursing care
4. What regulatory body oversees the operation of this facility? \_\_\_\_\_
5. Is the business accredited by a recognized third-party accreditation body? ☐ Yes ☐ No
6. Date of Last Accreditation: \_\_\_\_\_
7. a) Is the applicant a member of any associations? ☐ Yes ☐ No  
b) If 'Yes', which associations? \_\_\_\_\_
8. What is the status of the business license? ☐ Conditional License ☐ Non-Conditional License  
☐ License not required to operate
9. a) Has the license ever been revoked, suspended or cancelled? ☐ Yes ☐ No  
b) If 'Yes', please provide details: \_\_\_\_\_
10. a) Is the business owned & operated by the same entity or managed by others?  
☐ Managed by Owner ☐ Managed by Others  
b) If 'Yes', is there a contract in place? ☐ Yes ☐ No  
c) If 'Others', Name of Company: \_\_\_\_\_  
Please attach a copy of contract referencing obligations and parameters of third party's duties to perform.

### Prior Insurance

1. Current Property \_\_\_\_\_ Expiry Date: \_\_\_\_\_
2. Current Liability Insurer: \_\_\_\_\_ Expiry Date: \_\_\_\_\_
3. Current Professional Liability Insurer: \_\_\_\_\_ Expiry Date: \_\_\_\_\_
4. a) Has any insurer cancelled or declined to renew an insurance policy for the Applicant in the past five (5) years? ☐ Yes ☐ No  
b) If 'Yes', please provide details of the circumstances below:

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5. Please provide all claim information or incidences for which no insurance claim was submitted for the last five (5) years.  
If no claims, please check here. ☐

Date of Claim	Description	Amount Paid

### Abuse Coverage

1. Does the applicant currently carry Abuse coverage? ☐ Yes ☐ No
2. Regardless if insurance is in place, please provide a loss history for all alleged abuse claims reported.
3. Is the applicant aware of any facts, incidents or circumstances, which may result in a suit being brought against the applicant? ☐ Yes ☐ No

### Financial Stability

1. Total Annual Revenues: Current twelve (12) Months: \_\_\_\_\_ Previous twelve (12) Months: \_\_\_\_\_
2. Who provides each category of revenues to the organization and why?  
\_\_\_\_\_
3. Are there restrictions on how these revenues are used? ☐ Yes ☐ No
4. How does the organization go about soliciting these revenues? \_\_\_\_\_
5. How secure is each source of revenue for future periods? \_\_\_\_\_
6. What is the source of investment income? \_\_\_\_\_
7. What is the target return on investments? \_\_\_\_\_ %
8. Is this achievable in the current economic climate? ☐ Yes ☐ No
9. What are the costs associated with raising this kind of revenue? \_\_\_\_\_
10. Are the fundraising costs warranted, relative to the benefits received? ☐ Yes ☐ No
11. Are there fundraising protocols that provide guidance to management? ☐ Yes ☐ No

### Hiring and Screening Procedures

1. Are all applicants, including volunteers and third-party contractors, required to complete a written application? ☐ Yes ☐ No
2. Does this application contain a release of liability that the job applicant signs, that authorizes the employer to conduct reference checks? ☐ Yes ☐ No
3. Are work experience reference checks always conducted and documented? ☐ Yes ☐ No
4. Is their education background checked? ☐ Yes ☐ No
5. Are all personal interviews conducted by a senior staff member? ☐ Yes ☐ No
6. Are all prospective and current employees/volunteers required to produce physical evidence of a clean police background check? ☐ Yes ☐ No
7. a) Are any third-party contractors used? (personal support workers, nurses, other healthcare providers, etc.) ☐ Yes ☐ No  
b) If 'Yes', are they required to provide clean police background checks? ☐ Yes ☐ No

### Human Resources/Training

1. Do new employees/volunteers receive formal induction training? ☐ Yes ☐ No
2. Is there formal training/education provided for staff (including formal refresher courses) on abuse/neglect awareness and prevention? ☐ Yes ☐ No
3. Is there an internal, documented protocol for abuse prevention?  
If 'Yes', please attached copy. ☐ Yes ☐ No
4. Do all employees/volunteers participate in documented annual performance reviews? ☐ Yes ☐ No
5. Are resident and family satisfaction surveys completed by the organization? ☐ Yes ☐ No

### Intervention and Reporting Incidents

1. Is there a senior person within the organization who is designated to handle incidents of alleged abuse? ☐ Yes ☐ No
2. Is there a written procedure in place for handling incidents of unhealthy behaviour or alleged abuse? ☐ Yes ☐ No
3. Are all personnel aware of the necessity for prompt reporting of incidents? ☐ Yes ☐ No
4. Are there documented guidelines in place that require all suspected inappropriate behaviours/alleged incidents to be reported and followed up on? ☐ Yes ☐ No

### Record Keeping

1. Are the following permanently and securely kept?
  - Employment application forms, declarations, references and identity verification for all personnel? ☐ Yes ☐ No

- Records of police checks? ☐ Yes ☐ No
  - Records of abuse prevention training provided to staff? ☐ Yes ☐ No
  - Records of emergency and outbreak protocol training provided to staff? ☐ Yes ☐ No
  - Accidental/incident registers, records of abuse allegations, abuse occurrences including notification to authorities? ☐ Yes ☐ No
  - Referral, assessment, treatment & care plans and related correspondence? ☐ Yes ☐ No
  - A record of historical liability and/or abuse insurance policies? ☐ Yes ☐ No
2. What is the frequency of review of protocols in place around infection prevention, critical incident, emergency preparedness, drills, onboarding of new staff and regular training?
- ☐ No review      ☐ Monthly      ☐ Quarterly      ☐ Annually
3. Does the business provide immunization to: ☐ Staff      ☐ Volunteers      ☐ Residents
4. Does the business provide specialized care training? ☐ No training      ☐ Monthly      ☐ Quarterly      ☐ Annually

### Documentation – Plans/Policies/Procedures

Please check the box if you have the following in place. Please confirm if these are in place for all locations on the policy. ☐ Yes ☐ No

<input type="checkbox"/>	Government recommendations/guidelines regarding contagious diseases, pandemics or similar outbreaks for your operation
<input type="checkbox"/>	Return to work plans
<input type="checkbox"/>	Business continuity plans/policies/procedures
<input type="checkbox"/>	Emergency response plans/policies/procedures
<input type="checkbox"/>	Crisis management plans/policies/procedures including communication plans in place
<input type="checkbox"/>	Plans/Policies/Procedures in place for those who meet with clients, staff and community members in-person to prevent the spread of this type of sickness/disease
<input type="checkbox"/>	Plans/Policies/Procedures supporting those self-monitoring for symptoms or self-isolating as a result of any communicable disease or illness
<input type="checkbox"/>	Policies and Procedures for maintaining sanitization logs
<input type="checkbox"/>	Food Preparation Plans/Policies/Procedures
<input type="checkbox"/>	Plans/Policies/Procedures for group activities (ex. staggered mealtimes, arrival/departure times, etc.)
<input type="checkbox"/>	Plans/Policies/Procedures for Transportation Services (ex. seat distancing, driver distancing, sanitization, etc.)

### Location #1 (If more than one location on the policy, must attach additional location application.)

1. Location address (if different from postal address): \_\_\_\_\_
2. Mortgagee/Loss Payee Name and Address: \_\_\_\_\_
3. Number of suites/units: \_\_\_\_\_
4. Number of suites/units occupied: \_\_\_\_\_
5. Number of beds: \_\_\_\_\_
6. Number of beds occupied: \_\_\_\_\_
7. Number of private rooms: \_\_\_\_\_
8. Number of semi-private rooms: \_\_\_\_\_
9. How many rooms with three or more beds? \_\_\_\_\_
10. How many residents are bed ridden (if applicable)? \_\_\_\_\_
11. a) Is more than 1.5 hours of care provided per resident per day? ☐ Yes ☐ No
- b) If 'Yes', then please select from the following:
- ☐ two (2) hours      ☐ two (2) to three (3) hours      ☐ three (3) to four (4) hours      ☐ four (4) + hours
12. How many staff have been employed by the facility for: Less than two (2) Years: \_\_\_\_\_ Two (2) to five (5) Years: \_\_\_\_\_
- Five (5) to ten (10) Years: \_\_\_\_\_ Over ten (10) Years: \_\_\_\_\_
13. Is a manager on site at all times? ☐ Yes ☐ No

### Facilities/Staffing

1. What facilities/activities are available to residents? (i.e.: recreational, fitness centres, craft classes, day trips, etc.)

2. Please list any services provided by outside parties to residents (podiatrist, chiropractor, hairdressers, etc.)

3. Do they provide evidence of their own liability insurance, including professional? ☐ Yes ☐ No
4. a) Is there a written contract in place with a qualified contractor for snow and ice removal? ☐ Yes ☐ No
- b) If 'Yes', is a certificate of insurance obtained from the contractor? ☐ Yes ☐ No
- c) If 'No', who is responsible for snow/ice removal services? \_\_\_\_\_ and are logs kept? ☐ Yes ☐ No

5. Occupation/Nature of Work	# of Full Time Employees	# of Part-Time Contracted/Agency Employees	# of Full Time Contracted/Agency Employees
Registered Nurses			
Licensed/Registered Practical Nurses			
Management			
Clerical/Administrative			
Care Assistants/Orderlies			
House Keeping/Maintenance			
Social Workers			
Nutritional Management/Food Services			
Others (Please Describe):			

6. Do RN's/LPN's/RPN's have their own professional liability insurance? ☐ Yes ☐ No
7. Do other professionals (social workers, dietician, etc.) have their own professional liability insurance? ☐ Yes ☐ No
8. Are all employees covered by Worker's Compensation? ☐ Yes ☐ No
9. Are all employees/volunteers subject to police criminal background screening? ☐ Yes ☐ No
10. Does the facility have their own vehicle (i.e. minibus)? ☐ Yes ☐ No
11. a) Do any employees regularly use their personal vehicles for business? ☐ Yes ☐ No
- b) If 'Yes', how many? \_\_\_\_\_
12. For employees & volunteers that use their personal vehicles, does the applicant confirm that a minimum of \$1,000,000 third party liability policy is in force? ☐ Yes ☐ No
13. Is their driving record checked? ☐ Yes ☐ No
14. a) Are any vehicles rented, borrowed or chartered to take residents on trips? ☐ Yes ☐ No
- b) If 'Yes', please provide details including any trips to the USA.

15. a) Does the facility contract private ambulance transportation services? ☐ Yes ☐ No
- b) If 'Yes', please provide details including documentation and transportation log/record.

### Pandemic Protocol

1. Who is performing the cleaning/maintenance? ☐ Staff ☐ Third Party
2. a) Did this location have a Covid-19 contagious disease or similar outbreak in the current or prior term? ☐ Yes ☐ No
- b) If 'Yes', were there fatalities and how many? \_\_\_\_\_
3. Have there been any legal proceedings brought against the facility as a result of Covid-19 or similar ☐ Yes ☐ No
4. a) Have you implemented all governmental recommendations/guidelines regarding contagious diseases, pandemics or similar outbreaks ☐ Yes ☐ No
- b) If 'No', please describe any policies/procedures or practices that differ from that of current government guidelines.

5. Is a medication continuity plan included within your business continuity plan? ☐ Yes ☐ No

## Property Details

1. Wall Construction	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Hollow Concrete Block	<input type="checkbox"/> Solid Brick Masonry	
	<input type="checkbox"/> Brick Veneer	<input type="checkbox"/> Glass Panel – Metal Frame	<input type="checkbox"/> Metal Clad – Steel Frame	
	<input type="checkbox"/> Metal Clad – Wood Frame	<input type="checkbox"/> Frame/Stucco	<input type="checkbox"/> Log, Rustic	

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2. Roof Construction	<input type="checkbox"/> Concrete Joist	<input type="checkbox"/> Steel Deck	<input type="checkbox"/> Wood Joist	<input type="checkbox"/> Heavy Timbers
	<input type="checkbox"/> Open Steel System, Corrugated Metal, Steel	<input type="checkbox"/> Open Wood, Corrugated Metal		

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3. Floor Construction	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete Pad	
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4. Year Built: \_\_\_\_\_

5. Number of Storeys: \_\_\_\_\_

6. Is there a basement? ☐ Yes ☐ No

7. Total area of the building: \_\_\_\_\_ ☐ m<sup>2</sup> ☐ sq. ft.

8. Area occupied by Applicant: (all floors incl. basement): \_\_\_\_\_ ☐ m<sup>2</sup> ☐ sq. ft.

9. If the building is over 25 years old, have the following been upgraded or replaced?

Electrical:	Year: _____	<input type="checkbox"/> partial	<input type="checkbox"/> full replacement
Heating:	Year: _____	<input type="checkbox"/> partial	<input type="checkbox"/> full replacement
Plumbing:	Year: _____	<input type="checkbox"/> partial	<input type="checkbox"/> full replacement
Roof:	Year: _____	<input type="checkbox"/> partial	<input type="checkbox"/> full replacement

10. Electrical System: ☐ Circuit Breaker ☐ Fuses

11. Type of Heating: ☐ Steam ☐ Hot Water ☐ Forced Air

12. Type of secondary heating, if any: \_\_\_\_\_

13. a) Type of fuel: ☐ Gas ☐ Electric ☐ Oil ☐ Wood ☐ Other

b) If 'Other', please describe: \_\_\_\_\_

14. Municipal water supply? ☐ Yes ☐ No

15. Distance to fire hydrant: \_\_\_\_\_ ☐ metres ☐ feet

16. Distance to nearest fire hall: \_\_\_\_\_ ☐ kilometres ☐ miles

17. a) Is building sprinklered? ☐ Yes ☐ No

b) If 'Yes', is the system: ☐ 100% ☐ Partial c) If Partial, what % \_\_\_\_\_?

18. a) Does sprinkler system have monitored alarm protection? ☐ Yes ☐ No

b) Is the sprinkler system inspected, maintained and tested on a regular basis? ☐ Yes ☐ No

19. Does the applicant have emergency water shut-off procedures and protocols in place to deal with a burst water pipe or sprinkler system malfunction? ☐ Yes ☐ No

20. a) Is there a working sump pump in your building? ☐ Yes ☐ No

b) If 'Yes', does it have a backup battery/generator/other power source? ☐ Yes ☐ No

c) Is it alarmed? ☐ Yes ☐ No

21. Does your building have a backflow valve installed on the sanitary sewer line? ☐ Yes ☐ No

22. a) Are there water sensors installed in your building? ☐ Yes ☐ No b) If so, how many? \_\_\_\_\_

c) Do the sensors automatically shut off at the main water line when activated? ☐ Yes ☐ No

23. a) Is there a fire alarm? ☐ Yes ☐ No b) If 'Yes', is the alarm monitored? ☐ Yes ☐ No

24. a) Is there burglar alarm? ☐ Yes ☐ No b) If 'Yes', is the alarm monitored? ☐ Yes ☐ No

25. a) Are the doors of the location continuously locked and linked to an alarm? ☐ Yes ☐ No

b) If 'Yes', ☐ some exterior ☐ all exterior doors

26. Is each living unit equipped with a smoke detector? ☐ Yes ☐ No

27. Are there fire extinguishers in the building? ☐ Yes ☐ No

28. Does the facility have carbon monoxide detectors? ☐ Yes ☐ No

29. a) Is there camera surveillance of the premises? ☐ Yes ☐ No

b) If 'Yes', is it ☐ Interior ☐ Exterior ☐ Interior & Exterior

30. a) Are there cooking units: ☐ On floor? ☐ In rooms?

b) If so, how many rooms would have these features? \_\_\_\_\_

31. a) Does the premises have a full kitchen? ☐ Yes ☐ No

b) If 'Yes', is it operated by the applicant or a third party? \_\_\_\_\_

32. a) Is there a fixed extinguishing system? ☐ Yes ☐ No
- b) If 'Yes', is the fixed extinguishing UL1254 or UL300 compliant? ☐ Yes ☐ No
33. Is the hood & duct system NFPA96 compliant? ☐ Yes ☐ No
34. Are Class K extinguishers readily accessible in the kitchen areas, and serviced annually? ☐ Yes ☐ No
35. Is smoking permitted in individual units? ☐ Yes ☐ No
36. a) Is smoking permitted in a designated area? ☐ Yes ☐ No
- b) If applicable, is smoking permitted on balconies of resident's units? ☐ Yes ☐ No
37. Has there been any Fire Safety inspections completed by the local fire department? ☐ Yes ☐ No
38. Date of last inspection: \_\_\_\_\_
39. a) Recommendations out of this inspection were: ☐ Major ☐ Minor ☐ No violations
- b) If recommendations were either major or minor, are they now rectified or still outstanding? ☐ Yes ☐ No
40. Date of last government inspection: \_\_\_\_\_
41. How many non-compliance violations were reported by the government inspection (all areas)? \_\_\_\_\_
42. How many non-compliance violations were reported by the government inspection (medicine)? \_\_\_\_\_
43. a) Recommendations from the government inspection ☐ Major ☐ Minor ☐ No violations
- b) If recommendations were either major or minor, are they now rectified or still outstanding? \_\_\_\_\_
44. Is the location complying to all fire code, building code, safety, and food handling requirements and care standards? ☐ Yes ☐ No

### Coverage Requested

1. 

	Limits
Building Limit	
Equipment Limit	
Stock Limit	
2. Deductible Requested: \_\_\_\_\_
3. Additional Property Coverages: ☐ Earthquake ☐ Flood ☐ Sewer Back Up
4. a) Equipment Breakdown Coverage: ☐ Yes ☐ No
- b) If 'Yes', what is the maximum value of food that could spoil? \_\_\_\_\_
5. 

	Limit
Commercial General Liability Limit	
Abuse Limit (Please complete application)	
Professional (Malpractice) Liability Limit (Please complete application)	
Umbrella Liability Limit (Please complete application)	
Director's and Officer's Liability Limit (please complete application)	
6. Is the applicant aware of any facts, incidents or circumstances, which may result in a suit being brought against the applicant? ☐ Yes ☐ No

ELECTRONIC SIGNATURE: I agree that by submitting this application online, I am signing it electronically.

I agree with these terms and conditions.

Signature of this application does not bind the applicant or the insurer to complete the insurance.

The information contained in this application, including any attached documents and appendices, forms the basis of the insurance contract, if issued.

If any of the above questions or the questions contained in any attached exhibits or appendices are answered fraudulently or in a way that inconsistencies between this application and the insurance policy, the application shall prevail, unless the insurer has informed the client of such inconsistencies in a separate written document.

I have read the above and agree that, to the best of my knowledge and understanding, this application, including any attached exhibits and appendices, fully represents the statement of complete and true facts.

Name of Applicant: \_\_\_\_\_ Position: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date Signed: \_\_\_\_\_