

Nursing Home/Retirement Home/Long Term Care Home Subsequent Location Application

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

1. Location address (if different from postal address): _____
2. Mortgage/Loss Payee Name and Address: _____
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 a) Has the license ever been revoked, suspended or cancelled?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.
11. Number of suites/units: _____
12. Number of suites/units occupied: _____
13. Number of beds: _____
14. Number of beds occupied: _____
15. Number of private rooms: _____
16. Number of semi-private rooms: _____
17. How many rooms with three or more beds? _____
18. Number of residents are bed ridden (if applicable): _____
19. Is more than 1.5 hours of care provided per resident per day? ☐ Yes ☐ No
☐ two (2) hours ☐ two (2) to three (3) hours ☐ three (3) to four (4) hours ☐ four (4) + hours
20. 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: _____
21. 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: ☐ Reinforced Concrete ☐ Hollow Concrete Block ☐ Solid Brick Masonry
☐ Brick Veneer ☐ Glass Panel – Metal Frame ☐ Metal Clad – Steel Frame
☐ Metal Clad – Wood Frame ☐ Frame/Stucco ☐ Log, Rustic
2. Roof Construction: ☐ Concrete Joist ☐ Steel Deck ☐ Wood Joist ☐ Heavy Timbers
☐ Open Steel System, Corrugated Metal, Steel Trusses ☐ Open Wood, Corrugated Metal
3. Floor Construction: ☐ Reinforced Concrete ☐ Wood ☐ Concrete Pad

4. Year Built: _____
5. Number of Storeys: _____
6. Is there a basement? ☐ Yes ☐ No
7. Total area of the building: _____ ☐ m² ☐ sq. ft.
8. Area occupied by Applicant: (all floors incl. basement): _____ ☐ m² ☐ 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 sprinkled?

☐ 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 doors ☐ 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 UL1254.6 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 were: ☐ 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: _____