



Eldercare Environmental Liability Application

Instructions

1. All questions must be answered
2. If necessary, use additional sheets of paper to provide requested information
3. Application must be signed and dated by the owners, partner, director or executive officer of your organization
4. Attach copies of applicable operating Licenses
5. Attach copies of audited financial statements for past three years

Applicant Information

1. **Named Insured:** _____

Mailing Address: _____

2. **Named Insured is a:** () partnership () Corporation () Joint Venture () LLC/LLP () other **3. Years in Business** _____

Other Insureds requesting coverage under this policy:

Name _____ Relationship to Named Insured _____

Name _____ Relationship to Named Insured _____

4. Covered Location Information:

Location Name _____

Street Address _____ Town/City _____ State/Zip Code _____

Contact Name/Title _____ Contact Phone/E-Mail _____

Named Insured is certified to receive Medicare/Medicaid? () Yes () No

5. Covered Location Operation:

() Nursing Home No. of Beds _____

() Assisted Living Facility No. of Rooms _____

() Adult Day Care and Rehabilitation Facility Total Area (SF) _____

() Alzheimer's and Dementia Care Facility No. of Rooms _____

() Independent Living Facility No. of Units _____

6. Covered Location Environmental Information: (For More than One Covered Location Use Schedule of Locations Addendum)

a. Have any environmental studies and or building inspection reports ever been prepared for this location? () Yes () No
If yes, attach report(s) with this application

b. Is there a Manager/Employee responsible for environmental matters assigned to the covered location? () Yes () No
If yes, describe the duties of the responsible Manager/Employee _____

c. Are there Environmental Management and Compliance Procedures in place? () Yes () No

d. Is there an emergency response plan in place for each insured location? () Yes () No

Does the emergency response plan include staff training to:

- Identify the immediate nature and extent of a pollution incident? () Yes () No
- Implement procedures that provide security for residents following discovery of a pollution incident? () Yes () No
- Follow procedures to mitigate environmental damage and avoid exposure of residents to pollutants? () Yes () No
- Does the emergency response plan include listings of professional service first responders for drying, decontamination and emergency repair restoration work? () Yes () No

e. Does each insured location have in place and maintain:

- Written guidelines on prevention of infectious diseases? () Yes () No
- Record keeping systems tracking cleaning schedules, disinfectants used, hygiene and sterilization procedures? () Yes () No
- Inspection and maintenance plans of facility operating systems including any pollution detection devices installed at the location?
() Yes () No

