



PROGRAM BROKERAGE CORPORATION
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Eldercare Environmental Liability Questionnaire

Named Insured: _____

Location Address: _____

Class of Business:
(Circle One)

Nursing Homes

Adult Day Care

Assisted Living

Alzheimer's & Dementia Care

Independent Living

Exposure*: _____

*Adult Day Care

Nursing Homes

Assisted Living

Alzheimers & Dementia Care

Independent Living

Square Feet

Number of Beds

Number of Rooms

Number of Rooms

Number of Apartments