



Name of Account

Location

Is assistance provided for any of the following? (Check all that apply)

- walking
 moving
 bathing
 meal preparation
 dressing
 eating
 no assistance provided

Number of units in building occupied by Seniors:

Is there emergency lighting? Yes No

Are there emergency pull cords in the units? Yes No

If yes, are the pull cords tested? Yes No

Where do pull cords ring?

How many special needs tenants are there?

Is there entry security? Yes No

Is there an evacuation plan? Yes No

Is there a community room? Yes No

If yes, what is the capacity and use of the community room (bingo, public allowed)?

Is there commercial cooking – meal services?

Any transportation provided? Yes No

Describe transportation provided:

Does the lease have any special provision stating no candles? Yes No

Is the provision posted? Yes No

Insured's Signature

Date

Agent's Signature

Date