



James River Insurance Company

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**ALLIED HEALTHCARE ADULT DAYCARE SUPPLEMENTAL APPLICATION
 SUBMIT WITH ALLIED HEALTHCARE GENERAL APPLICATION**

GENERAL INFORMATION:

1. Number of attendees (licensed) _____
 Number of attendees (average attendance) _____
2. Are you currently licensed for operation by the proper regulatory authorities?
 No Yes
3. Is the license conditional? No Yes – please explain _____

Attendees	Number of:
Seriously mentally impaired (Alzheimers)	
Somewhat mentally impaired (Senile)	
Aged by mentally & physically fully functional	
Developmentally Disabled	
Non-Ambulatory	
Mentally Ill/Disabled	
AIDS/HIV	
Other (describe)	
Ages of clients: <input type="checkbox"/> under 18 <input type="checkbox"/> 18-35 yrs. old <input type="checkbox"/> 36-50 yrs. old <input type="checkbox"/> 51-65yrs. old <input type="checkbox"/> over 65	

4. What precautions are taken to keep track of patients? _____
5. Sign out procedures? No Yes

6. Alarms on doors to prevent clients from wandering from residence? No Yes

7. Are any medications administered? No Yes
– Please describe _____

8. Is the insured a: Building Owner Tenant General Lessee

9. Construction of building: _____

10. Year built ____/____/____ Number of floors _____

11. Age and type of wiring: _____

12. Number of fire extinguishers _____ Is the building sprinklered? No Yes

13. Smoke detectors? No Yes
Local or Central station fire alarm? (circle one) No Yes

Staff	Number	Staff	Number
RN		Psychologists	
LPN		Therapists	
Nurse Aids		Counselors/Social Workers	
MD		Other (describe)	

DECLARATION AND SIGNATURE:

The undersigned declares that to the best of his/her knowledge the statements in this application and its attachments are true. The company is hereby authorized to make any investigation and inquiry deemed necessary in regard to this application.

Applicant's Signature

Sub-Producer

Title/Date

Producer

*SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY OR THE UNDERWRITING MANAGER TO COMPANY THE INSURANCE.

Application MUST be currently signed and dated to be considered for quotation.