

 <b>IRONSHORE</b> <i>your safe harbour</i>	<b>IRONSHORE COMPANIES</b> 175 Powder Forest Drive Weatogue, CT 06089	<b>IRONHEALTH LONG TERM CARE          RENEWAL EXPOSURE          VERIFICATION FORM</b>
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**A) APPLICANT INFORMATION:**

1) Legal name of facility: \_\_\_\_\_

2) Address: \_\_\_\_\_

3) Risk Management Contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**B) EXPOSURE INFORMATION:**

The number of licensed beds being insured has not changed by more than ten percent (10%) in the last twelve (12) months

The number of licensed beds being insured has changed by more than ten percent (10%) in the last twelve (12) months. A completed exposure schedule is below showing the number of skilled, assisted, dementia and independent living beds at each insured location:

<u>Facility Name</u>	<u>Complete Address</u>	<u>SNF Beds</u>	<u>AL Beds</u>	<u>Dementia Beds</u>	<u>IL Beds</u>

PLEASE DISCLOSE ANY INFORMATION MATERIAL TO THIS REISK THAT HAS NOT OTHERWISE BEEN ADDRESSED IN THIS APPLICATION. ATTACH ADDITIONAL SHEETS IF NECESSARY.

<b>Applicant</b> (signature):		
By (Chairman and/or President – Print Name):	Title:	Date:

*Note: This **Application** must be signed by the Chairman or President of the **Applicant** acting as the authorized agent of all individuals and entities proposed for this insurance.*