



IRONSHORE COMPANIES
175 Powder Forest Drive
Weatogue, CT 06089

**PHYSICAL PREMISES
 SUPPLEMENTAL APPLICATION**

Please complete the information requested below for any additional buildings the Applicant owns, controls, leases or occupies. List additional facilities on separate supplemental applications, if necessary.

Location # _____					
Address:		City:		State:	Zip:
Year Built:	# Stories:	Total Square Feet:			
Was the building originally designed and constructed for nursing home occupancy?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this building meet applicable current NFPA life safety codes?					<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction Type:</u>	<input type="checkbox"/> Frame	<input type="checkbox"/> Brick	<input type="checkbox"/> Non-combustible	<input type="checkbox"/> Masonry Non-Combustible	<input type="checkbox"/> Fire resistive
<u>Location of Smoke Detectors:</u>			<u>Areas Protected by Approved Automatic Sprinkler System:</u>		
<input type="checkbox"/> None	<input type="checkbox"/> Hallways		<input type="checkbox"/> None	<input type="checkbox"/> Resident Rooms	
<input type="checkbox"/> Entire Facility	<input type="checkbox"/> Common Areas		<input type="checkbox"/> Entire Facility	<input type="checkbox"/> Soiled Linen Chutes and Rooms	
<input type="checkbox"/> Other:	<input type="checkbox"/> Resident Rooms		<input type="checkbox"/> Hallways	<input type="checkbox"/> Trash Collection Area	
_____			<input type="checkbox"/> Common Areas		

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<input type="checkbox"/> Other:	<input type="checkbox"/> Resident Rooms		<input type="checkbox"/> Hallways	<input type="checkbox"/> Trash Collection Area	
_____			<input type="checkbox"/> Common Areas		

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