



## ALTERNATIVES RESSOURCES APPLICATION

Complementary application for Commercial General Liability and E&O.

Senior residence

Alternative resources

### APPLICANT INFORMATION

1. Applicant's name:

\_\_\_\_\_

2. Applicant's address:

\_\_\_\_\_

3. Number of years as an owner or operator:

\_\_\_\_\_

4. Number of years of experience in this business if the owner or operator for less than two years

\_\_\_\_\_

5. Licence

Municipal

Health Quebec

DHSS

6. Member of an association  
If Yes, which one?

Yes  No

\_\_\_\_\_

### ACTIVITIES

1. Area: (pi ca)

\_\_\_\_\_

2. Revenue:

\$ \_\_\_\_\_

3. Payroll:

\$ \_\_\_\_\_

4. Maximum capacity:  
Current capacity:

\_\_\_\_\_  
\_\_\_\_\_

5. Lease:

Annual

Monthly

None

6. Number of resident per categories:

Independant living

\_\_\_\_\_

Assistes living

\_\_\_\_\_

Dependant living

\_\_\_\_\_

7. Type of client:

Women Shelter

Drug addiction

Aids

Homelessness

Youth

Mental Health

Alcohol addiction

Handicapped

Seniors

Other: \_\_\_\_\_



8. Number of residents receiving the following treatments:
- Assistance for hygiene, food and clothing \_\_\_\_\_
  - Domestic Help Services (Housekeeping, groceries and others errands) \_\_\_\_\_
  - Residents Conditions (temperature, blood pressure, heartbeat, breathing and weight) \_\_\_\_\_
  - Administration of prescription drugs \_\_\_\_\_
  - Suivi à l'hygiène alimentaire ou assistance à la préparation des repas hygiene or assistance in preparing meal \_\_\_\_\_

9. Description of activities offered on site:  
\_\_\_\_\_

10. Description of activities offered off site:  
\_\_\_\_\_

11. Are there any fundraising activities organized?  Yes  No  
 If Yes, how often? \_\_\_\_\_  
 Describe the type of activity: \_\_\_\_\_

12. Description additional services provided by your institution:  
\_\_\_\_\_

13. Swimming Pool on site  Yes  No
14. SPA or therapeutic baths  Yes  No
15. Elevator on site  Yes  No

**PROTECTIONS**

1. Number of exits per floors: \_\_\_\_\_
- Easily accessible?  Yes  No
2. Doors equipped with a panic bar?  Yes  No
3. Adequate smoke alarms?  Yes  No
4. Adequate smoke detectors?  Yes  No
5. Adequate portable fire extinguishers?  Yes  No
6. Fire alarm system?  Yes  No
7. Adequate emergency exit indicators?  Yes  No
8. Effective and satisfactory emergency lighting system?  Yes  No
9. Is cooking allowed in the rooms?  Yes  No
10. Can the beneficiaries smoke in their room?  Yes  No
11. Is there a lounge or lounges for smokers?  Yes  No



- 12. Evacuation plan on every floor easily seen?  Yes  No
- 13. Annual fire practice?  Yes  No
- 14. Bathrooms provided with support bars?  Yes  No
- 15. Bathrooms provided with nonskid surfaces?  Yes  No
- 16. Bathrooms provided with an emergency bell?  Yes  No
- 17. Is there a hoist for handicapped persons?  Yes  No
- 18. Are there any sprinklers?  Yes  No
- 19. Who can enter the building at night?  
\_\_\_\_\_

20. How does it work at night for the entrance doors?  
\_\_\_\_\_

**HISTORIC**

- 1. Over the past five (5) years, did an insurer refused to renew or cancelled a similar insurance policy?  Yes  No
- 2. Over the last five (5) years, did the applicant, shareholders, officers or any staff members been subject to claims regarding rendered professional services?  Yes  No  
If Yes, give full details (Date, circumstances, amount paid, reserve, claim opened or closed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3. Over the last five (5) years, did the applicant, shareholders, officers or any staff members have received verbal or written complaint of negligence regarding rendered professional services?  Yes  No  
If Yes, give details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVERAGES**

Limits required for Commercial General Liability: \$ \_\_\_\_\_

Required deductible: \$ \_\_\_\_\_

Limits required for the Medical Malpractice \$ \_\_\_\_\_



Abuse coverage:

Yes  No

If Yes, please send a copy of the protocol and completed abuse application.

Limit:

\$ \_\_\_\_\_

Deductible:

\$ \_\_\_\_\_

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

**Covenant: Under penalty of forfeiture, the insured agrees to notify the insurer within 14 days, in case of suspension of his certification by the DHSS, if applicable, or in case of imposition of a provisional administration.**

**Note: Will be excluded claims arising from or reported facts and the those arising from acts, errors, omissions, errors or circumstances known to the applicant before the effective date of the policy.**

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send the completed, signed and dated application to [underwriting@revau.com](mailto:underwriting@revau.com).