Glatfelter Healthcare Practice℠
A Division of Glatfelter Insurance Group

Senior Living Renewal Application

820 Gessner Road, Suite 775
Houston, Texas 77024
(800) 233-1957
Fax: (717) 747-7060
www.GlatfelterHealthcarePractice.com

1. Insured's Name: ____ **Expiration Date:** _____/_____/______

2. Any significant changes in operations or licensing during current year? Yes ☐ No ☐
If yes, please explain or attach:____

3. Any specific coverage changes required? Yes ☐ No ☐
If yes, please explain or attach:____

4. Any changes in the claim and loss information from the last 5 years (i.e increase in reserves or final settlement)? Yes ☐ No ☐
If yes, please explain or attach:____

5. # of Beds by Type:	Loc #1		Loc #2		Loc #3	
	Licensed	Occupied	Licensed	Occupied	Licensed	Occupied
Nursing/Skilled Beds						
Assisted Living Beds						
Independent Living Units						
Total Beds/Units						

6. # of Residents by Class:	Loc #1	Loc #2	Loc #3
Geriatric (55 years and older)			
Non-Geriatric (19-54 years)			
18 years and under			
Total (Must equal occupied)			

7. # of Residents by License:	Loc #1	Loc #2	Loc #3
Medicare			
Medicaid			
Private Pay			
Total (Must equal occupied)			

8. # of Residents by Type:	Loc #1	Loc #2	Loc #3
Ambulatory			
Ambulate Only with Assistance			
Wheelchair Bound			
Bedridden			
Total (Must equal occupied)			

9. # of Residents by Condition:	Loc #1	Loc #2	Loc #3
Alzheimer			
Dementia			
Developmentally Disabled			
Psychiatric			
AIDS/HIV			
Spinal/Head Injuries			
Sub-Acute			
Tube Feeding			
Ventilators/Respirators			
General Geriatric			
Other:____________________			
Total (Must equal occupied)			

Please return completed application to:
Glatfelter Healthcare Practice
mghinton@glatfelters.com

10. Elopements

a. Indicate the number of elopements that have occurred at each location over the past two years:_______________________

b. Was harm caused to the resident(s) involved? Yes ☐ No ☐

If yes, please describe: ____

11. Wanderers

Number of Residents that Wander: __________ Secure Unit for Alzheimer's Residents? Yes ☐ No ☐
Describe Security: ____

____ ____________________________
Insured's Signature/Title **Date**