



# Nursing Home Addendum

Attaching to and forming part of the proposal for Medical Liability Insurance.

Name of Institution to whom this addendum refers.

How long have you managed this facility?

 Years

1. Please state the number of employees in each of the following categories:

Category	Employees	Other
<b>Doctors</b>		
Resident Medical Officers		
<b>Other Medical Personal</b>		
Registered Nurses		
Enrolled Nurses		
Allied Medical Professions <i>(e.g. Physiotherapists)</i>		
Other: _____		
<b>Administrative</b>		
Clerical		
Other Administration		
<b>Total</b>		

2. Please provide the total number of beds and average occupancy for the past 5 years.

Beds							
Occupancy	%	%	%	%	%	%	%

3. Please advise the establishment's total income for the past 12 months.

 \$

4. Please express as a percentage, the turnover derived from each of the following activities:

Activities	% of Turnover	Patients	Beds
Nursing Home Beds	%		
Self Care Units	%		
Hostel	%		
Other (please describe)	%		

5. Has the Nursing Home made an operating profit each of the past 3 years? Yes  No   
If **No**, please provide details.


6. Are the premises purpose built for nursing home operations? Yes  No   
If **No**, please provide details of the construction of the premises.


7. What percentage of the residents are ambulatory?  %

**DECLARATION**

I the undersigned, **after enquiry**, declare as follows:

- (1) I am authorised by each of the persons or entities in the definition of "You" in clause 7 on page 2 of the proposal to make this statement.
- (2) I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform the insurers of any change in the particulars or statements contained in the proposal or in the accompanying documents.

Although the signing of this addendum does not bind the applicants to effect insurance, I acknowledge that the particulars and statements contained in this proposal and in the accompanying documents shall be the basis of the contract if a policy is issued. I also acknowledge that the proposal and the accompanying documents will be incorporated in the contract of insurance.

Name of Business or Practice:

Signature (Partner, Principal or Director): \_\_\_\_\_

Name of Signatory (Please Print):  Date  /  /