



Sierra Professional Insurance Services,
a Menath Alera Company
Facility Insurance Profile Form

FACILITY dba NAME: _____

Corporate Name (if different): _____

Owner Name: _____

Phone: _____ E-Mail: _____

Year started facility: _____ # of Yrs Assisted Living Experience: _____

Member of 6Beds.org: Yes No

Number of residents licensed: _____ Occupancy: _____

Number of Bed Ridden: _____ Number on Hospice: _____

Number of caregivers in addition to owner: Yes No Fire Sprinkles: Yes No

Do you use software to automate care plans: Yes No

If no, do you plan to use software: Yes No

Do you transport residents in personal vehicles: Yes No

Central Alarm Service: Yes No Service Date of Fire Extinguishers: _____

Liability Insurance Renewal Date: _____ Commercial Property Renewal Date: _____

Worker's Comp Renewal Date: _____

Email Liability Insurance Documents Listed Below to Get a Quote with software discount:

6beds@sierraprofessional.com

1. Copy of current facility license showing # of licensed beds
2. Copy of most recent DSS facility survey including your plan of correction
3. Copy of current policy page showing effective date and retroactive date for each policy to be quoted
4. Insurance company Loss Run Report (request from your current agent) for each policy to be quoted

SEND COMPLETED FORM TO Sierra Professional
We look forward to supporting your facility operations
6beds@sierraprofessional.com