

ASSISTED LIVING / CBRF QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Website: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES," you are not eligible for coverage.

- | | |
|---|--|
| 1. Is the facility licensed for more than 50 beds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you have any residents with irreversible dementia/Alzheimer's beyond Stages 1 and 2? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Does the facility have any residents who are emotionally disturbed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are there any correctional clients? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Is there any pregnant women counseling? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are there any residents with traumatic brain injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are there any residents who are alcohol or drug dependent? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are any residents confined to a bed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Are any residents physically or chemically restrained? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Do any residents have a history of sexual abuse or molestation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Are medications available to residents without being monitored? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Are there any non-ambulatory residents above the grade floor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Have you or any other associated entity had a license suspended, revoked, or placed under probation by any government-licensing agency? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

GENERAL INFORMATION

1. Administrator: _____
2. Years of experience:

Less than 1 year	<input type="checkbox"/>
2-3 years	<input type="checkbox"/>
3-5 years	<input type="checkbox"/>
Over 5 years	<input type="checkbox"/>
3. Have there been any injuries or incidents in the past 3 years involving residents involving wandering, sexual abuse or molestation or any other reason? Yes No
 - a. If "YES," please explain: _____

SPECIAL PROGRAMS INFORMATION

1. What is the average number of total residents at any time: _____
 - a. Number of Semi-ambulatory residents: _____
 - b. Number of Non-ambulatory residents: _____

2. Indicate the number of residents licensed for in each category:

<input type="checkbox"/> Advanced Age _____	<input type="checkbox"/> Persons with AIDS _____	<input type="checkbox"/> Pregnant Women Counseling _____
<input type="checkbox"/> Veterans Administration clients _____	<input type="checkbox"/> Terminally Ill _____	<input type="checkbox"/> Developmentally Disabled _____
<input type="checkbox"/> Irreversible Dementia/ Alzheimer's _____	<input type="checkbox"/> Correctional Clients _____	<input type="checkbox"/> Traumatic Brain Injury _____
<input type="checkbox"/> Emotionally Disturbed/Mental Illness _____	<input type="checkbox"/> Physically Disabled _____	<input type="checkbox"/> Alcohol/Drug Dependent _____
<input type="checkbox"/> Other: _____		

INDIVIDUAL SERVICE PLANS INFORMATION

1. What is the percent of residents that require 24 hr. supervision? _____%
2. Are there alarms on the exterior doors to alert the staff? Yes No
3. Are resident's whereabouts electronically monitored? Yes No
4. As part of the procedures for this facility's individual service plans:
 - a. Current written service plans are available for each resident.
 - b. Service plans are reevaluated at least once per year.

I certify that the statements above in question 4 are verified: Yes – I certify this

STAFFING AND NON-STAFF RESIDENTS INFORMATION

1. The hiring process for all employees or independent contractors involves the following:
 - a. Verification of certifications and/or professional licenses and confirmation of status.
 - b. Contacting the applicants' references before they are hired/placed.
 - c. Requires that they sign a formal confidentiality statement.
 - d. Obtains criminal background checks and reviews sexual abuse registry.
 - e. Conducts a personal interview.
 - f. Validates education, work history and driver's license.
 - g. Has a formalized disease, drug or alcohol screening process.
 - h. Asks applicant if any previous involvement as a defendant in professional malpractice litigation.
 - i. Asks applicant if they ever had their license revoked or suspended, or had disciplinary action taken against them.

I certify that all the statements above in question 1 are verified: Yes – I certify this

2. Are people other than the assisted living residents (renters, live-in staff, family of residents, etc.) able to stay on the premises? Yes No
- a. Background checks are performed on all non-staff.
 - b. The relationship and age of all non-staff is verified.
 - c. Please describe their living situation (renter, live-in staff, family of resident, etc.):

I certify that all the statements above in question 2 are verified: Yes – I certify this

3. Are residents taken on field trips or day trips? Yes No

PHYSICAL PREMISES INFORMATION

1. Was the building originally designed and constructed for its current use? Yes No
- a. If "YES," please explain: _____

ADDITIONAL INFORMATION

The following documents will be retrieved at the time of inspection:

- Resident service contract.
- Copies of licenses.
- Brochures.
- State inspection reports. (SNF/ICF) (Last two years with statements of deficiencies and plans of correction)
- Copy of management resume if business is less than 3 years old.
- Copy of risk management plan including policies, procedures, and protocol for fall protection and elopement prevention.

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

 Applicant Signature Title Date

 Producer Signature Date