

Location Address: _____

Applicant Name: _____
Inspection Contact: _____
Website: _____
Gross Receipts (next 12 months): \$ _____
Payroll (next 12 months): \$ _____

Business Description _____

GROUP HOME

1. Does the organization provide services to residents with:
 - a. Moderate, severe or profound mental retardation? Yes No
 - b. Schizophrenia, bi-polar disorder, psychosis? Yes No
 - c. Alzheimer's, dementia? Yes No
 - d. Cerebral palsy? Yes No
 - e. Autism? Yes No
 - f. IQ scores under 40? Yes No
 - g. The inability to ambulate or live independently? Yes No
2. If "yes" to any of the above, please answer the following:
 - a. Are all buildings that are occupied by residents: (1) no more than one story, (2) less than 20 years old, (3) 100 percent sprinklered and (4) equipped with panic doors on all exits? Yes No
 - b. Does the organization maintain a patient to staff ratio of 3 to 1 with 24/7 supervision? Yes No
3. Does the organization permit coed (multi-sex) occupancies? Yes No
4. Does the management of this facility have at least three prior years experience managing a group home for the mildly handicapped? Yes No
5. Does the organization provide 24/7 supervision? Yes No
6. Does the organization screen residents for previous histories of violence, aggression or sexual-related offenses? Yes No
7. Does the organization house residents under the age of 18? Yes No
8. Does the organization have a swimming pool on premises? Yes No
9. Does the organization prohibit smoking? Yes No
10. Does the organization permit residents to cook meals in their own rooms? Yes No
11. Does the organization have a building evacuation plan that is posted and illuminated emergency exits that are clearly marked and free of obstructions? Yes No
12. Does the organization equip bathroom facilities with grab bars, non-slip surfaces and water temperature control devices? Yes No
13. Does the organization provide foster care services? Yes No

This Supplemental Application is incorporated into and is deemed a part of the other Application(s) submitted in connection with the requested insurance. Any and all notices and representations included in other such Application(s) are incorporated by reference in this Supplemental Application as though fully set forth herein.

Applicant's signature: _____ Title: _____ Date: _____
Principal, Officer or Partner

Print name: _____