

Application for Adult Family Home / Adult Foster Care Home

Name: _____

Mailing Address: _____

Location Address #1: _____

Location Address #2: _____

Location Address #3: _____

Location Address #4: _____

Contact Person: _____

Contact Phone: _____

Applicant has been in business since: _____

How many years experience in this or similar types of industry does management have: _____

Licensed as: _____ Adult Family Home _____ Assisted Living Facility
 _____ Residential Care Facility _____ Adult Foster Home

Type of Entity: _____ Individual _____ Partnership
 _____ Corporation _____ LLC
 _____ Other - Describe

How many AFH locations do you have? _____

Licensed Bed Count: _____

Number of Residents:	Ambulatory	Semi-Ambulatory	Non-Ambulatory
Loc #1			
Loc #2			
Loc #3			
Loc #4			

Other Services:

Do you have any residents not described above? _____

Do you accept tube feeding or ventilator care residents? _____

Do you accept short term residents? _____

Do you accept residents under age 18? _____

Any residents confined to bed or require 24 hour supervision? _____

If Yes, describe: _____

Any residents known to wander? _____

Are there any residents with a record of sexual abuse or molestation? _____

Are there alarms on exterior doors to alert Staff? _____

Are Staff awake at all times during the night? _____

Are there any non-ambulatory residents above the grade floor? _____

Are there any dogs on the premises? _____

Physical Premises:

Building Construction Year Built: _____ Number of Stories: _____

Total building Square Feet: _____

Distance to Fire Hydrant (feet): _____ Distance to Fire Station (Miles): _____

Building Improvements - Year last updated:

Wiring: _____ Heating: _____

Plumbing: _____ Roofing: _____

Location of Smoke Detectors:

Hallways: _____ Resident Rooms: _____

Are smoke alarms battery powered or wired? _____

Does the building have sprinklers or other fire protection? _____

Do you have a swimming pool, spa or pond on the premises? _____

Is the pool fenced with a locked gate? _____

Is there life saving equipment near by? _____

Are residents permitted to use the pool? _____

Are residents only permitted to use the pool with supervision? _____

Incidents/Claims/Administrative Actions:

Have there been any injuries/incidents in the past 3 years involving residents? _____

Have there been any incidents involving wandering? _____

Have there been any incidents regarding sexual abuse or molestation? _____

Has there been any disciplinary action taken by any governmental authority? _____

Have you ever filed for bankruptcy? _____

Are you aware of any potential circumstances which may result in a claim being made against you?

Proposed Effective date: _____

Limit of Liability:

_____ \$500,000 Per Occurrence \$1,000,000 Aggregate

_____ \$1,000,000 Per Occurrence \$2,000,000 Aggregate

_____ \$1,000,000 Per Occurrence \$3,000,000 Aggregate

Current Policy Information:

Carrier Name _____

Policy Number _____

Eff/Exp Date _____

Retroactive Date _____

Attach copies of:

AFH License

Current State Inspection report including deficiencies report and follow up

AFH Brochure or promotional pieces

AFH Website Address (if any): _____

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or another person files an application of insurance containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. In Maine and Virginia, insurance benefits may also be denied.

Applicant Signature

Title

Date