

### Adult Residential Facility New Business Application

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: \_\_\_\_\_

Home is licensed as:

Type of legal entity:  Individual  LLC  Corporation  Partnership  Other

How many AFH locations do you have? \_\_\_\_\_

Licensed Bed Count: \_\_\_\_\_

Resident Profile (complete for each resident <i>no names</i> )				Please submit for each location
Resident	Age	Private Pay or Medicaid?	Description of ability to ambulate (can transfer themselves, bear weight, wheelchair bound, uses walker, etc)	Primary Diagnosis – i.e. age related infirmity, developmental disability, dementia, mental health – if mental health describe diagnosis.
#1				
#2				
#3				
#4				
#5				
#6				

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: Do you own the building? \_\_\_\_\_

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 \$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

Currently Valued 5 Year Loss Runs

Current State Inspection report including deficiencies report and follow up

AFH Brochure or promotional pieces

AFH Website Address (if any): \_\_\_\_\_

**FRAUD WARNING (APPLICABLE IN CALIFORNIA)**

Any person who knowingly and with intent to defraud any insurance company or other person files an application of insurance or statement of claim 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 civil penalties.

**FRAUD WARNING (APPLICABLE IN OREGON)**

Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN WASHINGTON)**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date