



4600 Cox Road, Glen Allen, VA 23060
 (800) 431-1270 Fax (804) 527-7966

Residential Supplement

(To be attached to ACORD applications)

NAMED INSURED: _____

1. Was the building originally designed and built for the insured occupancy? Yes No
 If no, what was the original occupancy? _____

2.

Type of Facility	Actual Number of Residents	Licensed Capacity
Homeless		
Emergency Shelter		
Family Shelter		
Runaway Youths		
Children		
Senior Citizens		
Other:		

3. Are residents placed on a permanent basis? Yes No

4. Do any residents have mental disabilities? Yes No

If yes, describe: _____

5. Any residents with depressive disorders? Yes No

If yes, describe: _____

6. Do any of the residents have prior involvement with acts of property damage, e.g., arson, vandalism? Yes No

If yes, explain: _____

7. Are you appointed legal guardian for any of the residents? Yes No

8. Number of live-in staff members: _____

9. Are fire drills conducted? Yes No If yes, how often? _____

10. Are evacuation procedures & floor plans posted & evacuation plan practiced as least monthly? Yes No

11. Are fire alarms present and inspected at least annually? Yes No

12. Are annual fire inspections conducted? Yes No

If you have ever been cited for a fire violation, identify violation and corrective action taken: _____

13. Are all resident rooms not able to be locked so staff can enter in case of an emergency? Yes No

13. Are bathing facilities equipped with grab bars, non-slip surfaces & water temperature control devices? Yes No

Is the water temperature set at 100 degrees maximum? Yes No

14. If residents cook, is the cooking supervised? Yes No

15. Is the insured responsible for obtaining medical treatment for residents? Yes No

16. Is the insured responsible for maintaining medical records for residents? Yes No

17. Are medications kept in a locked area? Yes No

18. Does a staff member administer medications? Yes No

19. Describe types of recreational activities on and off premises: _____

20. Explain management controls of visitors to the premises: _____

21. If this is an abuse shelter, describe controls to maintain secrecy of location: _____

22. What is the average length of stay? _____

23. Are residents required to notify the facility when leaving or returning? Yes No

24. Are complete records kept on all residents? Yes No

25. Is the facility completely handicapped accessible? Yes No