



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

Senior Activity Centers Supplement

(To be attached to ACORD applications)

NAMED INSURED: _____

1. Staff to client ratio: _____

2. Is there a plan or policy on how to deal with a resident who may wander off? Yes No

If yes, describe plan & precautions: _____

3. What percentage of clients are mentally challenged? _____

4. What percentage of clients are physically challenged? _____

5. What percentage of clients are elderly? _____

6. What percentage of residents have dementia or Alzheimer's? _____

7. Are any clients non-ambulatory? Yes No
If yes, are written plans in place for emergency evacuation? Yes No

8. Is the facility fully wheel-chair accessible? Yes No

9. Are residents required to have physical exams prior to enrolling in the center? Yes No

10. Do staff members administer medications? Yes No

11. Are medicines kept locked when not in use? Yes No

12. Are written records kept on all clients? Yes No

13. Do you transport clients to and from the center? Yes No

14. Do you allow unannounced visitors? Yes No

15. Describe activities that occur on premises: _____

16. Are there off-premises activities and field trips? Yes No
If yes, describe: _____

17. Do you accept drop-ins? Yes No

Additional Comments: _____

