



P.O. Box 2009, Glen Allen, VA 23058-2009  
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## 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: \_\_\_\_\_

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