



Residential Supplement

(To be attached to ACORD applications)

P.O. Box 2009, Glen Allen, VA 23058-2009

800-431-1270 Fax: 804-527-7966

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