

U.S. Risk, LLC | 14241 Dallas Parkway, Suite 850, Dallas, Texas 75254

**SUPPLEMENTAL APPLICATION FOR RESIDENTIAL FACILITIES, GROUP HOMES AND OTHER OVERNIGHT STAY FACILITIES (NON-ELDERLY)
CLAIMS MADE AND REPORTED BASIS**

Please email this completed application to the U.S. Risk underwriter you are working with.

For contact information, please visit the [U.S. Risk HealthcarePros webpage](http://www.usrisk.com).

GENERAL INFORMATION

1. Complete name of applicant: _____
2. Address (if different than main application): _____
 City: _____ State: _____ County: _____ ZIP: _____
 Website URL: _____
3. Describe locations of all facilities:

Location Number	Name and Location of Facility	Type of Facility (Group Home, Halfway House, Inpatient, Contract Beds, Outpatient, or Other) <i>Describe in detail.</i>	Type of Patient (Mentally Retarded, Child/Adult/Aged, Ex-offender, Emotionally Disturbed, Physically Handicapped, or Other) <i>Please be specific.</i>	Beds a. Number of Licensed Beds b. Number of occupied beds	All services rendered (alcohol or drug detoxification, confrontation, shock/rage/sex therapy, vocational rehab, hypnosis, surgery, types of counseling, etc.)
1	_____ Square Feet: _____	_____	_____	a. _____ b. _____	_____
2	_____ Square Feet: _____	_____	_____	a. _____ b. _____	_____
3	_____ Square Feet: _____	_____	_____	a. _____ b. _____	_____
4	_____ Square Feet: _____	_____	_____	a. _____ b. _____	_____

4. Are the facilities listed in question 3 above licensed in accordance with all applicable local, state and federal laws and regulations?

Yes No

If no, attach separate explanation for each facility which is **not** licensed accordingly.

5. Range of client ages: _____ How many male? _____ How many female? _____



STAFF

1. Number of professional employees, volunteers, and independent contractors:

Employees	Location 1	Location 2	Location 3	Location 4
MDs	_____	_____	_____	_____
Psychologists	_____	_____	_____	_____
Social Workers	_____	_____	_____	_____
RNs	_____	_____	_____	_____
LPNs/Nurse's Aides	_____	_____	_____	_____
Pharmacists	_____	_____	_____	_____
Nurse Practitioners	_____	_____	_____	_____
Volunteers	_____	_____	_____	_____
Other (describe qualifications and duties separately): _____	_____	_____	_____	_____

Independent Contractors	Location 1	Location 2	Location 3	Location 4
MDs	_____	_____	_____	_____
Psychologists	_____	_____	_____	_____
Social Workers	_____	_____	_____	_____
RNs	_____	_____	_____	_____
LPNs/Nurse's Aides	_____	_____	_____	_____
Pharmacists	_____	_____	_____	_____
Nurse Practitioners	_____	_____	_____	_____
Other (describe qualifications and duties separately) _____	_____	_____	_____	_____

2. Are all of the above **employees** licensed in accordance with applicable and federal regulations? Yes No
If no, attach explanation.
3. Do any of the above **employees and volunteers** carry their own professional liability insurance? Yes No
If yes, limits: \$ _____

OPERATIONS

1. What precautions are taken to keep track of patients?

2. Do you use sign-out procedures? Yes No

3. Are alarms on doors to prevent clients from wandering from the residence? Yes No

4. Do any residents attend school/workshops? Yes No

5. Do any residents work full-time or part-time? Yes No

6. Does the applicant administer any **methadone treatment**? Yes No

If yes, please describe treatment and controls used **and** indicate number of treatments during:

The last 12 months:

The next 12 months:

7. Is the applicant in the employ of any governmental entity? Yes No

If yes, please attach explanation, including details of your responsibilities.

8. Is the applicant under contract to any governmental entity? Yes No

If yes, please attach explanation. Include details of your responsibilities.

9. Does the applicant perform or permit any corporal punishment? Yes No

If yes, please attach explanation.

10. Describe in detail any additional activities and/or procedures performed by the applicant, including any off-premises exposure:

11. Is the applicant a "Covered Entity" under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule? Yes No

If yes:

a. Has the applicant implemented procedures to comply with the HIPAA Privacy Rule? Yes No

b. Provide the name and title of the applicant's Privacy Officer: _____

GENERAL LIABILITY

1. The insured is a: Building owner Tenant General lessee
 2. Complete information below for each location:

	Location 1	Location 2	Location 3	Location 4
Year built	_____	_____	_____	_____
Year remodeled	_____	_____	_____	_____
Number of stories	_____	_____	_____	_____
Construction type:				
Exterior walls	_____	_____	_____	_____
Roofs	_____	_____	_____	_____
Floors	_____	_____	_____	_____
Age of wiring/update	_____	_____	_____	_____
Number of fire extinguishers	_____	_____	_____	_____
Number of fire escapes	_____	_____	_____	_____
Distance to the nearest fire station	_____	_____	_____	_____
Is the building equipped with:				
At least 2 clearly marked exits on each floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-closing fire doors on each floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exit doors of at least 42" width from all sleeping, diagnostic and treatment rooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Automatic fire alarm system connected to local fire department?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Central station fire alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency electrical system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heat sensors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke detectors in all bedrooms/hallways?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Handrails in hallways and bathrooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach a detailed explanation for any "yes" answers.

3. Is any new construction contemplated for the next 12 months? Yes No

If yes, attach details, including estimated contract costs, number of beds, square feet, planned use, date of completion, etc.



APPLICANT SIGNATURE PANEL

I/We hereby declare that the above statements and particulars are true and I/we agree that this application shall be the basis of the contract with the insurance company.

Authorized signature

Date

Typed or printed name: _____

Title: _____

