

U.S. Risk, LLC | 8401 N. Central Expressway, Dallas, Texas 75225

**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](#).

**GENERAL INFORMATION**

- Complete name of applicant: \_\_\_\_\_
- Address (if different than main application): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Website URL: \_\_\_\_\_
- 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	_____	_____	_____	_____
<b>Construction type:</b>				
Exterior walls	_____	_____	_____	_____
Roofs	_____	_____	_____	_____
Floors	_____	_____	_____	_____
Age of wiring/update	_____	_____	_____	_____
Number of fire extinguishers	_____	_____	_____	_____
Number of fire escapes	_____	_____	_____	_____
Distance to the nearest fire station	_____	_____	_____	_____
<b>Is the building equipped with:</b>				
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: \_\_\_\_\_

