

Residential Care Provider Supplemental Application

(Complete each section that applies to your facility. Any section which does not apply may be left blank)

Name on License: _____

Wheelchair-bound/Bedridden

(Complete this section if any location has more than 50% of residents that are wheelchair-bound and/or bedridden.)

Are all wheelchair-bound/bedridden residents on a ground level floor? ☐ Yes ☐ No

Are at least two exits level with the ground or ramped? ☐ Yes ☐ No

Is a Negotiated Risk Agreement completed on wheelchair-bound/bedridden residents? ☐ Yes ☐ No

Rifles, Pistols or Guns

(Complete this section if there are rifles, pistols or guns on the premises of any location.)

Are all rifles, pistols or guns kept in a locked gun cabinet/safe? ☐ Yes ☐ No

Is the gun cabinet/safe in a locked room? ☐ Yes ☐ No

Is all ammunition stored separately from the rifles, pistols or guns in a locked container? ☐ Yes ☐ No

Pools

(Complete this section if there is a pool on the premises of any location.)

Which locations have a pool? _____

Is pool use only permitted with supervision? ☐ Yes ☐ No

Is the pool fenced with a locked gate? ☐ Yes ☐ No

Are all doors leading to the pool alarmed? ☐ Yes ☐ No

Additional Coverage Options

(Complete this section if you would like to request any additional coverages. Consult your agent/broker for questions on these coverage options)

Excess Hired and Non-owned Auto Liability

Do you want Excess Hired and Non-owned Auto Liability coverage? ☐ Yes ☐ No

Do you currently have a Commercial Auto policy in place? ☐ Yes ☐ No

How many employees (including active owners) do you have? _____

Are all individuals driving their personal autos on behalf of the facility required to carry Personal Auto Liability limits of \$300,000 CSL, \$250,000/500,000, or more? ☐ Yes ☐ No

Are Motor Vehicle Records of all employees reviewed for acceptability pre-hire and annually thereafter? ☐ Yes ☐ No

Do you or your employees transport residents? ☐ Yes ☐ No

What limit of Excess Hired & Non-Owned Auto Liability do you want?

☐ \$300,000

☐ \$500,000

☐ \$1,000,000

Limited Physical Abuse and/or Sexual Abuse Coverage

Do you want increased limits for Limited Physical Abuse and/or Sexual Abuse Coverage above the amount already included in your policy?

☐ Yes ☐ No

What Limits are requested?

☐ \$500,000

☐ \$1,000,000

Employer's Contingent Liability

(WA, OH, NV, ND, WY Only)

Do you want Employer's Contingent Liability?

☐ Yes ☐ No

How many employees do you have at all locations?

Signature

Printed Name and Title

Date