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| ***ENTITY INFORMATION*** |
| Named Insured:  |
| ***FACILITY INFORMATION*** |
| What type of facility is this?  |
| What type of care is provided to residents?   |
| How many beds are you licensed for?  |
| Average length of stay:  |
| Is there a 24 hour resident manager? [ ]  Yes [ ]  No |
| Are medications administered? [ ]  Yes [ ]  No |
| ***BUILDING CONSTRUCTION*** |
| Construction of the building:  |
| Square feet:  |
| Year built:  |
| Is the building sprinklered? [ ]  Yes [ ]  No |
| Are all the rooms and halls equipped with: **Smoke Detectors** [ ]  Yes [ ]  No |
|  **Fire Alarms** [ ]  Yes [ ]  No  |
| Are handrails provided in hallways and bathrooms? [ ]  Yes [ ]  No |
| ***CLIENT INFORMATION*** |
| Annual number of clients with disability: **Emotional / Behavioral:**   |
|  **Drug / Alcohol:**   |
|  **Mental Retardation / Developmental Disability:** |
|  **Mental Illness:** |
| How many male residents? How many female residents? |
| Are residents separated? [ ]  Yes [ ]  No  |
| Are the residents able to care for themselves? [ ]  Yes [ ]  No |
| Are any clients non-ambulatory? [ ]  Yes [ ]  No What floor are they on?   |
| What is the ratio of staff to residents?  |
| Is the staff trained in non-violent crisis intervention? [ ]  Yes [ ]  No  |

**COMPLETED SUPPLEMENTS MUST BE SUBMITTED TO:**

BYRON RICHE PHONE: (800) 407-2027

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