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| ***ENTITY INFORMATION*** |
| Named Insured:  |
| Location Address:  |
| Type of Housing:[ ]  Shelter [ ]  Emergency [ ]  Homeless (chronic) [ ]  Domestic Violence, Women’s, or Family [ ]  Wet (non-sober) [ ]  Youth only [ ] [ ]  [ ] Other (explain) [ ]  Emergency Housing[ ]  Permanent Supportive Housing[ ]  Rapid Rehousing[ ]  Permanent Housing | [ ]  Transitional Housing[ ]  Assisted Living[ ]  Independent Living[ ]  Hospice[ ]  Respite Care[ ]  Inpatient Crisis Center[ ]  Substance Abuse Inpatient Treatment or Detox Services[ ]  Private Market Locations/Units (landlord or manager)[ ]  Other (explain)  |
| Do you enter into lease agreements on behalf of your clients for locations not listed on your property schedule? [ ]  Yes [ ]  No |
| If yes, please provide details including types of housing.  |
| Number of Units:  |
| Number of Beds (if not individual units):  |
| Are all of the rooms and halls equipped with hard wired smoke detectors? | [ ]  Yes [ ]  No |
| Are all of the rooms and halls equipped with carbon monoxide detectors? | [ ]  Yes [ ]  No |
| How many units have moisture/water/temp sensors at this location?  |  |
| Are handrails provided in hallways and bathrooms? | [ ]  Yes [ ]  No |
| Is cooking allowed in individual rooms? | [ ]  Yes [ ]  No |
| If yes, are cooktop fire prevention/mitigation safeguards used (ex. range hood suppression devices, induction cooktops, smart burners, automatic shutoffs)?  | [ ]  Yes [ ]  No |
| What is the policy regarding smoking in the facility?  |
| When was the last inspection by a licensing agency?  |
| What agency conducted the inspection?  |
| Were deficiencies noted? | [ ]  Yes [ ]  No |
| If “yes” please explain:  |
| ***TENANT LIABILITY*** |
| Are lease agreements required for tenants that reside in your units?  | [ ]  Yes [ ]  No |
| Do you require your units to be drug and weapon free? | [ ]  Yes [ ]  No |
| Does your organization require the tenant to carry renter’s insurance including liability coverage? [ ]  Yes [ ]  NoIf yes, please provide the liability limits required. If yes, do you verify coverage is renewed annually? [ ]  Yes [ ]  NoIf no, does the lease require the tenant to repair and pay all damages to the building in the event of an incident? [ ]  Yes [ ]  No |
| Do you provide tenant education for:Fire risks including proper use of kitchen appliances, electrical outlets, space heaters, and cigarette disposal? [ ]  Yes [ ]  NoWater risks including how to spot plumbing leaks, proper use of appliances that use water? [ ]  Yes [ ]  NoHow to report a safety or facility incident within a unit, building, or with other tenants? [ ]  Yes [ ]  NoIf yes, please explain the reporting process.  |
| Please describe the screening process for tenants.  |
| ***CLIENT INFORMATION*** |
| Average number of clients by age group:Under 18:  18 and over:  |
| How are residents separated?  |
| Are residents primarily responsible for their own basic personal care? [ ]  Yes [ ]  No |
| Are any clients non-ambulatory? [ ]  Yes [ ]  No | Are any non-ambulatory clients located above the first floor? [ ]  Yes [ ]  No |
| Are clients permitted to leave without supervision? | [ ]  Yes [ ]  No |
| ***STAFF INFORMATION*** |
| What is the ratio of staff to residents? | Day: |  | To |  |
|  | Night: |  | To |  |
| Is the staff trained in non-violent crisis intervention? | [ ]  Yes [ ]  No |
| How do you provide for resident security?  |
| Are bed checks done? | [ ]  Yes [ ]  No |
| Are there security cameras? | [ ]  Yes [ ]  No |
| Are residents’ doors locked from the outside? | [ ]  Yes [ ]  No |

**COMPLETED SUPPLEMENTS MUST BE SUBMITTED TO:**

BYRON RICHE PHONE: (800) 407-2027

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