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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

CLEAR RISK SOLUTIONS FAX: (509) 754-3406

159 BASIN STREET SW PMB #206 [briche@chooseclear.com](mailto:briche@chooseclear.com)

EPHRATA, WA 98823