|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***ENTITY INFORMATION*** | | | | | | |
| Named Insured: | | | | | | |
| Location Address: | | | | | | |
| Type of Housing:  Shelter  Emergency  Max length of stay: \_\_\_\_\_\_\_\_  Homeless (chronic)  Max length of stay: \_\_\_\_\_\_\_\_  Domestic Violence, Women’s, or Family  Max length of stay: \_\_\_\_\_\_\_\_  Wet (non-sober)  Max length of stay: \_\_\_\_\_\_\_\_  Youth only  Max length of stay: \_\_\_\_\_\_\_\_  Other (explain)  Max length of stay: \_\_\_\_\_\_\_\_  Emergency Housing | | | Permanent Supportive Housing  Rapid Rehousing  Transitional Housing  Assisted Living  Independent Living  Retirement/Elderly Housing  Is medical assistance offered?\_\_\_\_\_  Are emergency pull cords present in units?\_\_\_\_\_  Hospice  Respite Care  Medical 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. | | | | | | |
| Total number of Units at this location: | | | | | | |
| Number of Beds (if not individual units): | | | | | | |
| Percentage of Subsidized 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 | | |
| Are there two means of egress from each floor? | | | | 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: | | | | | | |
| How are locks handled upon vacancy of tenants? | | | | | | |
| Is there a swimming pool at this location?  Yes  No | | | | | | |
| Are there any construction or renovations planned during the year?  Yes  No | | | | | | |
| If “yes”, please describe: | | | | | | |
| ***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  No  If yes, please provide the liability limits required.  If yes, do you verify coverage is renewed annually?  Yes  No  If 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  No  Water risks including how to spot plumbing leaks, proper use of appliances that use water?  Yes  No  How to report a safety or facility incident within a unit, building, or with other tenants?  Yes  No  If 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? | | | | | | |
| Is there a security guard(s) on patrol?  Yes  No | | | | | | |
| If yes, is the guard armed or unarmed?  If yes, how many days of the week is the guard on duty?  If yes, how many hours per day is the guard on duty?  If yes, is the guard an employee of the member or independently contracted through an outside agency?  If independently contracted, what General Liability limits does the member require the agency to carry? | | | | | | |
| Is gated access provided for the facility?  Yes  No | | | | | | |
| If yes:  Is the entire complex gated?  Yes  No  What procedure is in place if the gate is not working? | | | | | | |
| 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

CLEAR RISK SOLUTIONS FAX: (509) 754-3406

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