Adult Residential Facility New Business Application

Name: _____

Mailing Address: _____

Location Address #1: _____

Location Address #2: _____

Location Address #3: _____

Location Address #4: _____

Contact Person: _____

Contact Phone: _____

Applicant has been in business since: _____

How many years experience in this or similar types of industry does management have: _____

Home is licensed as:

Type of legal entity: ☐ Individual   ☐ LLC   ☐ Corporation   ☐ Partnership   ☐ Other

How many AFH locations do you have? _____

Licensed Bed Count: _____

Resident Profile (complete for each resident *no names*)				Please submit for each location
Resident	Age	Private Pay or Medicaid?	Description of ability to ambulate (can transfer themselves, bear weight, wheelchair bound, uses walker, etc)	Primary Diagnosis – i.e. age related infirmity, developmental disability, dementia, mental health – if mental health describe diagnosis.
#1				
#2				
#3				
#4				
#5				
#6				
#7				
#8				
#9				
#10				

Other Services:

Do you have any residents not described above? _____

Do you accept tube feeding or ventilator care residents? _____

Do you accept short term residents? _____

Do you accept residents under age 18? _____

Any residents confined to bed or require 24 hour supervision? _____

    If Yes, describe: _____

Any residents known to wander? _____

Are there any residents with a record of sexual abuse or molestation? _____

Are there alarms on exterior doors to alert Staff? _____

Are Staff awake at all times during the night? _____

Are there any non-ambulatory residents above the grade floor? _____

Are there any dogs on the premises? _____

Physical Premises: Do you own the building? _____

Building Construction Year Built: _____   Number of Stories: _____

Total building Square Feet: _____

Distance to Fire Hydrant (feet): _____   Distance to Fire Station (Miles): _____

Building Improvements - Year last updated:

    Wiring: _____   Heating: _____

    Plumbing: _____   Roofing: _____

Location of Smoke Detectors:

    Hallways: _____   Resident Rooms: _____

Are smoke alarms battery powered or wired? _____

Does the building have sprinklers or other fire protection? _____

Do you have a swimming pool, spa or pond on the premises? _____

    Is the pool fenced with a locked gate? _____

    Is there life saving equipment nearby? _____

    Are residents permitted to use the pool? _____

    Are residents only permitted to use the pool with supervision? _____

Incidents/Claims/Administrative Actions:

Have there been any injuries/incidents in the past 3 years involving residents? _____

Have there been any incidents involving wandering? _____

Have there been any incidents regarding sexual abuse or molestation? _____

Has there been any disciplinary action taken by any governmental authority? _____

Have you ever filed for bankruptcy? _____

Are you aware of any potential circumstances which may result in a claim being made against you?

_____

Proposed Effective date: _____

Limit of Liability:

    ☐ $500,000 Per Occurrence $1,000,000 Aggregate

    ☐ $1,000,000 Per Occurrence $1,000,000 Aggregate

    ☐ $1,000,000 Per Occurrence $2,000,000 Aggregate

    ☐ $1,000,000 Per Occurrence $3,000,000 Aggregate

Current Policy Information:

Carrier Name _____

Policy Number _____

Eff/Exp Date _____

Retroactive Date _____

Attach copies of:
AFH License
Currently Valued 5 Year Loss Runs
Current State Inspection report including deficiencies report and follow up
AFH Brochure or promotional pieces
AFH Website Address (if any): _____

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application of insurance or statement of claim containing any materially false information , or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

_____   _____   _____

Applicant Signature   Title   Date