



ALTERNATIVE MARKETS | DEDICATED TO PUBLIC ENTITY
 SUPPLEMENTAL APPLICATION FOR INSURANCE

Entity Name

GROUP HOMES

Facility	Location 1	Location 2	Location 3
Number Residents			
Number Beds			
Number Stories			
Average Length of Stay			
Number of Adult Residents			
Number of Child Residents			
Number of Licensed Employees			
Number of Non-Licensed Employees			
Does Facility Dispense Medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is medicine dispensed by licensed staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is facility in compliance with all life safety codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is facility equipped with fire sprinklers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there security guards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are there security guards armed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No