

1. Name of Applicant: _____
Website: _____

FACILITY TYPE

2. **Type of Halfway House (check all that apply):**

- ☐ For-Profit Annual Gross Sales: \$ _____
☐ Non-Profit Annual Budget: \$ _____
- ☐ State-Sponsored ☐ Court-Mandated ☐ Lock-down facility
- ☐ Crisis center (rape, domestic violence, etc.) ☐ Residents hoping to achieve parole after prison term
☐ Foster care (children or adults) ☐ Sex crime offenders
☐ Mental health disorders – psychiatric care ☐ Sober living-no active aftercare rehab or support
☐ Non-violent criminal release program ☐ Substance abuse-active rehab
☐ Primary detox facility ☐ Violent criminal release program
☐ Reintegration of persons recently released from prison or jail
☐ Other (give details): _____

3. How are residents referred to your facility? _____

SERVICES PROVIDED

4. Provide details of all professional services, treatment and counseling provided to residents: _____

5. Provide details of all activities offered: _____

6. Do you provide birth control, pregnancy or abortion counseling? ☐ Yes ☐ No
7. Do you provide drug or alcohol testing? ☐ Yes ☐ No
8. Do you provide workshops? ☐ Yes ☐ No
If yes, please provide details: _____
9. Do you offer outpatient counseling for non-residents? ☐ Yes ☐ No
If yes, what are your annual gross sales derived from outpatient counseling? \$ _____
10. Does your facility prescribe medicine or administer any prescription drugs or medications? ☐ Yes ☐ No
11. Does your facility dispense methadone? ☐ Yes ☐ No
If yes, is methadone allowed to be taken off your premises? ☐ Yes ☐ No

DETAILS OF RESIDENTS

12. Provide details of residents:
- a. Current number of occupied beds: _____
 - b. Average length of stay: _____
 - c. Average number of adult residents: _____
 - d. Average number of ambulatory residents: _____
 - e. Average number of non-ambulatory residents: _____
 - f. Average number of restrained residents: _____ Describe type of restraint: _____
 - g. Average number of residents under the age of 18: _____
 - h. Average number of residents over the age of 65: _____
13. Do residents pay rent? ☐ Yes ☐ No
14. Do you allow residents who are minors? ☐ Yes ☐ No

15. What are your criteria for admission? _____
- a. What types of residents will not be accepted? _____
- b. Who makes the decision to discharge? _____
16. Are children/minors that reside at shelter required to be accompanied by a parent or legal guardian? ☐ Yes ☐ No

STAFF

17. Indicate number and type of staff members below:

Type of Staff	1 st Shift		2 nd Shift		3 rd Shift	
	Contracted	Employed	Contracted	Employed	Contracted	Employed
MDs						
RNs						
LPNs						
Nurses Aides						
Psychologists						
Psychiatrists						
Licensed Therapists						
Licensed Counselors						
Social Workers						
Other (specify):						

18. Are any of the above personnel required to maintain their own professional coverage? ☐ Yes ☐ No
Limits required: \$ _____ / _____
19. Is there always an awake staff member on duty 24 hours a day? ☐ Yes ☐ No
20. Please indicate staff-to-resident ratio: _____ / _____
21. Do you use armed security guards? ☐ Yes ☐ No
22. Do you use volunteers? ☐ Yes ☐ No
If yes, please describe their duties and in-house training provided: _____
23. Are background checks made with all prior employers and educational institutions? ☐ Yes ☐ No
a. Does background check include police record? ☐ Yes ☐ No
b. Does background check include drug screening? ☐ Yes ☐ No
24. Do you want employees covered as additional insureds? *There is a premium charge.* ☐ Yes ☐ No
(NOTE: The policy already protects you for the acts of your employees.)

OPERATIONS AND PROCEDURES

25. Is your facility owned by a physician or a psychiatrist? ☐ Yes ☐ No
If yes, indicate their duties: ☐ Administrative only ☐ Diagnose ☐ Treatment ☐ Prescriptions
26. Are you engaged in, owned by, associated with or involved in any other enterprise? ☐ Yes ☐ No
If yes, provide details: _____
27. Is your facility run by an outside management company? ☐ Yes ☐ No
If yes, describe contractual relationship: _____
28. Do you provide consulting management services for any other facilities? ☐ Yes ☐ No
If yes, describe: _____
29. Who has access to confidential files and documents? ☐ All workers ☐ Only those whose positions require access
30. Are residents clearly informed of house rules and the potential consequences of violating those rules? ☐ Yes ☐ No
31. Are residents required to sign in and out when leaving and returning to your facility? ☐ Yes ☐ No
32. If guests are allowed, are they required to sign in and out? ☐ Yes ☐ No

LICENSING

33. Are you licensed? ☐ Yes Lic. Number: _____ ☐ No If no, explain: _____
If yes, please answer questions **a.** through **d.**
- a. What type of license do you hold? _____
- b. Has your license ever been revoked or suspended? ☐ Yes ☐ No
- c. If yes, give details: _____
- d. Licensed bed capacity: _____
34. Has your shelter passed the most recent state inspection? **(Please attach a copy.)** ☐ Yes ☐ No

BUILDING

35. a. Type of building: ☐ Residential house ☐ Larger structure designed to house multiple occupants
- b. Number of buildings: _____ Number of stories: _____
- c. What is the total square footage of the building(s)? _____
- d. Construction type: _____
- e. Is building sprinklered? ☐ Yes ☐ No ☐ Fully or ☐ Partially sprinklered?
- f. If partially sprinklered, what percentage? _____ %
- g. Has an emergency evacuation plan been prepared? ☐ Yes ☐ No
- h. Are all rooms and halls equipped with smoke detectors? ☐ Yes ☐ No
- i. Type of fire protection, detection or suppression devices: _____
- j. Is smoking permitted? ☐ Yes ☐ No
- k. Are there designated smoking areas? ☐ Yes ☐ No
- l. Distance to the nearest fire station? _____ Nearest hydrant? _____
- m. Is the building equipped with a security alarm system? ☐ Yes ☐ No
- n. Are bathtubs and showers equipped with non-skid surfaces? ☐ Yes ☐ No

IF SEXUAL MOLESTATION COVERAGE IS DESIRED, PLEASE COMPLETE QUESTIONS 36 THROUGH 40.

If not desired, please sign application at bottom of page.

36. Have you or any employee, volunteer or other person working for you ever been arrested or convicted of a crime? ☐ Yes ☐ No
If yes, provide details: _____
37. Has your facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct? ☐ Yes ☐ No
If yes, provide details: _____
38. Has any facility that you have been associated with in the past ever had a molestation allegation or claim brought against it while you were there? ☐ Yes ☐ No
If yes, provide details: _____
39. Does your facility do background checks on all employees and volunteers? ☐ Yes ☐ No
Describe types of checks done (prior employer, police, etc.): _____
40. Sexual Molestation sub-limit wanted:
☐ \$25,000/50,000 ☐ \$50,000/100,000

FRAUD WARNING STATEMENTS

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Arkansas Louisiana West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
New York	Any person who knowingly and with intent to defraud any insurance company or other person files an application for 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. Fire: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon	Fire: This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for 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 such person to criminal and civil penalties.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee Virginia Washington	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
All Other States	Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

Applicant's Signature: _____

Date: _____

Title: _____

Producing Agent: _____