

**SUPPLEMENTAL APPLICATION**  
**ADDITIONAL EXPOSURES**

**RESIDENTIAL/HABITATIONAL PROGRAMS**

	<u>YES</u>	<u>NO</u>
Type of facility:		
Group home for youth	_____	_____
Single facility with 15 or more youth beds	_____	_____
Halfway house	_____	_____
Homeless Shelter	_____	_____
Battered Women/Children	_____	_____
Single facility with 25 or more adult beds	_____	_____
Teen/Runaways	_____	_____
Is facility licensed?	_____	_____
If so, by what agencies? _____		
Number of male residents under 19: _____		
Number of female residents under 19: _____		
Number of staff: _____ Day _____ Overnight (awake) _____		
Are each of the insured's residential facilities for a single age group (child, adolescent, adult)?	_____	_____
If different ages are mixed, e.g., children with teenagers, does the insured segregate or closely monitor mixed age groups?	_____	_____
Central kitchen	_____	_____
Is smoking allowed	_____	_____
If yes, where? _____		
Describe security: _____		
If clients are referred to your facility, who refers?		
_____		
Type of treatment provided:		
Family therapy?	_____	_____
Educational?	_____	_____
Recreational?	_____	_____

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	<u>YES</u>	<u>NO</u>
Any medication administered?	_____	_____
If yes, describe storage and recording procedures:		
_____		
Emergency Procedures?	_____	_____
Written emergency evacuation plan?	_____	_____
Are procedures posted?	_____	_____
Do you have practice drills?	_____	_____
Do the children of the clients in the transitional/battered women's shelter/homeless shelter live in the facility with their parents?	_____	_____
If yes, does the insured have a child safety and security program that includes scalding prevention and safety from abuse and neglect, playground safety?	_____	_____
Do you send children to foster care facilities?	_____	_____
Are any services provided in addition to the shelters?	_____	_____
If yes, describe:		
_____		
_____		
_____		
What is <b><u>average</u></b> length of stay at the facility? _____		
What is <b><u>maximum</u></b> length of stay? _____		