

ADULT RESIDENTIAL FACILITY NEW BUSINESS APPLICATION (CA, NV, OR, WA)

Named Insured:		
Mailing Address:		
City:	State:	ZIP:
Location Address:		
City:	State:	ZIP:
Contact Person:	Contact Phone:	
Proposed Effective Date:		
Applicant has been in business since:		
How many years of experience in this or similar types of i	ndustry does management have	9?
Home is licensed as which type of legal entity? ☐ Indivi	dual □ LLC □ Corporation	☐ Partnership ☐ Other
How many AFH locations do you have?	Licensed bed count	•
Do you own any other businesses or have an interest in any other businesses? ☐ Yes ☐ No		
If YES, describe:		
Do you plan on going through the Change of Ownership	process within the next 12 month	ns? ☐ Yes ☐ No
If YES, describe:		
If YES, the company must be notified immediately whe	n the change takes place.	

Note the appropriate ambulatory classification number for each resident below.

- "Ambulatory" means capable of walking or traversing a normal path to safety without the physical assistance of another individual.
- "Semi-Ambulatory" means physically and mentally capable of traversing a normal path to safety with the use of mobility aids, but unable to ascend or descend stairs without the physical assistance of another individual.
- "Non-Ambulatory" means unable to walk or traverse a normal path to safety without the physical assistance of another individual.

Ambulatory Classification Number 1-8	Description of Ambulatory Classification	
#1	Walks unassisted without aid of any kind (Ambulatory)	
#2	Walks with the assistance of a cane – no assistance needed to get up from a chair or bed (Ambulatory)	
#3	Uses a walker – no assistance needed to get from a chair or bed (Semi-Ambulatory)	
#4	Uses a wheelchair – no assistance needed to get from a chair or bed (Semi-Ambulatory)	
#5	Uses a walker or wheelchair – 1 person assist to get from chair or bed (Non-Ambulatory)	
#6	Uses a walker or wheelchair – 2 persons assist to get from chair or bed (Non-Ambulatory)	
#7	Uses a wheelchair – Hoyer lift needed to get from bed (Non-Ambulatory)	
#8	Bed Bound – 100% confined to bed, does not get out of bed due to health reasons, not by Resident's choice (Ineligible)	

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RESIDEN	T PROFII	LE: Complete	for each resid	dent NO NAMES;	please submit for each loc	ation.
		Private		Ambulatory	Primary Diagnosis (i.e., dementia, me	
Resident	Age	Pay or Medicaid?	Date of Admittance	Ambulatory Classification Number	 If mental health, describe If developmental disability Developmentally Disabled Application. 	, please use the
#1						
#2						
#3						
#4						
#5						
#6						
#7						
#8						
#9						
#10						
STAFE D	OSTED:	Place provid	lo the Names	Title Vears' Eve	perience and how long they	have worked in the
1.		<u>home</u> of each	staff member	r including Owner	ers and Administrators (e.g. orked in the home)	
3.						
4.						
5.						
6.						
STAFF RA	ATIO					
How many	direct ca	re staff (<u>includ</u>	<u>ling</u> Owners an	nd Administrators)	are working at a time on eac	h shift?
First S	hift Time:		to	Number	of Staff:	
Second S	hift Time:		to	Number	of Staff:	
Third S	hift Time:		to	Number	of Staff:	
NON-AME	BULATOR	RY RESIDENT	ROOMS			
Are the ro	oms equip	oped with bed	alarms or an ir	ntercom system to	call for help if needed?	☐ Yes ☐ No
OTHER S	ERVICES	;				
Do you ha	ve reside	nts not describ	ed above?			☐ Yes ☐ No
Do you ac	cept tube	-feeding reside	ents?			☐ Yes ☐ No
Do you ac	cept resid	lents receiving	ventilation thro	ough an artificial a	airway?	□ Yes □ No
Do you ac	cept shor	t-term residen	ts?			☐ Yes ☐ No
If YES,	describe:					
Do you ac	cept resid	lents under ag	e 18?			□ Yes □ No
Any reside	ents confi	ned to bed tha	t require 24-ho	ur supervision?		□ Yes □ No
If YES,	describe:					
Any reside	ents displa	ay exit-seeking	behavior?	·		☐ Yes ☐ No

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Any residents with a history of sexual abuse or molestation?		☐ Yes	□ No
Are there alarms on exterior doors to alert Staff?		☐ Yes	□ No
Are there any non-ambulatory residents above the grade floor	or?	☐ Yes	□ No
Are there any dogs on the premises?		☐ Yes	□ No
Do any of the residents leave the home to go to a job, doctor	rs' appointments, shopping, etc.?	☐ Yes	□ No
If YES, are they accompanied by one of the following? □	Family Member □ Personal Assistant □	Self □ C	Other
If no one accompanies the resident(s), what mode of trans	sportation do they use?		
Please describe:			
RISK MANAGEMENT			
Do you regularly use risk-assessment tools to evaluate and	document resident susceptibility to the foll	lowing:	
	Falls?	☐ Yes	□ No
	Choking?	☐ Yes	□ No
	Elopement?	☐ Yes	□ No
Does your facility have a written safety program?		☐ Yes	□ No
PHYSICAL PREMISES			
Do you own the building? ☐ Yes ☐ No	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:		
Are there solar panels on the property?		☐ Yes	□ No
If YES, where are the solar panels located?			
Is the Adult Residential Facility fully powered by solar panels	s?	☐ Yes	□ No
Are the solar panels connected to the main public utility power if needed?	er grid and available for backup power	☐ Yes	□ No
Location of smoke detectors:			
Hallways:	Resident Rooms:		
Are smoke alarms battery-powered or wired:			
Does the building have sprinklers or other fire protection?			
Does the building have water alarms?		☐ Yes	□ No
Do you have a swimming pool, spa, or pond on the premises	s? □ Pool (If YES, complete questions be □ Spa □ Pond	low)	
Is the pool fenced with a locked gate?		☐ Yes [□ No
Is there life-saving equipment nearby?		☐ Yes [□ No
Are residents permitted to use the pool?		☐ Yes [□ No
Are residents only permitted to use the pool with supervisi	ion?	□ Yes [□ No
INCIDENTS/CLAIMS/ADMINISTRATIVE ACTIONS			
Have there been any occurrences in the last 5 years of a res	sident eloping or going unaccounted for?	☐ Yes	□ No
If YES, describe:			
Have there been any incidents involving sexual abuse or mo	lestation?	☐ Yes	□ No
If YES, describe:			

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		•		
Has there been an	ny disciplinary action taken by any governr	mental authority?	□ Yes □ No	
·			☐ Yes ☐ No	
Have you ever filed for bankruptcy? Have there been any injuries in the last 5 years involving residents or any other incidents that may			☐ Yes ☐ No	
give rise to a claim		nacing of any care, moracine and may	_ 100110	
If YES, describe	2 :			
Limit of liability:	lity: \$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		
State Healthcare F			☐ Yes ☐ No	
	provide Abuse Limit required:	<u> </u>		
Hired and Non-Ow	<u> </u>		☐ Yes ☐ No	
	provide supplement.			
	Y 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			
	☐ AFH brochure or promotional pieces			
	☐ AFH website address (if any):			
FRAUD WARNII	NG			
application for in purpose of misle which is a crime	knowingly and with intent to defraud a surance or statement of claim containi ading, information concerning any fact and subjects such person to criminal a LA, ME, MD, MN, NE, NJ, NY, OH, O	ing any materially false information or t material thereto commits a frauduler and civil penalties. (Not applicable in a	conceals for the nt insurance act,	
FRAUD WARNII	NG (APPLICABLE IN CALIFORNIA)			
Any person who application of ins purpose of misle	knowingly and with intent to defraud a surance or statement of claim containing ading, information concerning any fact and subjects the person to criminal ar	ng any materially false information, or t material thereto, commits a fraudule	conceals, for the	
FRAUD WARNII	NG (APPLICABLE IN OREGON)			
• -	intentionally presents a materially fals al offense and subject to penalties und		rance may be	
FRAUD WARNII	NG (APPLICABLE IN WASHINGTON)		
	nowingly provide false, incomplete, or uding the company. Penalties include			
Applicant Signat	ure:			
Title:	-			

Date: