

Z A S

Zurich Agency Services

RESIDENTIAL FACILITY QUESTIONNAIRE

A. Insured: _____

B. Are you required to be licensed? Yes No
If yes, by whom? _____

Does your agency have any other accreditations? Yes No
If yes, please list: _____

C. Location Address: (Residential Location Only)

Loc. #1 _____

Loc. #2 _____

Loc. #3 _____

Loc. #4 _____

D. Types of Residents:

- 1) Runaway Youths (under Age 18)
 Male Female
- 2) Children (under Age 18)
 Male Female
- 3) Senior Citizens
 Male Female
- 4) Physically Disabled
 Male Female % Under Age 18 _____% % Ambulatory _____%
- 5) Mentally Disabled
 Male Female % Under Age 18 _____%
- 6) Drug Rehab
 Male Female % Under Age 18 _____%
- 7) Non Ambulatory
 Male Female % Under Age 18 _____% % Over Age 65 _____%
- 8) Homeless
 Male Female % Under Age 18 _____%
- 9) Emergency Shelter
 Male Female % Under Age 18 _____%

If you want to learn more about the compensation Zurich pays agents and brokers visit:
<http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192. This
Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries

10) Family Shelter
 Male Female % Under Age 18 _____%

11) Do you service any individuals under the age of 19? Yes No

If so, what %? _____

12) Other _____

D. General Information About Residents:

1) Are residents placed on a permanent basis? Yes No

2) What is the average length of stay? 0-3 months 3-6 months 6-12 months Over 1 year

3) Have any mentally ill residents been diagnosed with severe psychotic behavior? Yes No

3) If yes, what percentage of residents fall into this category? _____

4) Please explain services rendered to these individuals. _____

5) Do any of the residents have a prior involvement with acts of property damage, e.g., arson, vandalism? Yes No
If yes, please explain. _____

6) Are you appointed legal guardian for any of the residents? Yes No

7) Are any residents appointed through the court system? Yes No

E. Physical Characteristics of Facilities:

	Loc. #1	Loc. #2	Loc. #3	Loc. #4
1) Year Built/Age	_____	_____	_____	_____
2) # of Stories	_____	_____	_____	_____
3) Square Footage	_____	_____	_____	_____
4) Sprinklered	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage	_____ %	_____ %	_____ %	_____ %

Date of Last Sprinkler Inspection _____

5) Heat & Smoke Detectors Yes No Yes No Yes No Yes No

6) Are they Local (L) or Central Station (CS) _____

7) Fire Alarms Yes No Yes No Yes No Yes No

8) Are they Local (L) or Central Station (C)? _____

9) Floor Construction
Brick (B), Wood (W)
Concrete (C) _____

- 10) Roof Construction
 Non-combustible (N) _____
 Combustible (C) _____
- 11) Wall Construction
 Brick (B), Wood (W) _____
 Cement (C) _____
- 12) If over 1 story are there
 fire doors at each
 landing? Yes No Yes No Yes No Yes No
- If yes do these doors
 have functional self-closing
 devices? Yes No Yes No Yes No Yes No
- Are exit/exterior doors
 equipped with motion
 sensors or alarms? Yes No Yes No Yes No Yes No
- 13) If building is over 25
 years has the electrical system
 been re-wired in the last
 10 years? Yes No Yes No Yes No Yes No
- 14) Any aluminum wiring? Yes No Yes No Yes No Yes No
- 15) Emergency Lighting? Yes No Yes No Yes No Yes No
- 16) Number of Exits _____
- 17) Is building inspected
 by Fire Dept.? Yes No Yes No Yes No Yes No
- 18) Number of live-in
 staff members _____
- 19) Are fire drills conducted?
 Frequency _____ Yes No
- 20) Are evacuation procedures & floor plans posted? Yes No
- 21) Are bathing facilities equipped with safety features such as grab bars,
 non-slip surfaces, water temperature control devices, etc.? Yes No
- Is water temperature control set at 100 degrees maximum? Yes No
- 22) If risk has cooking, please explain the extent of fire
 suppression system (e.g., ansul, etc.) _____

- 23) Is cooking supervised if done by residents? Yes No

F. Activities and Supervision:

- 1) Who is responsible for obtaining medical treatment for the residents? _____
- 2) Who is responsible for maintaining medical records? _____
- 1) Are residents seen by a physician every six months? Yes No

2) Is medication kept in a locked area? Yes No

3) Does a staff member administer medication? Yes No
If yes, please explain. _____

6) Is smoking confined to a designated area? Yes No

Are "No Smoking" signs posted? Yes No

Are rules strictly enforced? Yes No

7) What are the procedures for medical emergencies and treatment of normal medical situations?
Please explain. _____

8) Do you maintain a written admission criteria? Yes No
Please describe admission criteria: _____

9) Please describe intake procedures.

10) Please describe the types of recreational activities on premises.

11) Please describe the types of recreational activities off premises.

12) Are visitors allowed on the premises? Yes No
If yes, please describe the management controls of a visitor to the premises. _____

Comments. (Please comment on any other favorable aspects of the operation.)

AGENCY NAME _____

COMPLETED BY _____ DATE _____

Send to:
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