



Human Services Benefits Company

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5. Residential Questionnaire

Name of Organization _____

	1	2	3	4
Location address				
How is facility licensed?				
Occupancy	<input type="checkbox"/> Group Home <input type="checkbox"/> Shelter <input type="checkbox"/> Apartments <input type="checkbox"/> Other _____	<input type="checkbox"/> Group Home <input type="checkbox"/> Shelter <input type="checkbox"/> Apartments <input type="checkbox"/> Other _____	<input type="checkbox"/> Group Home <input type="checkbox"/> Shelter <input type="checkbox"/> Apartments <input type="checkbox"/> Other _____	<input type="checkbox"/> Group Home <input type="checkbox"/> Shelter <input type="checkbox"/> Apartments <input type="checkbox"/> Other _____
Number of employees				
Construction	<input type="checkbox"/> Fire Resistive <input type="checkbox"/> Non-combustible <input type="checkbox"/> Masonry <input type="checkbox"/> Frame	<input type="checkbox"/> Fire Resistive <input type="checkbox"/> Non-combustible <input type="checkbox"/> Masonry <input type="checkbox"/> Frame	<input type="checkbox"/> Fire Resistive <input type="checkbox"/> Non-combustible <input type="checkbox"/> Masonry <input type="checkbox"/> Frame	<input type="checkbox"/> Fire Resistive <input type="checkbox"/> Non-combustible <input type="checkbox"/> Masonry <input type="checkbox"/> Frame
Age of building				
Number of stories				
Square footage				
Number of elevators				
Elevator maintenance agreement	<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
Has building been remodeled?	<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
If yes, when?				
Security provided	<input type="checkbox"/> Employed <input type="checkbox"/> Contracted	<input type="checkbox"/> Employed <input type="checkbox"/> Contracted	<input type="checkbox"/> Employed <input type="checkbox"/> Contracted	<input type="checkbox"/> Employed <input type="checkbox"/> Contracted
Describe fire alarm				
Are exits clearly marked?	<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
Are smoke detectors in each unit and common area?	<input type="checkbox"/> Battery <input type="checkbox"/> Hard-wired	<input type="checkbox"/> Battery <input type="checkbox"/> Hard-wired	<input type="checkbox"/> Battery <input type="checkbox"/> Hard-wired	<input type="checkbox"/> Battery <input type="checkbox"/> Hard-wired
Are carbon monoxide detectors present?	<input type="checkbox"/> Battery <input type="checkbox"/> Hard-wired	<input type="checkbox"/> Battery <input type="checkbox"/> Hard-wired	<input type="checkbox"/> Battery <input type="checkbox"/> Hard-wired	<input type="checkbox"/> Battery <input type="checkbox"/> Hard-wired
Fire extinguishers in common areas?	<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

Group Home and Shelter Questions	1	2	3	4
Number of beds				
Current number of residents				
Number of non-ambulatory residents				
Average length of stay				
Average age				
Number of awake staff				
How often are bed checks performed?				
Fire drills conducted?	<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
Do bathing facilities have temperature controls?	<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
Describe athletic activities offered				

Apartment Building Questions	1	2	3	4
Number of rental units				
Are all units occupied?	<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
Do you rent to program clients?	<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
Do you rent to public?	<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
Are leases required? (If yes, include a copy)	<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
Annual rental income				
Number of non-ambulatory clients				
Average occupancy rate				
Are tenants required to participate in any type of social service programs?	<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
Are eviction procedures in place?	<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
Number of evictions in last 3 years				
Is parking provided?	<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
For how many vehicles?				
Who maintains the premises (cleaning, maintenance, etc.)				

Notes:

Submitter's Contact Information

If this form is being submitted by someone other than the Insured, please provide the submitter's contact information below.

Company Name

Contact Person

Address

Phone

Fax

Email