

NEGLEY
ASSOCIATES
UNDERWRITING MANAGERS

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RESIDENTIAL OR INPATIENT FACILITY
SUPPLEMENTAL APPLICATION
(TO BE COMPLETED FOR EACH APPLICABLE LOCATION)

1. Applicant _____

Location Number _____ Address _____

2. Number of beds _____ (Licensed capacity) _____ (Occupied)

3. Is 24 hour supervision provided? Yes No If yes, please explain the supervision procedures:

4. Does hiring procedure include: Background/reference check? Yes No
Screening for criminal record? Yes No

5. Is treatment provided at this location? Yes No If yes, please describe:

6. Number of non-ambulatory residents _____

7. Average length of stay _____ Age group _____ Sex ___ M ___ F

8. What type of residents are housed or treated in this facility? Alcohol/Drug _____ Mentally Ill _____

Aged _____ Developmentally Disabled _____ Other _____

9. Are physical or mechanical restraints used at the facility? Yes No

If yes, what type of restraints are used? _____

How often? _____ Under what circumstances? _____

What type of training does staff receive? _____

10. Are residents screened by a physician prior to admission? Yes No If no, please describe the procedure that determines eligibility for admission

11. Construction of building _____ # stories _____ Sq. ft. _____

12. Are there smoke detectors? Yes No Is there a fire alarm system? Yes No

Please retain a copy of the completed application.
SUPP APP RES (10/09)