

NEGLEY
ASSOCIATES
UNDERWRITING MANAGERS

388 Pompton Avenue, P.O. Box 206, Cedar Grove, NJ 07009
1-800-845-1209 • 973-239-9107 • Fax: 973-239-6241
www.jjnegley.com

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 there 24 hour supervision? Yes No
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 types of residents are housed or treated in this facility?
Alcohol _____ Mentally Ill _____ Aged _____
Drug _____ Mentally Retarded _____ Other _____
9. Are the residents screened by a physician prior to admission? Yes No If no, please describe the procedure which determines who is eligible for admission.

10. Construction of building _____ Number of stories _____ Sq. Ft. _____
11. Is there a secondary means of egress from all upper floors? Yes No
12. Are there smoke detectors? Yes No
13. Is there a fire alarm system? Yes No