

WALA Association - Liability Insurance Renewal Application

CLIENT ID: _____

1. Name of Business (ex: *Smith's Adult Family Home LLC*): _____
2. Name of Operator/Owner (ex: *Bob Smith*): _____
3. Business/Adult Family Home Address: _____
Street City State Zip
4. Mailing Address (if different): _____
Street City State Zip
County: _____ Phone: _____ Email Address: _____
Owner/Operator Owner/Operator
5. Are you a current member of WALA? Yes No
6. Do you have a current certification or license? Yes No
7. Are you in compliance with all of the State requirements and regulations?
If No, list deficiencies and plan of action: _____
 Yes No
8. In the last year, have you had a citation, warning or fine issued against you or your Adult Family Home or CBRF?
If Yes, please explain: _____
 Yes No
9. In the last year, have you had your license or certification suspended, revoked or placed under probation?
If Yes, please explain: _____
 Yes No
10. In the last year, have you had any accidents, incidents, lawsuits or insurance claims related to but not limited to abuse, neglect, violence, medications, care, property, premises or death for your AFH or CBRF, regardless if the incident was insured?
If Yes, please explain: _____
 Yes No
11. If you reside in the home with your residents, please provide the name of your Homeowner's Insurance Company: _____
12. a. Number of licensed or certified beds for this home: _____
b. If certified for only 1 bed, is your resident a relative? Yes No
13. Total number of employees: _____
14. Are employment references and background checks performed on all caregivers prior to hiring?
Describe the procedures: _____
 Yes No
15. Name and address of funding source/managed care organization with whom you contract (ex: *Care Wisconsin First, Inc., Community Care Inc., My Choice Family Care, etc.*): _____

_____ Date

_____ Applicant Signature

_____ Print Name / Title