

**GROUP HOME, YOUTH HOME OR RESIDENTIAL TREATMENT CENTRE
SUPPLEMENTAL QUESTIONNAIRE**

NOTES: This supplemental questionnaire must be completed in addition to the Specialty Lines Questionnaire.

1. Is funding directed to the entity? YES _____ NO _____
(Note: Majority of income must be funded by Ministry or Municipality)

2. Is the facility licensed within the province of operation by the appropriate Ministry or governing body? YES _____ NO _____

3. Does the owner reside in the facility? YES _____ NO _____
IF YES, RISK DOES NOT MEET UNDERWRITING CRITERIA.

4. Is there 24-hour supervision? YES _____ NO _____

5. How many times per year is the facility inspected by a regulatory body? _____

6. What is the criteria for persons to be admitted to the facility?

7. What are the ages of the residents in the facility? _____

8. List all associations that entity belongs to and the criteria required in order to be a member.

DATE: _____

COMPLETED BY: _____ POSITION: _____