GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION & LICENSING ADMINISTRATION

Insurance Guidelines for Chapter 35-Group Home for Persons with Intellectual Disabilities (GHPID) and Chapter 34-Community Residence Facility (CRF)

Title 22 DCMR 35 requires that each GHPID licensee shall carry or ensure that the premise carries the following insurance in at least the following amounts:

- Hazard (fire and extended coverage) in the minimum amount of five hundred dollars ($500) per resident to protect belongings, with a minimum of two-thousand dollars ($2,000) per GHPID;
- Liability coverage (premises, personal injury, and products liability in the amount of three hundred thousand dollars ($300,000) per occurrences; and
- Professional liability.

Title 22 DCMR 34 requires all Community Residence Facilities, licensed shall carry sufficient insurance to cover the following:

- Hazard (fire and extended coverage) in the amount of five hundred dollars ($500) per resident to protect belongings, with a minimum of two-thousand dollars ($2,000) of coverage per facility; and
- Premises, personal injury, and products liability for at least the limits set forth as follows:

  No. of Beds Limit per occurrence (***combined single limit and aggregate limit***)

1-2	**$100,000**
3-9	**$300,000**
10 or more	**$500,000**

- Incidental malpractice coverage in respect only of duties required of a resident Director or staff member pursuant to this title, for a limit of a least one hundred thousand ($100,000).

In the case of a facility which is not owned by the operator, the operator shall be responsible for obtaining proof of the owners' premises liability coverage (such as a certificate of standard landlord coverage) or placing the owner on the operator's policy as an additional named insured.

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INTERMEDIATE CARE FACILITIES DIVISION

Insurance Verification Request:

I, _____ _____
Licensee Signature **Facility Address**

authorize on this date_____ the release and verification of the requested information regarding policy(ies) issued for the above listed premise(s).

The maximum capacity of residents in this facility is _____.

Insurance Company _____

Address _____

_____Telephone Number: _____

Please verify that the above named licensee has current insurance policy(ies) with your company that provides coverage for non-related residents who pay for their care. Please complete the appropriate areas below:

Hazard (fire and extended coverage) $ _____

Policy Number _____Effective Date_____ Expiration Date _____

Liability coverage (1) Premises, personal injury, and products _____

(2) Professional liability $_____

Policy Number _____Effective Date_____ Expiration Date_____

Signature _____
Insurance Representative

Return to:

Health Regulation and Licensing Administration
899 North Capitol Street, N.E., 2nd Floor
Washington, D.C. 20002

HRLA – Form 101/2000