

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.

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