

Assisted Living Facility Liability Insurance Disclosure Notification Form

Required by the Virginia Department of Social Services
as specified in 22 VAC 40-73-390 A 4 m

(Facility must indicate yes or no below)

This facility maintains liability insurance that provides at least \$500,000 per occurrence and \$500,000 aggregate, which is the minimum amount of coverage established by the State Board of Social Services for disclosure purposes, to compensate residents or other individuals for injuries and losses from negligent acts of the facility.

_____ Yes

_____ No

Resident signature

Date

Licensee/Administrator signature

Date

Note: It is permissible to incorporate this form into the resident agreement with the facility as long as the exact language above is used and the “yes” or “no” response is indicated by the facility.