

**Assisted Living Facility Liability Insurance Disclosure
Notification Form**

**Required by the Virginia Department of Social Services
as specified in 22 VAC 40-72-390 A 6**

(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 the negligent acts of the facility.

_____ **Yes**

_____ **No**

Resident signature: _____

Date: _____