

**Assisted Living Facility Liability Insurance Statement  
Required by the Virginia Department of Social Services**

**Name of Facility:** \_\_\_\_\_

**Name of Licensee:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Licensed Capacity:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Select the amount from the table below to indicate this facility maintains at least the minimum amount of liability insurance coverage to compensate residents or other individuals for injuries or losses from negligent acts of the facility in accordance with this facility's licensed capacity as required under Virginia Code § 63.2-1805 and 22VAC40-73-45.

| <b>Tiers<br/>Per Licensed Capacity</b>  | <b>Minimum Amount of<br/>Liability Insurance</b> |
|-----------------------------------------|--------------------------------------------------|
| <b>Tier I (1-25 residents):</b>         | <b>\$250,000</b>                                 |
| <b>Tier II (26-75 residents):</b>       | <b>\$400,000</b>                                 |
| <b>Tier III (76-150 residents):</b>     | <b>\$500,000</b>                                 |
| <b>Tier IV (151 or more residents):</b> | <b>\$1,000,000</b>                               |