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.

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