

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

Name of Facility: _____

Name of Licensee: _____

Facility Address: _____

Telephone Number: (____) _____

This facility maintains at least (Select amount) in liability insurance coverage to compensate residents or other individuals for injuries or losses from negligent acts of the facility in accordance with licensed capacity amounts 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