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| **General Liability (GL)-**  **Professional Liability (PL) Insurance Waiver Checklist**  Section 232 |  | **U.S. Department of Housing and Urban Development**  Office of Residential Care Facilities |

**Warning**: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802).

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| **Project Name:** |
| **Project Number:** |
| **Applicant Name:** |

**SUBMISSION REQUIREMENTS:**

* This form should only be used for submission of requests to waive the required *minimum* **General Liability-Professional Liability (GL-PL) Insurance Requirements** (see *Section 232 Handbook 4232.1, REV-1, Section II Production, Chapter 14.6.C – Commercial General Liability Insurance and Appendix 14.1 - Professional Liability Insurance*). Please note that statutory provisions may not be waived. Waivers submitted will be evaluated on project-specific factors and assessed on a case-by-case basis.
* Lender shall transmit the checklist documents via the HUD Healthcare Portal (link [here](https://www.hud232portal.com/)). In the Portal, select *Asset Management > Project Request Form* > *GL-PL waiver.*
* It is **critical** that you name each file according to the naming convention provided in the checklist **highlighted in green.** These highlighted numbers are important codes that “guide” the Portal system to recognize the type of transaction submitted, section number of the checklist, and the identity of the document. Therefore, appropriate file names for this submission package would include **99901-a\_Lender’s Narrative [OR] 99901-a\_LendersNarrative [OR] 99901-a\_LNarrative.** In all three examples, the critically important portion of the file name is the five-digit number, dash, letter, and underscore that have been highlighted in green on the checklist. Do not use the following characters in your file names: Less than: (<), Greater than: (>), Colon: (:), Double quote: ("), Forward slash: (/), Backslash: (\), Vertical bar or pipe: (|), Question mark: (?), Asterisk: (\*).

| **No.** | **Item** | **Incl.** | **N/A** |
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|  | **92101-a\_**Copy of completed **General Liability (GL)-Professional Liability (PL) Insurance Waiver Checklist** |  |  |
|  | **92102-a\_**Form HUD-2-ORCF  See Sample Waiver for Professional Liability (PL) & General Liability (GL) Insurance Waiver Requests located on the [ORCF Loan Servicing](https://www.hud.gov/federal_housing_administration/healthcare_facilities/residential_care/loan_servicing) website. |  |  |
|  | **92103-a\_**Completed PL-GL Addendum to Form HUD-2-ORCF  Page 3 of the Waiver Sample. |  |  |
|  | **92104-a\_**Current Insurance ACORD Certificate |  |  |
|  | **92105-a\_**Copy of the Full Insurance Policy |  |  |
|  | **92106-a\_**Quotes or Good Faith Estimates for Compliant Insurance [OR] Evidence of Inability to Obtain Compliant Insurance |  |  |
|  | **92107-a\_**Six-Year Loss History Summary of GL-PL Insurance Claims  The summary should identify both the open and closed claims. |  |  |
|  | **92108-a\_**State Tort Reform *(as applicable)*  Appendix 14.1, IV C (in *Section 232 Handbook 4232.1, REV-1, Section II Production, Chapter 14 Insurance Requirements)* allows consideration of waivers where state legislation has limited PLI claim liability. If applicable, please provide brief statement regarding the tort reform limits in state where the subject property is located. |  |  |
|  | **92109-a\_**Prior Approved Waivers  Please provide the waiver number(s) for relevant similar previously approved waivers (i.e., OHP\_XXX). |  |  |