



SOBER LIVING HOMES

APPLICATION

Applicant

Name: _____

Location

Address: _____

Mailing

Address: _____

Contact person: _____

Phone #: _____

E-mail address: _____

Website: _____

FEIN: _____

Description of operations: _____

Any other business ventures you own or operate: _____

1. Corporation Individual Partnership LLC Joint Venture Trust Not For Profit

2. **Date this business was established:** _____

3. **Proposed Eff. Date:** _____ **Proposed Exp. Date:** _____

4. **Is your facility:** Licensed Certified by: _____

5. **Accreditations and/or association memberships :** _____

6. **Total Number of beds:** _____ **Approx. Sq. Footage:** _____

7. Men Women Men & Women Women & Children

8. **What is your approximate monthly rental income?** _____

9. **Current liability insurance carrier?** _____ **Annual Prem?** _____

10. **Have you had any insurance claims or lawsuits in the past 3 years?** Yes No

11. **If Yes, please provide date, explanation and outcome:** _____

12. **Any additional interests in this insurance (mortgagee, loss payee, or contracts requiring you to carry insurance)?** _____

13. Do you have written policies and procedures for tenants? Yes No
14. Do you administer drug or alcohol testing of tenants? Yes No
15. Do you have incident reporting procedures? Yes No
If Yes, is a written record kept? Yes No
16. Do you allow guests/visitors to stay overnight? Yes No
17. Do you allow residents to keep pets on the premises? Yes No
18. Is there a: Swimming Pool Jacuzzi/Hot Tub Sauna Exercise Equipment
19. Any special events on premises or off site? Yes No If Yes, please describe: _____
20. Is there a resident manager on premises? Yes No
21. List any other employees or contractors who do work on your behalf: _____
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22. Do you currently have Worker's Compensation insurance? Yes No ***If Yes, appl & loss runs.
23. Do you provide transportation for tenants? Yes No
24. Do you currently have Commercial Auto insurance? Yes No ***If Yes, appl & loss runs.
25. Do you require all employees who transport tenants on your behalf to carry minimum personal auto liability insurance limit of \$100,000? Yes No
26. Employee driver info for MVR review:
Name: _____ DL #: _____ DOB: _____
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27. What year was your building constructed? _____
28. Updates in last 15 years? Roof Plumbing Electrical
29. Construction type: Wood Frame Masonry/Concrete Block
30. Number of stories: _____
31. Automatic Sprinkler System Fire Extinguishers Smoke Alarms Burglar Alarm Video
32. Are any protective systems connected to offsite monitoring company? Yes No
33. Current property insurance carrier? _____ Annual Prem? _____
34. Have you had any property insurance claims in the past 3 years? Yes No
35. If Yes, please provide date and description of loss: _____
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36. Building limit of insurance: \$ _____ (full replacement cost)
37. Business personal property limit of insurance: \$ _____ (full replacement cost)
38. Deductible: \$500 \$1,000 \$2,500 \$5,000
39. Public Fire Protection Class: _____
40. Loss of Rents limit of insurance: \$ _____ Limit shown for: 6 months 1 year

Additional coverage information/notes: _____

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT)
In DC, LA, ME, TN and VA, insurance benefits may also be denied.**

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION PROVIDED IS TRUE AND CORRECT AND THAT NO INFORMATION WHICH MATERIALLY AFFECTS THIS INSURANCE HAS BEEN WITHHELD. THE INSURER IS AUTHORIZED (BUT NOT OBLIGATED) TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. ACCEPTING THIS APPLICATION DOES NOT BIND THE INSURER TO COMPLETE THE INSURANCE.

APPLICANT'S SIGNATURE: _____ DATE: _____