



SOBER LIVING HOMES
SUPPLEMENTAL APPLICATION

Applicant name: _____

Website Address: _____

1. For Profit Not For Profit
2. List all accreditations and/or association memberships : _____
3. Is your facility: Licensed Certified
4. Total Number of beds: _____
5. Men Women
6. Do you allow children or guests/visitors to stay overnight? Yes No
7. Facility protection? Burglar Alarm Autom Fire Sprinkl System Fire Extinguishers Smoke Detectors
8. Other Security/Protection measures: _____
9. Do you have incident reporting procedures? Yes No If Yes, is a written record kept? Yes No
10. Is there a resident manager on the premises? Yes No
11. Do you provide any counseling or other treatment services? Yes No If Yes describe: _____
12. Do you administer any drug and alcohol testing of residents? Yes No If Yes describe: _____
12. Is there a: Swimming Pool Jacuzzi/Hot Tub Sauna Exercise Equipment
13. Do you allow residents to keep pets on the premises? Yes No
14. Do you provide any transportation for residents? Yes No If Yes describe: _____

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:** _____

PRODUCER'S SIGNATURE: _____ **DATE:** _____

