

SOBER LIVING HOME APPLICATION

Requirements for Submission:

Owner(s) Experience Statement

Owner(s) Resume

5 years currently valued loss runs

If new venture, provide a signed No Known Loss Letter from date of inception to present
Completed Acords

Coverage Requested (select all that apply):

- Property
 General Liability
 Sexual Abuse & Molestation
 Professional Liability
 Employee Benefits Liability
 Crime
 Inland Marine
 HNOA

I. General Applicant Information

1. Business Name: _____
(Individual's name is not acceptable)
2. Location Address: _____
(if multiple locations, please fill in attached location schedule)
3. Mailing Address: _____
4. Contact Person: _____
5. Phone Number: _____
6. E-mail Address: _____
7. Website: _____
8. FEIN: _____
9. Description of Operations: _____
10. Additional Services Provided to Sober Living Clients: _____
11. Other Business Ventures: _____
12. Corporation Individual Partnership LLC Joint Venture Trust Not For Profit
13. Date the business was established: _____
14. Years in operation: _____
15. Proposed Eff. Date: _____ Proposed Exp. Date: _____
16. Is your facility: Licensed Certified by: _____
17. NARR or other Accreditations and/or Association memberships: _____
(provide copy of accreditation/licenses)
18. If you are not currently a member of a NARR affiliate, will you be pursuing membership? _____
19. Total number of beds: _____ Approx. sq. footage: _____
20. Gender: Men Women Men & Women Women & Children Other _____
a. If men and women, how are they separated? _____
21. Average length of stay: _____
22. What is your approximate monthly rental income? _____
23. Current liability insurance carrier? _____ Annual Premium? _____
24. Have you had any insurance claims or lawsuits in the past 3 years? Yes No
If Yes, please provide the date, explanation and outcome: _____

25. Please complete below chart for any additional named insureds requesting coverage through this submission:

	Named Insured	Operations	Relationship to Applicant	% of Common Ownership w/ Applicant
1				
2				
3				
4				
5				

If additional space is needed, please append.

26. Any additional interests (mortgagee, loss payee, or contracts requiring you to carry insurance)? Please provide Name, Mailing Address, Interest Type, and relationship to Applicant.

27. How are clients referred to your home? Please list your referral sources. _____

II. House Management

1. Do you have written policies and procedures for tenants? Yes No
 If yes, are tenants required to acknowledge their understanding with a signature? Yes No
2. Do you accept individuals with a violent criminal history? Yes No
3. Do you accept registered sex offenders? Yes No
4. Do you allow smoking on premises? Yes No
5. If yes, are there designated outdoor smoking areas and procedures for safe disposal? Yes No
6. Are tenants required to participate in ongoing outpatient treatment? Yes No
7. Do you administer drug or alcohol testing of tenants? Yes No
8. Do you have incident reporting procedures? Yes No
 If Yes, is a written record kept? Yes No
9. Do you allow guests/visitors to stay overnight? Yes No
10. Do you perform bed checks/room inspections? Yes No
 If Yes, how often? Random Scheduled (Provide Schedule): _____
11. Do you allow residents to keep pets on the premises? Yes No
 - a. Are they Emotional Support/Service Animals (ESA)? Yes No
 - b. Do you obtain certifications for the ESA? Yes No
 - c. Are there breed restrictions? Yes No
 - d. Are there written policies for pets? Yes No

12. Is there a: Swimming Pool Jacuzzi/Hot Tub Sauna Exercise Equipment Bunk Beds
(If there is a swimming pool, additional underwriting questions to follow)
13. Any special events on premises or off site? Yes No
If Yes, please describe: _____
14. Is there a resident manager on premises? Yes No
15. List any other employees or contractors who do work on your behalf in the grid on
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III. Hired & Non-Owned Auto N/A

1. Do you have any company owned vehicles? Yes No
2. Do you currently have Commercial Auto insurance? Yes No
3. How many employees drive personal vehicles for business use regularly?
 Full Time _____ Part Time _____ Volunteers _____
4. Do you obtain proof of insurance for employees/volunteers who use their own vehicles? Yes No
5. Do you update these records at least annually? Yes No
6. What minimum liability limits do you require for personal vehicles? _____
7. How frequent are employees/volunteers driving personal autos for business use?
 Daily _____ Weekly _____ Monthly _____
8. Are clients transported in personal vehicles? Yes No
 Daily _____ Weekly _____ Monthly _____
9. Are any minors transported? Yes No
10. What is the average distance traveled in personal autos?
 <25 miles 25-50 miles 50+ miles
11. Do you prohibit use of mobile phones or texting while driving? Yes No
12. Do you have a written fleet and driver safety program? Yes No
13. Do you have accident reporting procedures? Yes No
14. How many vehicles are hired, rented or borrowed each year? _____
15. What is the approximate annual cost of rental vehicles? _____
16. How many short term leases (less than 6-months) per year? _____
17. How many short term rentals (including airport rentals) per year? _____
18. Other than airport rentals, when does your company rent vehicles? _____

19. Please provide Employee driver information for MVR review (Full name, Driver License #, State & DOB) _____

IV. Property N/A

1. What year was your building constructed? _____
2. Year each was updated: Roof _____ Plumbing _____ HVAC _____ Wiring _____

3. Construction type:

Frame Joisted Masonry Non-Combustible Masonry Non-Combustible
Modified Fire Resistive Fire Resistive

4. Number of stories: _____

5. Check off all applicable: Automatic Sprinkler System Fire Extinguishers Smoke Detector
Central Alarm System Burglar Alarm Video

(Class B Type fire extinguisher in cooking areas & battery-operated smoke alarms on all floors required for policy issuance)

6. Does your building(s) have aluminum or knob and tube wiring or fuses? Yes No

7. Does your building(s) have any of the following brands of electrical panels? Yes No

FPE Stab-Lok, Zinsco, GTE-Sylvania-Zinsco, Sylvania, Kearney, Challenger, Pushmatic/BullDog

8. Are all fire safety systems (sprinklers, alarms, smoke detectors, fire extinguishers) operational and maintained? Yes No

9. Are the heating systems UL listed and installed per local codes and manufacturer's guidelines? Yes No

10. Are heating systems less than 40 years old? Yes No

11. Does the heating system have UL-listed automatic shutoff interlocks? Yes No

12. Is the use of portable space heaters near combustibles prohibited? Yes No

13. Are all owned buildings at least 75% occupied by you? Yes No

14. Does the property meet all local building, fire, and life safety codes? Yes No

15. Are Class ABC fire extinguishers located throughout the premises and are they inspected and tagged at least annually? Yes No

16. Are fuels and flammable liquids stored in compliance with NFPA 30 (Flammable and Combustible Liquids Code)? Yes No

17. Does the building have Exterior Insulation and Finish Systems (EIFS) using expanded plastic insulation? Yes No

a. If so, what percentage of the building area? _____

18. Are fire drills held? Yes No

19. In the event of an evacuation, has a central meeting point outside been established? Yes No

20. Are any protective systems connected to offsite monitoring company? Yes No

21. Current property insurance carrier? _____ Annual Premium? _____

22. Have you had any property insurance claims in the past 3 years? Yes No

If Yes, please provide date and description of loss: _____

23. Building limit of insurance (full replacement cost): \$ _____

24. Business personal property limit of insurance (full replacement cost): \$ _____

25. Deductible: 1,000 \$2,500 \$5,000 \$10,000

26. Loss of Rents limit of insurance: \$ _____ Limit shown for: 6 Months 1 Year

Additional coverage information/notes: _____

Location Schedule (for more than one location)

Loc #	Address	City	State	Zip Code	# Beds	Gender	# of stories	Construction Type	Sqft	Pool?
1										
2										
3										
4										
5										

V. Swimming Pools N/A

1. Is the pool fenced with a self-locking gate? Yes No
2. Are rules for pool usage clearly posted in the pool area and in compliance with all local ordinances? Yes No
3. Do all drains have covers as required by the Virginia Graeme Baker Pool Safety Act? Yes No
4. Are water depths clearly marked? Yes No
5. Are depths greater than 48 inches marked with a rope and float line? Yes No
6. Is there a lifeguard on duty? Yes No
 - a. If Yes, are they certified by the Red Cross or other recognized safety organizations? Yes No
 - b. If No, are there clearly posted signs indicating “No Lifeguard on Duty Swim at Your Own Risk”? Yes No
7. Is there a life ring and shepherd’s hook in the pool area? Yes No
 - a. If Yes, is it maintained and regularly inspected to confirm good working order? Yes No
8. Does the pool have any of the following:
 - a. Diving boards Yes No
 - b. Slides Yes No

VI. Resident Managers

1. Does the applicant’s resident managers receive a written job description including responsibilities and expectations? Yes No
2. Are resident managers required to acknowledge with their signature they understand job description? Yes No
3. Are resident managers trained in conflict management/de-escalation? Yes No
4. Is formal training provided to resident manager? Yes No Please describe training. _____

5. Provide brief description of resident manager selection criteria:

*P/T – Part Time is defined as working 20 or less hours per week

Position	Employees F/T	Employees P/T	Volunteers F/T	Volunteers P/T	Contractors F/T	Contractors P/T
Administrators/Office/Management Staff						
Maintenance/Janitorial/Housekeeping						
Dentist/Dental Hygienist						
Nurse Assistant						
Nurse Practitioner						
Nurse – RN/LPN						
Nutritionist/Dietitian						
Optometrist						
Pharmacist						
Physician						
Physician Assistant						
Psychiatrist						
Psychologist						
Resident Manager						
Counselor Social Worker – Licensed						
Counselor Social Worker – Unlicensed						
Therapist – Occupational						
Therapist – Physical						
Health Techs.						
Home Health Aid						
Medical Director						
Case Manager						
Teacher						
Acupuncturist						
Interventionist						
Sober Companion						
Sober Coach						
Other positions (Specify)						
Total						

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THAT PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION).

(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECIEVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IF GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PERPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED STATES THAT HE/SHE IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND DECLARES TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF AND AFTER REASONABLE INQUIRY, THAT THE STATEMENTS SET FORTH IN THIS APPLICATION (AND ANY ATTACHMENTS SUBMITTED WITH THIS APPLICATION) ARE TRUE AND COMPLETE.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, OR THE APPLICANT TO PURCHASE THE POLICY.

APPLICANT NAME (PLEASE PRINT/TYPE)

TITLE

APPLICANT'S SIGNATURE

DATE