



INSURING BEHAVIORAL HEALTH

555 North Lane, Suite 6060

Conshohocken, Pa 19428

Phone: (800) 970-9778

FAX: (610) 941-9889

Send to: atp-submissions@nsminc.com

# Sober Living Home Application

Resume of Owner(s) also required

1. Business Name: \_\_\_\_\_  
*(policies cannot be issued in an individual's name)*
2. Location Address: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Contact Person: \_\_\_\_\_
5. Phone Number: \_\_\_\_\_
6. E-mail Address: \_\_\_\_\_
7. Website: \_\_\_\_\_
8. FEIN: \_\_\_\_\_
9. Description of Operations: \_\_\_\_\_
10. Other Business Ventures: \_\_\_\_\_
11. Corporation  Individual  Partnership  LLC  Joint Venture  Trust  Not For Profit
12. Date the business was established: \_\_\_\_\_
13. Proposed Eff. Date: \_\_\_\_\_ Proposed Exp. Date: \_\_\_\_\_
14. Is your facility: Licensed  Certified  by: \_\_\_\_\_
15. NARR or other Accreditations and/or Association memberships: \_\_\_\_\_
16. If you are not currently a member of a NARR affiliate, will you be pursuing membership? \_\_\_\_\_
  
17. Total number of beds: \_\_\_\_\_ Approx. sq. footage: \_\_\_\_\_
18. Men  Women  Men & Women  Women & Children
19. What is your approximate monthly rental income? \_\_\_\_\_
20. Current liability insurance carrier? \_\_\_\_\_ Annual Premium? \_\_\_\_\_
21. Have you had any insurance claims or lawsuits in the past 3 years? Yes  No   
If Yes, please provide the date, explanation and outcome: \_\_\_\_\_
  
22. Any additional interests in this insurance (mortgagee, loss payee, or contracts requiring you to carry insurance?) \_\_\_\_\_
23. How are clients referred to your home? \_\_\_\_\_
  
24. Do you have written policies and procedures for tenants? Yes  No
25. Are tenants required to participate in ongoing outpatient treatment? Yes  No
26. Do you administer drug or alcohol testing of tenants? Yes  No
27. Do you have incident reporting procedures? Yes  No   
If Yes, is a written record kept? Yes  No
28. Do you allow guests/visitors to stay overnight? Yes  No
29. Do you allow residents to keep pets on the premises? Yes  No
30. Is there a: Swimming Pool  Jacuzzi/Hot Tub  Sauna  Exercise Equipment
31. Automatic Sprinkler System  Fire Extinguishers  Smoke Alarms  Burglar Alarm  Video   
*(Class B Type fire extinguisher in cooking areas & battery-operated smoke alarms on all floors required for policy issuance)*
32. Any special events on premises or off site? Yes  No   
If Yes, please describe: \_\_\_\_\_

33. Is there a resident manager on premises? Yes  No
34. List any other employees or contractors who do work on your behalf in the grid on Page 2
35. Do you currently have Worker's Compensation insurance? (If Yes, appl. & loss runs) Yes  No
36. Do you currently have Commercial Auto insurance? (If Yes, appl. & loss runs) Yes  No
37. Do you provide transportation for tenants? Yes  No
38. Do you require all employees who transport tenants on your behalf to carry minimum personal auto liability insurance limit of \$300,000? Yes  No
39. Employee driver information for MVR review:  
Name: \_\_\_\_\_ DL #: \_\_\_\_\_ DOB: \_\_\_\_\_
- 

40. What year was your building constructed? \_\_\_\_\_
41. Updates in last 15 years: Roof  Plumbing  Electrical
42. Construction type: Wood Frame  Masonry/Concrete Block
43. Number of stories: \_\_\_\_\_
44. Automatic Sprinkler System  Fire Extinguishers  Smoke Alarms  Burglar Alarm  Video   
*(Class B Type fire extinguisher in cooking areas & battery-operated smoke alarms on all floors required for policy issuance)*
45. Are any protective systems connected to offsite monitoring company? Yes  No
46. Current property insurance carrier? \_\_\_\_\_ Annual Premium? \_\_\_\_\_
47. Have you had any property insurance claims in the past 3 years? Yes  No   
If Yes, please provide date and description of loss: \_\_\_\_\_
- 

48. Building limit of insurance (full replacement cost): \$ \_\_\_\_\_
49. Business personal property limit of insurance (full replacement cost): \$ \_\_\_\_\_
50. Deductible: \$500  \$1,000  \$2,500  \$5,000
51. Public Fire Protection Class: \_\_\_\_\_
52. Loss of Rents limit of insurance: \$ \_\_\_\_\_ Limit shown for: 6 Months  1 Year   
Additional coverage information/notes: \_\_\_\_\_
- 

**Staff:**

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						
Nutritionist/Dietician						
Resident Manager						
Counselor Social Worker						
Therapist – Occupational						
Therapist – Physical						
Home Health Aid						
Case Manager						
Teacher						
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. PENBALTIES 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