

## 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)						
<b>Total</b>						

## **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