

Location Information: complete this section for each location

L1	Location #	Location Address:		
L2	Is there a resident manager at location?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
L3	Are all rooms and halls equipped with smoke detectors?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
L4	Is building equipped with fire alarm?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is alarm Central Station connected to offsite monitoring company?		N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
L5	Is smoking permitted?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If so, are there designated smoking areas?		N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
L6	Is building sprinklered?	If partially, what %?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
L7	Are fire extinguishers located throughout the building?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
L8	Is there a Burglar Alarm?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
L9	Video Surveillance?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
L10	Swimming Pool or Pools?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If a single family home, is pool fenced with a self closing safety gate?		N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do all doors leading to pool area have child proof locks / controls?		N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
L11	Jacuzzi/Hot Tub?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
L12	Sauna?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
L13	Exercise equipment?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
L14	# of beds at this location			
L15	Total # of current residents			
	# under age 18?			# Women
	# over age 18			# of Couples
	# of Men			# Women & Children
L16	How many residents do you have of the following types? Do not count same patient in more than one type			
	Seriously mentally impaired (e.g. Alzheimer's, senile)		Skilled Care	
	Somewhat mentally impaired (e.g. mentally challenged)		Intermediate Care	
	Aged but mentally and physically fully functional		Drug or alcohol detox.	
	Has a communicable disease (e.g. AIDS)		Drug or alcohol rehab.	
			Other - (Specify)	
Totals (Totals must not exceed total number of residents.)				

Facility Building information

L17	Single Family Home <input type="checkbox"/>	Apt. or Condo. <input type="checkbox"/>	Other (Explain in Remarks) <input type="checkbox"/>	Number of stories?
L18	What is the total exterior square footage of the building?		Year built?	
L19	Do you own this building?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
L20	If L19 is YES, is your current insurance endorsed to provide coverage as a Sober Living home?		N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Complete the section below for Building, Bus. Pers. Prop and Lost Income coverage If more than one location, complete the property section for each location coverage is requested

P1	Location #	Location Address:		
P2	Name of Current Property Insurer		Ann. Premium \$	
P3	Do you want coverage on the Building?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Building Amt. \$
P4	Do you want coverage on equipment?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Bus. Pers. Prop. Amt. \$
P5	Do you want coverage for lost income?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Loss of Rents Amt \$
P6	Deductible: \$			
P7	Public Fire Protection Class (agency use only)			
P8	Construction type: (i.e. Frame, Masonry, Steel)			

Please indicate all types of building updates in the last 15 years, when completed and description

P9	Roof <input type="checkbox"/>	Year Completed:	Description
P10	Plumbing <input type="checkbox"/>	Year Completed:	Description
P11	Electrical <input type="checkbox"/>	Year Completed:	Description
P12	Heating <input type="checkbox"/>	Year Completed:	Description