APPLICATION INSTRUCTIONS
SOBER LIVING HOME INSURANCE

To obtain a coverage proposal, please complete this application as best you can and return as described below. If you also want property or loss of income coverage, please complete the Location Property Coverage section on the bottom of the Location Information section.

If you are replacing existing commercial liability insurance for your sober facility, a copy of your loss history is required.

The following is a checklist of all required documents:

1. **Completed application**
2. **If you are required to have a license a copy of your license**
3. **Prior carrier Loss history (the last 5 years or period or operations, whichever is less)**
4. **Resume if in business less than 3 years**

Please fax or email all the documents to 619 287 8921 or to kevin@dahlkeinsurance.com. Upon receipt you will be contacted to confirm the application information and answer any questions you may have.

After approval, a proposal including policy terms and conditions will be forwarded by email or fax to you. This will include costs and payment options. All policies are annual from the date of binding.

No coverage is in force until notified in writing by my office that coverage has been bound, your policy number and the effective date of your coverage.

6812 Deep Valley Rd., San Diego, CA 92120
Tel 619 287 8613 | fax 619 287 8921
kevin@dahlkeinsurance.com
CA License # 0H45061

5/12/2012

Kevin Dahlke Insurance Brokerage, Inc.
6812 Deep Valley Rd San Diego, CA, 92120
619-287-8613 Fax 619 287 8921   kevin@dahlkeinsurance.com
www.dahlkeinsurance.com

Sober Living Homes Application

General Information

G1	Name of Applicant
	Mailing address
	City State Zip
	Email address Web address
	Contact Name FEIN Date est.
	Phone # for inspection Management Agents phone #

G2 Business Type: Individual ☐ Corporation ☐ Partnership ☐ Professional Association ☐

LLC ☐ Joint Venture ☐ Trust ☐ Non-profit Corp. ☐ Other ☐ (Explain)

G3 List all names which you or the corporation has operated under during the past 4 years, if different from above   N/A ☐

G4 Description of Operations:

If services are offered other than Sober Living House,   N/A ☐
explain fully the services offered

G5 Is applicant engaged in, owned by, associated with or involved in any other enterprise?   Yes ☐   No ☐

If yes, provide details

G6 Is facility run by an outside management company?   Yes ☐   No ☐

If yes, describe contractual relationship

G7 Do you provide consultant services for or manage any other facilities?   Yes ☐   No ☐

If yes, describe

G8

Current insurance coverage maintained				
Coverage	Insurer or "None"	Coverage Exp. Date	Ann. Premium	Insured since yr.
Sober Living Home Liability				
Professional Liability				
Property				
Commercial Auto				
Workers Compensation				

If currently insured, attach copies of currently valued (within last 3 months), hard copy company loss runs for the last 5 years if applicable.

G9 State license not required for operations ☐   State license required for operations and copy attached ☐

If licensed, has license ever been revoked or suspended?   N/A ☐   Yes ☐   No ☐

Give details:

G10 Is any facility certified?   N/A ☐   Yes ☐   No ☐

If applicable, who provides certification?

G11 Accreditations and/or Association memberships   None ☐   List:

G12 Are there any additional Interests in this insurance (mortgagee, loss payee or contracts requiring you to carry insurance)?   Yes ☐   No ☐

		Yes	No
G13	Do you have written policies and procedures for tenants?	Yes ☐	No ☐
G14	Do you administer drug or alcohol testing of tenants?	Yes ☐	No ☐
G15	Do you have incident reporting procedures?	Yes ☐	No ☐
	If yes, is a written record kept?	Yes ☐	No ☐
G16	Do you allow guests/visitors to stay overnight?	Yes ☐	No ☐
G17	Do you allow residents to keep pets on premises?	Yes ☐	No ☐
G18	Any special events on any premises or off site?	Yes ☐	No ☐
	If so please describe		
G19	Has an emergency evacuation plan been prepared?	Yes ☐	No ☐

	Location Information: complete this section for each location					
L1	Location # Location Address:					
L2	Is there a resident manager at location?				Yes ☐	No ☐
L3	Are all rooms and halls equipped with smoke detectors?				Yes ☐	No ☐
L4	Is building equipped with fire alarm?				Yes ☐	No ☐
	Is alarm Central Station connected to offsite monitoring company?		N/A ☐		Yes ☐	No ☐
L5	Is smoking permitted?				Yes ☐	No ☐
	If so, are there designated smoking areas?		N/A ☐		Yes ☐	No ☐
L6	Is building sprinklered? If partially, what %?				Yes ☐	No ☐
L7	Are fire extinguishers located throughout the building?				Yes ☐	No ☐
L8	Is there a Burglar Alarm?				Yes ☐	No ☐
L9	Video Surveillance?				Yes ☐	No ☐
L10	Swimming Pool or Pools?				Yes ☐	No ☐
	If a single family home, is pool fenced with a self closing safety gate?		N/A ☐		Yes ☐	No ☐
	Do all doors leading to pool area have child proof locks / controls?		N/A ☐		Yes ☐	No ☐
L11	Jacuzzi/Hot Tub?				Yes ☐	No ☐
L12	Sauna?				Yes ☐	No ☐
L13	Exercise equipment?				Yes ☐	No ☐
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 ☐ Apt. or Condo. ☐ Other (Explain in Remarks) ☐ Number of stories?				
L18	What is the total exterior square footage of the building? Year built?				
L19	Do you own this building?			Yes ☐	No ☐
L20	If L19 is YES, is your current insurance endorsed to provide coverage as a Sober Living home? N/A ☐			Yes ☐	No ☐

	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 ☐ No ☐	Building Amt. $
P4	Do you want coverage on equipment? Yes ☐ No ☐	Bus. Pers. Prop. Amt. $
P5	Do you want coverage for lost income? Yes ☐ No ☐	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 ☐ Year Completed: Description	
P10	Plumbing ☐ Year Completed: Description	
P11	Electrical ☐ Year Completed: Description	
P12	Heating ☐ Year Completed: Description	

	Personnel			
G20	Indicate total number of employed personnel:			
G21	Total number and types of independent contractors?	None ☐		
G22	Do you currently have Worker's Compensation Insurance?	Yes ☐	No ☐	

G23	Please list the total of each type of Independent Contractor

MD's	Psychologists
RN's	Therapists
LPN's	Counselors
Nurses Aides	Other (specify)

G24	Are any independent contractors required to maintain their own professional liability coverage? N/A	Yes ☐	No ☐	
	If question G24 is Yes, Limits required to be carried			
	if G24 is Yes, How are coverage limits verified?			
G25	Are background checks made with all prior employers and educational institutions?	Yes ☐	No ☐	
G26	Does background check include police record?	Yes ☐	No ☐	
G27	Motor Vehicle Report?	Yes ☐	No ☐	
G28	Do you provide transportation for any clients?	Yes ☐	No ☐	
G29	Do you require all employees who transport tenants on your behalf to carry minimum personal auto liability insurance limits of $1,000,000?	Yes ☐	No ☐ N/A	

For each employee who uses any vehicle to provide services to your clients please provide on a separate sheet: Full name as on drivers' license, DOB, State licensed, DL#

G30	Are you named as an "additional Insured on your employees personal auto liability insurance?	Yes ☐	No ☐

	For all yes answers, please provide details on a separate sheet		
G31	Have you or any controlled entities incurred any claims or legal actions of any type?	Yes ☐	No ☐
	If yes on a separate page please indicate the year of the claim, amounts paid or reserved, the insurance company and a description of the claim.		
G32	Is applicant, or any other persons for whom insurance is being requested, aware of any circumstances which may result in a claim?	Yes ☐	No ☐
G33	Has applicant, or any other person for whom coverage is being requested, had any application for insurance denied?	Yes ☐	No ☐
G34	Have you or any employee, volunteer or other person working for you ever been arrested or convicted of a crime?	Yes ☐	No ☐
G35	Has your facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct?	Yes ☐	No ☐
G36	Has any Facility that you have been associated with in the past ever had a molestation allegation or claim brought against it while you were there?	Yes ☐	No ☐
G37	Coverage Effective Dates Desired From: To		

	Indicate coverage requested and limits of insurance:			
G38	General Liability coverage	1,000,000/2,000,000 ☐	1,000,000/3,000,000	☐
G39	Professional Liability		I decline this coverage	☐
G40	Hired and Non Owned Auto Liability		I decline this coverage	☐
G41	Abuse and Molestation (automatically included in some policies without option to decline)		I decline this coverage	☐
G42	Assault and Battery (automatically included in some policies without option to decline)		I decline this coverage	☐
G43	Additional Coverage information/remarks/notes			

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant's Signature: SIGN HERE	Printed Name:
Date:	Title:
Producing Agent:	Date: