

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"/>
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"/>
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"/>
	Do all doors leading to pool area have child proof locks / controls?		N/A <input type="checkbox"/>	Yes <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 beds of each type:			
	Sober living			Homeless Shelter
	Inpatient Addiction Treatment			Assisted Living
	Inpatient Mental Health			Women's Shelter
	Inpatient Detox			Crisis Stabilization
				Other - (Specify)

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 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"/>

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"/>
P4	Do you want coverage for contents?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
P5	Do you want coverage for lost income?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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	