

Kevin Dahlke Insurance Brokerage, Inc. 15396 Broad Oaks Rd, El Cajon, CA, 92021 619-287-8613 Fax 619 287 8921 www.dahlkeinsurance.com		<h2 style="text-align: center;">Sober Living Homes Application</h2>		
<b>General Information</b>				
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 <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> LLC <input type="checkbox"/> Joint Venture <input type="checkbox"/> Trust <input type="checkbox"/> Non-profit Corp. <input type="checkbox"/> Other <input type="checkbox"/> (Explain)			
G3	List all names which you or the corporation has operated under during the past 4 years, if different from above N/A <input type="checkbox"/>			
G4	Description of Operations: If services are offered other than Sober Living House, N/A <input type="checkbox"/> explain fully the services offered			
G5	Is applicant engaged in, owned by, associated with or involved in any other enterprise?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, provide details			
G6	Is facility run by an outside management company?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, describe contractual relationship			
G7	Do you provide consultant services for or manage any other facilities?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, describe			
G8	Current insurance coverage maintained			
	Coverage	Insurer or "None"	Coverage Exp. Date	Ann. Premium
	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 <input type="checkbox"/>		State license required for operations and copy attached <input type="checkbox"/>	
	If licensed, has license ever been revoked or suspended?		N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Give details:			
G10	Is any facility certified?		N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If applicable, who provides certification?			
G11	Accreditations and/or Association memberships		None <input type="checkbox"/>	List:
G12	Are there any additional Interests in this insurance (mortgagee, loss payee or contracts requiring you to carry insurance)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
G13	Do you have written policies and procedures for tenants?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
G14	Do you administer drug or alcohol testing of tenants?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
G15	Do you have incident reporting procedures?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, is a written record kept?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
G16	Do you allow guests/visitors to stay overnight?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
G17	Do you allow residents to keep pets on premises?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
G18	Any special events on any premises or off site?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If so please describe			
G19	Has an emergency evacuation plan been prepared?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

**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?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If partially, what %?			
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		L14a. Do you currently have or intend to use bunk beds? Yes      No	
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	Does anyone connected to this application own the building?		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 for contents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Contents \$
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	

Personnel			
X	G20	Indicate total number of employed personnel:	
X	G21	Total number and types of independent contractors?	None <input type="checkbox"/>
	G22	Do you currently have Worker's Compensation Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	G23	Please list the total of each type of Independent Contractor	
X		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?	Yes <input type="checkbox"/> No <input type="checkbox"/>
X		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 <input type="checkbox"/> No <input type="checkbox"/>
	G26	Does background check include police record?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	G27	Motor Vehicle Report?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	G28	Do you provide transportation for any clients?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
		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.	
X	G32	Is applicant, or any other persons for whom insurance is being requested, aware of any circumstances which may result in a claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	G33	Has applicant, or any other person for whom coverage is being requested, had any application for insurance denied?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	G34	Have you or any employee, volunteer or other person working for you ever been arrested or convicted of a crime?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	G35	Has your facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	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 <input type="checkbox"/> No <input type="checkbox"/>
	G37	Coverage Effective Dates Desired From: _____ To _____	
Indicate coverage requested and limits of insurance:			
	G38	General Liability coverage	1,000,000/2,000,000 <input type="checkbox"/> 1,000,000/3,000,000 <input type="checkbox"/>
X	G39	Professional Liability	I decline this coverage <input type="checkbox"/>
	G40	Hired and Non Owned Auto Liability	I decline this coverage <input type="checkbox"/>
X	G41	Abuse and Molestation (automatically included in some policies without option to decline)	I decline this coverage <input type="checkbox"/>
	G42	Assault and Battery (automatically included in some policies without option to decline)	I decline this coverage <input type="checkbox"/>
	G43	Additional Coverage information/remarks/notes	
<b>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.</b>			
Applicant's Signature: _____		SIGN HERE Printed Name: _____	
Date: _____		Title: _____	
Producing Agent: _____		Date: _____	