

**Sober Living Supplemental Application**

**NOTE: PLEASE INCLUDE THE RESUME OF THE SOBER LIVING HOME OPERATOR**

Please confirm you will if you have or intend to have clients who have sexual assault convictions

Yes No

Is the sober living operation:

For profit Non-Profit

Is there currently coverage for this home?

Yes No

If so, name of company that issued the policy and date coverage expires?

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Clients will be

Men Women Co-Ed

Will services other than tenancy be offered?

Yes No

If yes, please detail

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Is there a pool on the property?

Yes No

Will there be any employees either 1099 or W2?

Yes No

If so, do you screen for sexual assault convictions?

Yes No

Do you want a quote for Workers Compensation?

Yes No

Will you have a tenancy agreement that requires client family contact data to ensure written notification of eviction?

Yes No

If the location is owned, name of the entity or person that owns the house(es) the sober home is operating out of? \_\_\_\_\_

Do you currently have property coverage on the building?

Yes No

If yes, does your carrier know the tenant is a sober home (confirmed by the carrier in writing)?

Yes No

If not, would you like a quote for building coverage?

Yes No

If so, please provide:

-The name on the deed & mortgage

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-The mailing address for the homeowner

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-If the building(s) is/are older than 15 years, please provide the year and what was updated for the following for each location:

	Year	Update
-Plumbing:	_____	_____
-Heating:	_____	_____
-Electrical:	_____	_____
-Roof:	_____	_____

If the building is over 25 years old and updates have been carried out, please provide proof such as building permits or builder contracts showing the work completed and the dates.

Would you like a quote for contents (items in the house like furniture, TVs, etc.)?      Yes      No

If yes, how much? \_\_\_\_\_

Would you like a quote for loss of rents?      Yes      No

If so, how much? \_\_\_\_\_

Does the sober home operational entity own any vehicles?      Yes      No

-If not, will you or any employees be driving your personal vehicles while working (running errands, post office, driving between locations, etc.)?      Yes      No

Would you like a quote for cyber liability?      Yes      No

We strongly recommend professional liability for any business involved with treating addiction, as we cannot guarantee that insurance companies will always view an alcohol or drug related injury to a client as a general liability claim.

Would you like a quote for professional liability?      Yes      No

Would you like a quote for Directors & officer's liability?      Yes      No