

## Sober Living Supplemental Application

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

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|---|------------|------------|
| 1) Is the sober living operation:   | For profit | Non-Profit |
| 2) Is there currently coverage for this home?                               | Yes        | No         |
| 3) If so, name of company that issued the policy and date coverage expires? |            |            |

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|--|-----|-------|-------|
| 4) Clients will be   | Men | Women | Co-Ed |
| 5) Do you or will you intend to have clients who have sexual assault convictions | Yes | No    |       |
| 6) Will services other than tenancy be offered?                                  | Yes | No    |       |

6a.) If yes, please detail

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|--|-----|----|
| 7) Is there a pool on the property?  | Yes | No |
| 8) Will there be any employees either 1099 or W2?  | Yes | No |
| 8a) If so, do you screen for sexual assault convictions?   | Yes | No |
| 9) Do you want a quote for Workers Compensation?   | Yes | No |
| 10) Will you have a tenancy agreement that requires client family contact data to ensure written notification of eviction? | Yes | No |

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

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|---|-----|----|
| 12) Do you currently have property coverage on the building?  | Yes | No |
| 12a) If yes, does your carrier know the tenant is a sober home (confirmed by the carrier in writing)? | Yes | No |
| 13) If not, would you like a quote for building coverage?   | Yes | No |

13a) If so, please provide:

- The amount of building coverage you'd like \_\_\_\_\_

14) The name on the deed & mortgage

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15) The mailing address for the homeowner

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16) 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:	_____	_____

17) 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.

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

18a) If yes, how much? \_\_\_\_\_

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

19a) If so, how much? \_\_\_\_\_

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

20a) -If not, will you or any employees be driving your personal vehicles while working (running errands, post office, driving between locations, etc.)? Yes No

21) Would you like a quote for cyber liability? Yes No

22) Would you like a quote for Directors & officer's 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.

23) Would you like a quote for professional liability? Yes No