

## RECOVERY RESIDENCE / SOBER LIVING HOME / TRANSITIONAL HOME APPLICATION

### APPLICANT'S INFORMATION

Applicant's Name:  
 Address: City: State: Zip:  
 Website: Email Address:  
 FEIN:  
 Description of Operations:  
 Non-Profit For Profit Number of Years: In Operation: Present Management:  
 Is the Applicant's organization more than 25% owned by a private equity fund structure? Yes No  
 If yes, provide name of private equity firm:  
 Accreditations: NAAR Joint Commission CARF Other:  
 Licensed: Yes No Certified By:  
 Risk Management Contact: Risk Management's Phone:  
 Risk Management Email:

### SECTION I – GENERAL APPLICANT INFORMATION

1. Description of Operations: (select the dominate level of support)
  - Level 1: Peer Elected (low intensity, non-clinical)
  - Level 2: Senior Resident Peer manager (low service intensity, house manager, policies and procedures)
  - Level 3: Supervised (Facility manager, certified staff / case manager/ clinical services not provided in-house)
  - Level 4: Service Provider (Credentialed staff, clinical services and programming provide in-house)
2. Has the Applicant's license ever been suspended, revoked, or placed under conditional status? Yes No
  - a. Have there been any claims that allege negligence or failure to comply with regulatory standards? Yes No
  - b. Have there been any substantiated incidents? Yes No  
 If yes, send a copy of the most current federal, state or agency complaint investigation report.
3. Has the Applicant had any insurance claims or lawsuits in the past five (5) years? Yes No
  - a. If yes, please provide the date, explanation and outcome:
4. Applicant's approximate monthly Income: \$
5. Total Number of beds: Total Building Area (square foot): Number of Stories:
6. What is the average occupancy: Average Length of Stay:
7. Resident age groups: Under 18: % 18 – 65: % Over 65: %  
 Male: % Female: % Co-Ed: %  
 How are the residents separated?
8. Is there a resident manager on premises? Yes No
9. Does the Applicant have written policies and procedures for tenants? Yes No
10. Are formal sign-in and sign-out procedures in place? Yes No
11. Does the Applicant control entrance and exit of residents? Yes No
12. Does the Applicant control entrance and exit of visitors? Yes No
13. Does the Applicant allow guests / visitors to stay overnight? Yes No
14. Does the Applicant have 24-hour supervision? Yes No  
 If yes, please describe:
15. Are there locks on the doors to sleeping areas? Yes No
16. Does the Applicant allow residents to keep pets on premises? Yes No
17. Recreation: (check all that apply)  
 Swimming Jacuzzi / Hot Tub Exercise Equipment  
 If any of the above were selected, please describe hours in use, supervision, and safety measures:

18. Please indicate all other recreation activities offered by the Applicant's program:
- |                                       |                                 |                            |
|---------------------------------------|---------------------------------|----------------------------|
| Aerobics and other aerobic activities | Horse Back Riding               | Rock Climbing / Rappelling |
| Archery                               | Kayaking                        | Scuba                      |
| Baseball/softball/basketball/soccer   | Motorized vehicles (ATVs, etc.) | Shooting Ranges            |
| Bicycling                             | Obstacle Course(s)              | Skiing                     |
| Football -- Flag / Tackle             | Paintball                       | Snorkeling                 |
| Other:                                | Other:                          | Other:                     |
19. Please describe discharge policy:

**SECTION II - AUTOMOBILE**

- |  |   |                                     |
|--|---|-------------------------------------|
| 1. Does the Applicant provide transportation to tenants?   | Yes                                     | No                                  |
| 2. Does the Applicant obtain MVR's on all drivers?   | Yes                                     | No                                  |
| 3. What are the Applicant's procedures for dealing with drivers with accidents or violations?            |   |                                     |
| 4. Does the Applicant allow tenants / clients to operate their vehicles?                                 | Yes                                     | No                                  |
| 5. Does the Applicant's employees transport tenants in their personal vehicles?                          | Yes                                     | No                                  |
| 6. Does the Applicant require employees and volunteers to carry and show evidence of personal insurance? | Yes                                     | No                                  |
| If yes, what limits are required?  |   |                                     |
| 7. Please provide a complete list of drivers. (NOTE: All drivers must have acceptable MVR's)             |   |                                     |
| 8. Explain the driver safety program:  |   |                                     |
| 9. Estimated annual mileage of transportation provided:  | Estimated annual transportation trips:  |                                     |
| 10. Percentage of transportation is provided by:   |   |                                     |
| Owned Autos:                      %  | Non-Owned Autos:                      % | Hired Autos:                      % |

**SECTION III – BUILDING INFORMATION**

**Please complete for each location**

- |   |           |    |
|---|-----------|----|
| 1. Does the property have aluminum wiring?  | Yes       | No |
| If yes, has it been retrofitted by a licensed electrician?  | Yes       | No |
| Indicate which method:      COPALUM crimp      AlumniConn      CO/ALR Devices   | Pigtailed |    |
| 2. Does the building have sprinklers?   | Yes       | No |
| If yes, areas of coverage:  |           |    |
| 3. Are all areas of buildings with wet pipe sprinkler systems (hidden or unhidden) maintained at a minimum temperature of 40° F, and / or provided with proper insulation or heat tracing to prevent pipe freeze-ups? | Yes       | No |
| 4. Is cooking conducted on the premises?  | Yes       | No |
| If yes, is equipment:      Residential      Commercial  |           |    |
| If commercial, are the installation, inspection and maintenance in accordance with the standards and requirements of NFPA 96 standards?   | Yes       | No |
| 5. Does the building have emergency lighting?   | Yes       | No |
| 6. Does the building have fire alarms?  | Yes       | No |
| 7. Does the building have smoke detectors?  | Yes       | No |
| If yes:                      Battery Operated      Hard-wired   |           |    |
| 8. Does the building have Carbon Monoxide Detectors?  | Yes       | No |
| 9. Are evacuation routes posted throughout the building?  | Yes       | No |
| 10. In the event of an evacuation, has a central meeting point outside the building been established?   | Yes       | No |
| 11. Are exit signs illuminated?   | Yes       | No |
| 12. Are fire drills held?   | Yes       | No |
| 13. Are there at least two exit doors per building?   | Yes       | No |
| 14. Are exit doors equipped with panic hardware?  | Yes       | No |
| 15. Are handrails on all ramps and steps?   | Yes       | No |
| 16. Is smoking permitted inside the building?   | Yes       | No |
| 17. Have all buildings built before 1971 been inspected for lead paint?   | Yes       | No |
| 18. Type of security provided:      Guards      Video Camera      Other:  |           |    |

**WINTER WEATHER FREEZE-UP PROTECTION**

**This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI**

- |   |      |    |     |
|---|------|----|-----|
| 1. Fire Protection and Testing  |      |    |     |
| a. Is the building provided with an Automatic Fire Sprinkler System (AS)?   | Yes  | No | N/A |
| i. If yes, approximately what percentage (%) of the building is sprinklered?  | %    |    |     |
| ii. If yes, what type of sprinkler system is installed?      Wet-Pipe      Dry-Pipe   | Both |    |     |
| iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? | Yes  | No | N/A |
| 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof):  |      |    |     |
| iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review?                       | Yes  | No | N/A |
| v. If yes, are the alarms tied to a 24 hour UL listed monitoring company?   | Yes  | No | N/A |
| 2. Emergency Water Response (domestic and AS water lines)   |      |    |     |
| a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible?  | Yes  | No | N/A |
| b. Are water shutoff valves exercised (closed and reopened) at least annually?  | Yes  | No | N/A |
| c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours?  | Yes  | No | N/A |
| 3. Automatic Water Shutoff Devices  |      |    |     |
| a. For domestic water lines, is there a water flow detection, notification and automatic shutoff?   | Yes  | No | N/A |
| 4. Unused/Vacant Spaces   |      |    |     |
| a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces?  | Yes  | No | N/A |
| 5. Unheated Areas (attics, crawl spaces, exterior wall joists)  |      |    |     |
| a. Are all domestic water lines located in areas heated to at least 45°F?   | Yes  | No | N/A |
| i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation):  |      |    |     |
| 6. General Comments:  |      |    |     |

**FRAUD STATEMENT AND SIGNATURE SECTIONS**

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

**FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN COLORADO:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN PENNSYLVANIA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE 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.

**APPLICABLE IN NEW YORK:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER  
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER  
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)