

**ADULT RESIDENTIAL FACILITY PROPERTY SUPPLEMENT APPLICATION**

Location Street Address:	
City:	State: ZIP:
Building is Occupied As:	
Building Construction:	
Year built:	Total building area (sq ft):
Distance to fire hydrant (feet):	Distance to fire station (miles):
Building improvements – year last updated:	
Wiring:	Heating:
Plumbing:	Roofing:
Are there solar panels on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, where are the solar panels located?	
Is the Adult Residential Facility fully powered by solar panels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the solar panels connected to the main public utility power grid and available for backup power if needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building protection: <input type="checkbox"/> Smoke Alarms <input type="checkbox"/> Battery <input type="checkbox"/> Wired <input type="checkbox"/> Water Alarms <input type="checkbox"/> Sprinklers <input type="checkbox"/> 100% <input type="checkbox"/> Partial	
Other protection:	
<b>Coverages Desired</b>	<b>Limit</b>
Building (including solar panels if applicable)	\$
Business Personal Property	\$
Insured's Personal Property	\$
Residents' Personal Property	\$
Business Income/Extra Expense <input type="checkbox"/> 1/4 Monthly <input type="checkbox"/> 1/6 Monthly <input type="checkbox"/> Stated Limit	\$
Detached Structures:	
Are there any other residences on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, describe occupancy:	
Deductible: <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$5000	
Equipment Breakdown:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Liability:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Enhancement Form:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Policy Carrier:	Policy Number:
Effective/Expiration Dates:	
List and describe claim activity for the last 5 years:	
Mortgagee/Additional Interest:	

**FRAUD WARNING (APPLICABLE IN CALIFORNIA AND ARIZONA)**

Any person who knowingly and with intent to defraud any insurance company or other person files an application of 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 the person to criminal and civil penalties.

**FRAUD WARNING (APPLICABLE IN OREGON)**

Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.

Applicant Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_