

ADULT RESIDENTIAL FACILITY PROPERTY SUPPLEMENT APPLICATION

Named Insured:							
Location Street Addre	ess:						
City:			State:	ZIP:			
Building is Occupied As:							
Building Construction	n:						
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?						☐ Yes	□ No
If YES, where are	the solar panels loc	ated?					
Is the Adult Resident	ial Facility fully pow	ered by solar	panels	?		☐ Yes	□ No
Are the solar panels connected to the main public utility power grid and available for backup if needed?					backup power	☐ Yes	□ No
Building protection:	☐ Smoke Alarms	□ Battery	□ Wire	ed □ Water Al	arms		
	☐ Sprinklers	□ 100% I	□ Part	tial			
Other protection:							
Coverages Desired						Limit	
Building (including so	olar panels if applica	ble)			\$		
Business Personal Property					\$		
Insured's Personal Property					\$		
Residents' Personal Property					\$		
Business Income/Extra Expense ☐ 1/4 Monthly ☐ 1/6 Monthly ☐ Stated Limit \$							
Detached Structures:							
Are there any other residences on the premises?						☐ Yes	□No
If YES, describe occupancy:							
Deductible: ☐ \$1000 ☐ \$2500 ☐ \$5000							
Equipment Breakdow		☐ Yes	□ No				
Personal Liability:						☐ Yes	□ No
Property Enhancement Form:						☐ Yes	□No
Current Policy Carrier: Policy Number:							
Effective/Expiration Dates:							
List and describe cla	m activity for the las	st 5 years:					
Mortgagee/Additional Interest:							

Send submissions to ARF@minico.com 425-486-1011 • www.minico.com



FRAUD WARNING

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. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

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:		