



Sober Living Insurance Association

444 W. Badillo St. Covina, CA 91723

Phone: 626-967-1819 Fax: 626-967-1950

Re: Quote for Sober Living Property Insurance please fill in the following information and fax or mail.

Property Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Mortgage Holder: _____

Mortgage Holder Address: _____

City: _____ Zip: _____

Mortgage Holder Phone: _____ Fax: _____

Loan Number: _____

Year Built: _____ Square Footage: _____ Pool: Yes No

Number of Beds: _____ Number of Stories: _____

Contact Name: _____ Contact Phone: _____

E-Mail Address _____

Names of Additional Insured: _____

Would you like to be put on Auto Pay? If so please add credit card information.
Your credit card will be billed approximately the 1st of each month.

Name on Card: _____ Signature: _____

Credit Card Number: _____ Exp Date: _____