

For adult day services centers (social, adult day health, and dementia programs) and day programs for adults with disabilities. Complete with CWCO-SUP-CORE, ACORD 125, CWCO-SUP-ABUSE, and CWCO-SUP-AUTO if vehicles are owned. Residential care uses CWCO-SUP-ALF; children's day care uses CWCO-SUP-DAY.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS
BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE	

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL
STATE LICENSE / CERTIFICATION NO.	LICENSED CAPACITY	AVERAGE DAILY ATTENDANCE

2 OPERATIONS

Program model (check all that apply):
☐ Social model ☐ Adult day health / medical ☐ Dementia-specific ☐ Developmental disability ☐ Respite / evenings / weekends
☐ Meals served ☐ Bathing / personal care ☐ Therapy (PT / OT / speech)

PARTICIPANTS WITH DEMENTIA (%)	PARTICIPANTS USING WHEELCHAIRS (%)	MEDICAID / VA FUNDED (%)	ANNUAL REVENUE (\$)
CENTER VANS / BUSES (COUNT)	PARTICIPANTS TRANSPORTED DAILY	STAFF-TO-PARTICIPANT RATIO	

2-1 Does the center transport participants in its own or leased vehicles? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Is transport provided by an outside company or by staff in personal cars? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-3 Are medications given by staff during the day? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — TRANSPORT, ELOPEMENT & RELEASE

About one in four adult day participants has dementia, and many can't call for help. In 2024 a disabled man died after being left in a care provider's van in 95-degree heat, and a resident with dementia left a care home through a door with a broken alarm and was found dead two days later.

3-1 If yes to 2-1, does the driver walk the whole vehicle and log a check after every run? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Are participants counted on and off every vehicle, and checked against the day's attendance? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Is a participant who is expected but absent followed up with a call the same morning? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Are drivers' records checked yearly, and are drivers trained in wheelchair securement and lifts? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-5 Are exterior doors alarmed or secured, with alarms tested and logged? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-6 Is each participant assessed for wandering risk at enrollment and when their condition changes? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-7 Is there a written missing-participant plan with a set time to call 911? ☐ Yes ☐ No
IF NO, EXPLAIN

3-8 Are participants released only to people listed as authorized, with ID checked? ☐ Yes ☐ No
IF NO, EXPLAIN

3-9 Has a participant been left in a vehicle, gone missing, or been released to the wrong person? ☐ Yes ☐ No
IF YES, EXPLAIN

4 CARE, FALLS & ABUSE PREVENTION

4-1 Is each participant screened for fall risk, with a plan for those at high risk? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 If yes to 2-3, are medications given only by licensed or trained staff and recorded on a medication record? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Are meals matched to each participant's diet and swallowing needs? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Do all staff and volunteers pass background checks, including abuse registries? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Are staff trained in dementia care and abuse reporting? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Are Medicaid and VA bills checked against attendance before they are submitted? ☐ Yes ☐ No
IF NO, EXPLAIN

4-7 Has the center had an abuse or neglect allegation, or a state citation, in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

5 COVERAGE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL / GL LIMIT (\$)	ABUSE & MOLESTATION LIMIT (\$)	AUTO LIABILITY LIMIT (\$)	CURRENT CARRIER / PREMIUM

5-1 Has a participant injury, fall, or auto claim been made in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

5-2 Has coverage been declined, cancelled, or non-renewed in the past 3 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: 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, may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. State-specific fraud warnings appear on the insurer's application.

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE