# ASSISTED LIVING FACILITY SUPPLEMENTAL

*Covers licensed assisted living communities, including memory care. Small residential care homes use CWCO-SUP-ALH; nursing homes CWCO-SUP-NURSINGHOME. Complete with ACORD 125 and 126. Attach the latest state inspection report.*

## 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 TYPE / NO. | LICENSED UNITS / OCCUPANCY (%) | MEMORY CARE UNITS |
|---|---|---|
| | | |

## 2 OPERATIONS

| RESIDENTS | AVERAGE RESIDENT AGE | AWAKE OVERNIGHT STAFF | ANNUAL STAFF TURNOVER (%) |
|---|---|---|---|
| | | | |

**2-1** Does the community have a memory care unit? ☐ Yes ☐ No
IF YES, EXPLAIN

**2-2** Do unlicensed medication aides give medications? ☐ Yes ☐ No
IF YES, EXPLAIN

**2-3** Does the community provide transportation to residents? ☐ Yes ☐ No
IF YES, EXPLAIN

## 3 EXPOSURE & RISK QUESTIONS — FALLS, DEMENTIA & LEVEL OF CARE

*Assisted living claims usually involve falls, residents with dementia who wander away, medication errors by aides, and residents kept after their care needs exceed what the license allows. States — not federal rules — set most requirements.*

**3-1** Is every resident assessed for fall risk at admission and after any change in condition, with a care plan? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-2** Are residents at risk of wandering assessed, with alarmed or secured exits? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-3** Are suspected abuse, neglect, or crimes against residents reported to state agencies and police within required timeframes? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-4** Is resident-to-resident aggression tracked with care-plan interventions? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-5** Are residents reassessed whenever their condition changes? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-6** Are there written criteria for transfer to a higher level of care? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-7** Are families told in writing when a resident's needs exceed what the community can provide? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-8** If yes to 2-1, are memory care staff trained in dementia care? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-9** If yes to 2-1, are memory care residents counted at every shift change? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-10** If yes to 2-2, are medication aides certified as the state requires? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-11** If yes to 2-2, are medication aides supervised by a licensed nurse? ☐ Yes ☐ No
IF YES, EXPLAIN

**3-12** Has the community had a fall, elopement, medication-error, or abuse claim in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

## 4 EXPOSURE & RISK QUESTIONS — STAFFING, CREDENTIALING & DATA

**4-1** Does overnight staffing include at least one awake staff member per building or unit? ☐ Yes ☐ No
IF YES, EXPLAIN

**4-2** If yes to 2-3, are drivers' records checked yearly? ☐ Yes ☐ No
IF YES, EXPLAIN

**4-3** If yes to 2-3, are vehicles insured on a commercial auto policy? ☐ Yes ☐ No
IF YES, EXPLAIN

**4-4** Are licenses and certifications verified with the issuing board at hire and at each renewal? ☐ Yes ☐ No
IF YES, EXPLAIN

**4-5** Is every employee and contractor screened against the OIG exclusion list at hire and monthly? ☐ Yes ☐ No
IF YES, EXPLAIN

**4-6** Are criminal background checks completed before staff have patient contact? ☐ Yes ☐ No
IF YES, EXPLAIN

**4-7** Has a HIPAA security risk analysis been completed and updated within the last 12 months? ☐ Yes ☐ No
IF YES, EXPLAIN

**4-8** Is multi-factor authentication required for email, remote access, and the EHR? ☐ Yes ☐ No
IF YES, EXPLAIN

**4-9** Is patient data encrypted on laptops, mobile devices, and in transmission? ☐ Yes ☐ No
IF YES, EXPLAIN

**4-10** Are backups kept offline or immutable, with restoration tested? ☐ Yes ☐ No
IF YES, EXPLAIN

**4-11** Are website tracking tools (pixels, analytics) reviewed so patient information isn't shared with vendors? ☐ Yes ☐ No
IF YES, EXPLAIN

## 5 REVENUE

| ANNUAL GROSS REVENUE ($) | TOTAL PAYROLL ($) | MEDICAID WAIVER RESIDENTS (%) |
|---|---|---|
| | | |

## 6 PRIOR INSURANCE & LOSS HISTORY

*Attach currently valued loss runs for the last 5 years.*

| PROFESSIONAL & GENERAL LIABILITY CARRIER / LIMITS | ABUSE & MOLESTATION LIMIT | COMMERCIAL AUTO (Y / N) |
|---|---|---|
| | | |

**6-1** Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No

**IF YES, EXPLAIN**

| DATE OF LOSS | DESCRIPTION | TOTAL INCURRED ($) | OPEN / CLOSED |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**6-2** Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No

**IF YES, EXPLAIN**

## 7 RISK MANAGEMENT

**7-1** Is the building fully sprinklered with regular fire drills? ☐ Yes ☐ No

**IF YES, EXPLAIN**

**7-2** Is there an emergency plan for power loss, evacuation, and extreme heat? ☐ Yes ☐ No

**IF YES, EXPLAIN**

## 8 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, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)**

| APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME) | TITLE | DATE |
|---|---|---|
| | | |

| PRODUCER — CORY WASHINGTON & CO. LLC | PRODUCER SIGNATURE (TYPE FULL NAME) | DATE |
|---|---|---|
| | | |