ASSISTED LIVING HOME SUPPLEMENTAL

Covers small assisted living homes, residential care homes, and board-and-care homes, typically 16 or fewer residents. Larger communities use CWCO-SUP-ALF. Complete with ACORD 125 and 126.

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 BEDS	HOMES OPERATED

2 OPERATIONS

RESIDENTS	CAREGIVERS PER DAY SHIFT	CAREGIVERS OVERNIGHT	RESIDENTS NEEDING HELP TO EVACUATE

2-1 Does the owner or operator live in the home? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Are residents with dementia accepted? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Is the home a converted single-family house? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — OVERNIGHT COVERAGE, FIRE & EVACUATION

Small care homes often run with one or two caregivers per shift in a converted house. Getting residents out in a fire at night — especially residents who can't walk out on their own — and overnight supervision are the defining risks.

3-1 Is at least one caregiver awake overnight whenever residents are present? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Is the home sprinklered? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Are interconnected smoke alarms installed in every bedroom and hallway? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Can overnight staff evacuate every resident within the time the state requires? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Are fire drills held on every shift, including overnight, at least quarterly? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Is every resident assessed for fall risk at admission and after any change in condition, with a care plan? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Are residents at risk of wandering assessed, with alarmed or secured exits? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Are suspected abuse, neglect, or crimes against residents reported to state agencies and police within required timeframes? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Is resident-to-resident aggression tracked with care-plan interventions? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Has the home had a fire, fall, elopement, or abuse claim in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — MEDICATIONS, CARE LEVELS & CREDENTIALING

4-1 Are medications given only by caregivers trained as the state requires? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Is every dose recorded on a medication administration record? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are residents moved to a higher level of care when their needs exceed the home's license? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are backup caregivers available when scheduled staff call out? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are licenses and certifications verified with the issuing board at hire and at each renewal? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Is every employee and contractor screened against the OIG exclusion list at hire and monthly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Are criminal background checks completed before staff have patient contact? ☐ Yes ☐ No
IF YES, EXPLAIN

5 REVENUE

ANNUAL GROSS REVENUE ($)	TOTAL PAYROLL ($)	MONTHLY RATE PER RESIDENT ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL & GENERAL LIABILITY CARRIER / LIMITS	ABUSE & MOLESTATION LIMIT	PROPERTY CARRIER

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 Are incidents documented the same day and reported to families and the state as required? ☐ Yes ☐ No
IF YES, EXPLAIN

7-2 Are resident records kept secure and private? ☐ 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