CONTINUING CARE RETIREMENT COMMUNITY (LIFE PLAN) SUPPLEMENTAL

For continuing care retirement communities (life plan communities) offering independent living with assisted living, memory care, and skilled nursing on one campus. Standalone memory care uses CWCO-SUP-MEMCARE. Complete with ACORD 125/126/140 and CWCO-SUP-ABUSE. Attach the state disclosure statement, a sample residency contract, the latest audited financials and actuarial study, the statement of values, and five years of loss runs.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME | DBA | FEIN | YEARS IN BUSINESS

BUSINESS ADDRESS | CITY / STATE / ZIP | WEBSITE

Entity type:

☐ Nonprofit (501(c)(3)) ☐ For-profit ☐ Part of a multi-site system ☐ Faith-based sponsor

PRIMARY CONTACT / TITLE | PHONE | EMAIL

STATE CCRC CERTIFICATE / REGISTRATION | SPONSOR / PARENT ORGANIZATION

2 OPERATIONS

Units and beds:

☐ Independent living units ☐ Assisted living units ☐ Memory care beds ☐ Skilled nursing beds ☐ Residents

☐ Employees

Contract types offered (check all that apply):

☐ Type A — life care ☐ Type B — modified ☐ Type C — fee-for-service ☐ Type D — rental ☐ Equity / co-op

AVERAGE ENTRANCE FEE ($) | INDEPENDENT LIVING OCCUPANCY (%) | TOTAL ACRES / BUILDINGS

2-1 Is any part of the campus under construction or expansion? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Is the skilled nursing facility certified for Medicare or Medicaid? ☐ Yes ☐ No

2-3 Does the community run resident transportation? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — ENTRANCE FEES, RESERVES & FINANCIAL CONDITION

At least 16 CCRCs have filed Chapter 11 since 2020, erasing about $190 million in entrance fees. Residents are unsecured creditors, and refund disputes reach the board through fiduciary-duty and fraudulent-transfer claims.

3-1 Are any entrance fees contractually refundable? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 If yes to 3-1, are refunds paid only after the unit is resold? ☐ Yes ☐ No
IF YES, EXPLAIN

TOTAL REFUND LIABILITY OUTSTANDING ($) | REFUNDS PAST DUE ($) | DAYS CASH ON HAND

3-3 Is independent living occupancy below 85%? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Are all state-required reserves fully funded as of the last filing? ☐ Yes ☐ No
IF NO, EXPLAIN

3-5 Has an actuarial study been completed in the past 3 years? ☐ Yes ☐ No
IF NO, EXPLAIN

This supplemental is an intake document. It does not replace any carrier application and affords no coverage.

3-6 Has any entrance-fee money been transferred to a parent or affiliate? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Is the community in compliance with all bond covenants? ☐ Yes ☐ No
IF NO, EXPLAIN

3-8 Has a regulator placed the community under monitoring or corrective action? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Have residents sued or threatened to sue over fees, refunds, or contract terms? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Does a resident sit on the governing board? ☐ Yes ☐ No

4 EXPOSURE & RISK QUESTIONS — CARE CONTINUUM & CAMPUS PROPERTY

One campus carries every senior-living exposure at once — independent living falls, assisted living medication errors, memory care elopement, and skilled nursing claims — plus a large, often multi-building property schedule.

4-1 Is the memory care unit secured with delayed-egress or clinical-needs locks? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Has any resident left a secured unit without staff knowledge in the past 3 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are independent living residents assessed before moving to a higher level of care? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Do independent living units have emergency pull cords or wearable alert devices? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Has the state cited any licensed level of care in the past 3 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Are all buildings fully sprinklered? ☐ Yes ☐ No
IF NO, EXPLAIN

4-7 Is any building in a named-storm, flood, wildfire, or earthquake zone? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Is there a written plan to evacuate and relocate residents of every care level? ☐ Yes ☐ No
IF NO, EXPLAIN

4-9 Are building values appraised within the past 3 years? ☐ Yes ☐ No
IF NO, EXPLAIN

4-10 Are emergency generators sized to run heating, cooling, and medical equipment? ☐ Yes ☐ No
IF NO, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL OPERATING REVENUE ($)	ENTRANCE FEES RECEIVED ($)	TOTAL ANNUAL PAYROLL ($)	TOTAL INSURABLE VALUES ($)

This supplemental is an intake document. It does not replace any carrier application and affords no coverage.

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL / GL CARRIER	D&O CARRIER / LIMIT	ABUSE LIMIT / UMBRELLA

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

6-1 Does the D&O policy exclude claims tied to residency contracts or entrance fees? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has a resident died or been seriously injured in a fall, elopement, or abuse incident in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-4 Is the applicant aware of any incident or circumstance that could give rise to a claim? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT & SAFETY

7-1 Does the board review occupancy, refund liability, and reserves at least quarterly? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Is there a risk manager or quality committee covering every level of care? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Are residency contracts reviewed by counsel against current state CCRC law? ☐ Yes ☐ No
IF NO, 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, 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