

Covers licensed group homes for adults with intellectual and developmental disabilities, youth group homes, and small residential programs. Halfway houses use CWCO-SUP-HALFWAY; senior care homes CWCO-SUP-ALH. 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.	HOMES OPERATED	TOTAL LICENSED BEDS

2 OPERATIONS

RESIDENTS	RESIDENTS UNDER 18	NONVERBAL RESIDENTS	AWAKE OVERNIGHT STAFF PER HOME

2-1 Does the program serve minors? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Are physical restraints or seclusion ever used? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-3 Does the program transport residents? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — ABUSE, CHOKING, RESTRAINT & MEDICATIONS

Group home residents often depend on staff for everything, and some can't report mistreatment themselves. Abuse and neglect, choking, restraint injuries, and medication errors by direct-support staff are the defining claims.

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

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

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

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

3-5 Are modified diets (texture, choking precautions) followed at every meal? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-6 Are staff trained on each resident's diet and choking response? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-7 If yes to 2-2, are restraints used only by staff certified in an approved de-escalation program? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-8 If yes to 2-2, is every restraint use reported and reviewed? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-9 Are medications given only by staff certified to administer them? ☐ Yes ☐ No
IF NO, EXPLAIN

3-10 Is every dose recorded on a medication administration record? ☐ Yes ☐ No
IF NO, EXPLAIN

3-11 If yes to 2-1, are youth protection rules (no unobserved one-on-one contact, mandated reporting) in place? ☐ Yes ☐ No
IF YES, EXPLAIN

3-12 Has the program had an abuse, choking, restraint, or medication claim in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — TRANSPORT, STAFFING & CREDENTIALING

4-1 If yes to 2-3, are drivers' records checked yearly? ☐ Yes ☐ No
IF NO, EXPLAIN

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

4-3 Are unannounced supervisor visits made to each home, including nights? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Is there a written plan for staffing homes when employees call out? ☐ Yes ☐ No
IF NO, 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 NO, EXPLAIN

5 REVENUE

ANNUAL GROSS REVENUE (\$)	TOTAL PAYROLL (\$)	MEDICAID / STATE FUNDING (%)

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

Are incidents reported to the state and guardians within required timeframes?

☐ Yes ☐ No

IF YES, EXPLAIN

7-2

Are homes sprinklered?

☐ Yes ☐ No

IF NO, EXPLAIN

7-3

Are fire drills held on every shift?

☐ 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, 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