

Covers halfway houses and reentry residential programs, including court- and probation-referred residents. Sober living homes use CWCO-SUP-SOBER; licensed addiction treatment programs use CWCO-SUP-BEHAVIORAL. 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 CERTIFICATION / NARR LEVEL	HOUSES OPERATED	TOTAL BEDS

2 OPERATIONS

Program type (check all that apply):
☐ Substance-use recovery support ☐ Reentry / post-incarceration ☐ Court- or probation-referred residents ☐ Contracted with corrections agency

RESIDENTS	AVERAGE LENGTH OF STAY (DAYS)	STAFF ON SITE OVERNIGHT (Y / N)

2-1 Does the program bill Medicaid or insurers for any services? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Does the program pay for, or receive payment for, resident referrals? ☐ Yes ☐ No
 IF NO, EXPLAIN

2-3 Are residents with sex-offense or violent convictions accepted? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — OVERDOSE, VIOLENCE & REFERRAL PRACTICES

Halfway houses and reentry programs serve people at high risk of overdose, relapse, and violence between residents. Where programs include recovery support, paying for referrals and billing fraud have drawn federal criminal penalties under EKRA and a major Arizona crackdown.

3-1 Is naloxone stocked in every house? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 Are residents and staff trained to use naloxone? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Is drug and alcohol testing done on a written schedule? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Is there a written relapse response policy? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-5 Are house checks done at night to account for every resident? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-6 Are residents screened at intake for violence risk and medical needs the house can't meet? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-7 If yes to 2-2, has counsel reviewed referral arrangements under EKRA and state patient-brokering laws? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-8 If yes to 2-1, are billed services actually delivered and documented by licensed providers? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-9 Has a resident died of an overdose, or been seriously injured by another resident, in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — HOUSES, STAFFING & NEIGHBORS

4-1 Are houses sprinklered or fitted with interconnected smoke alarms? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Are fire drills held in every house? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 2-3, are acceptance decisions for these residents documented? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 If yes to 2-3, are neighbor-notification and residency-restriction laws followed? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are resident medications stored locked and self-administered with staff observation where required? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Are licenses and certifications verified with the issuing board at hire and at each renewal? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Is every employee and contractor screened against the OIG exclusion list at hire and monthly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Are criminal background checks completed before staff have patient contact? ☐ Yes ☐ No
IF NO, EXPLAIN

5 REVENUE

ANNUAL GROSS REVENUE (\$) TOTAL PAYROLL (\$) GOVERNMENT CONTRACT REVENUE (%)

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 house rules and resident agreements signed at intake? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Are incidents documented the same day and reported to referral agencies as required? ☐ 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