HOME HEALTH AIDE BUSINESS SUPPLEMENTAL

Covers non-medical home care, personal care, and companion agencies, including Medicaid waiver and franchise agencies. Skilled home health agencies use CWCO-SUP-HOMEHEALTH. 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 / REGISTRATION NO. | FRANCHISE BRAND (IF ANY)

2 OPERATIONS

CLIENTS | CAREGIVERS | 24-HOUR / LIVE-IN CLIENTS | MEDICAID WAIVER (% OF REVENUE)

2-1 Do caregivers drive clients in their own or clients' vehicles? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Do caregivers assist with medications in any way (reminders or administration)? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Do caregivers handle clients' money, shopping, or errands? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — THEFT, ABUSE, FALLS & SCOPE

Personal-care aides work alone in clients' homes, so the defining claims are theft and financial exploitation, abuse or neglect, falls during transfers and bathing, and aides performing medical tasks beyond their scope.

3-1 Are caregivers trained in safe transfers and bathing, with gait belts or lifts where needed? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Is each client's care plan limited to non-medical tasks, with written rules on what aides may not do? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 If yes to 2-2, is medication help limited to reminders unless state rules allow more, with documentation? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 If yes to 2-3, are receipts required for every purchase made for clients? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 If yes to 2-3, are client accounts and purchases reviewed by a supervisor? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are caregivers prohibited from accepting gifts, loans, or changes to clients' wills? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Are clients visited or called by a supervisor at least monthly? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Has the agency had a theft, abuse, fall, or scope-of-care claim in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — DRIVING, SCREENING & DATA

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

4-2 If yes to 2-1, is auto coverage for vehicles used to drive clients verified yearly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are visits verified electronically (time and location)? ☐ 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 ($)	TOTAL PAYROLL ($)	ANNUAL CAREGIVER TURNOVER (%)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL & GENERAL LIABILITY CARRIER / LIMITS	CRIME / THIRD-PARTY FIDELITY (Y / N)	HIRED & NON-OWNED 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 client complaints logged and investigated in writing? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are caregivers classified as employees (not 1099 contractors)? ☐ 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