Covers Medicare-certified and state-licensed home health agencies providing skilled nursing and therapy at home. Non-medical personal care agencies use CWCO-SUP-HOMEAIDE; hospice CWCO-SUP-HOSPICE. 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

MEDICARE CERTIFICATION / ACCREDITATION | STATE LICENSE NO.

2 OPERATIONS

PATIENTS SERVED PER YEAR | VISITS PER YEAR | FIELD CLINICIANS | MEDICAID (% OF REVENUE)

2-1 Does the agency provide infusion therapy or complex wound care? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Do field staff drive their own vehicles to visits? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the agency use 1099 contractors for field visits? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — MISSED VISITS, CHANGES IN CONDITION & UNSUPERVISED CARE

Home health clinicians work alone in patients' homes, so claims turn on missed visits, changes in condition that weren't escalated, and medication or wound care without on-site supervision. Medicaid's 80/20 pay rule, binding in 2030, adds financial pressure on already-short staffing.

3-1 Are visits verified electronically (time and location)? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are missed visits flagged and rescheduled the same day? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Are clinicians required to report changes in condition to a supervising nurse and physician the same day? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Is medication reconciliation done at admission and after every hospital discharge? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 If yes to 2-1, are infusion and wound-care visits performed only by clinicians with documented competency? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are field clinicians supervised with periodic on-site visits and chart audits? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Is there a plan for covering visits when staff are unavailable (backup staffing)? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Has the agency had a missed-visit, medication-error, or care-related claim in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — DRIVING, CONTRACTORS, CREDENTIALING & DATA

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

4-2 If yes to 2-2, is each driver's personal auto insurance verified yearly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 2-3, do contractors carry their own professional liability? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 If yes to 2-3, has worker classification been reviewed by counsel or an advisor? ☐ 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

4-8 Has a HIPAA security risk analysis been completed and updated within the last 12 months? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Is multi-factor authentication required for email, remote access, and the EHR? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 Is patient data encrypted on laptops, mobile devices, and in transmission? ☐ Yes ☐ No
IF YES, EXPLAIN

4-11 Are backups kept offline or immutable, with restoration tested? ☐ Yes ☐ No
IF YES, EXPLAIN

4-12 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 ($)	TOTAL PAYROLL ($)	MEDICARE (% OF REVENUE)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL LIABILITY CARRIER / LIMITS	HIRED & NON-OWNED AUTO (Y / N)	ABUSE & MOLESTATION LIMIT

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 Is there a compliance program with annual billing and documentation audits? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are staff trained on personal safety when visiting homes alone? ☐ 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