

Covers emergency shelters for people experiencing homelessness: overnight and 24-hour congregate shelters, non-congregate (hotel/motel) shelter, seasonal warming and cooling centers, and family, youth, and domestic violence emergency shelters. Complete with ACORD 125/126/140. Multi-month transitional programs should complete CWCO-SUP-THOUSE. Attach a site schedule, intake and barring policies, and the insurance requirements in each funding and space-use agreement.

1 APPLICANT / BUSINESS INFORMATION

LEGAL ORGANIZATION NAME	DBA / SHELTER NAME	FEIN	YEARS IN OPERATION
ADMINISTRATIVE OFFICE ADDRESS	CITY / STATE / ZIP	WEBSITE	

Entity type:
☐ 501(c)(3) nonprofit ☐ Religious organization ☐ Public / government entity ☐ LLC ☐ Corporation ☐ Other

EXECUTIVE DIRECTOR / PRIMARY CONTACT	PHONE	EMAIL

STATE / COUNTY SHELTER LICENSE OR PERMIT NO. (IF ANY)	LICENSING / OVERSIGHT AGENCY

2 OPERATIONS

DESCRIPTION OF OPERATIONS (WHO IS SHELTERED, HOURS OF OPERATION, SERVICES ON SITE, TYPICAL LENGTH OF STAY)

Shelter type (check all that apply):

- ☐ Overnight-only congregate ☐ 24-hour congregate ☐ Non-congregate (hotel / motel) ☐ Seasonal warming / cooling center ☐ Family shelter
☐ Youth shelter (under 18) ☐ Domestic violence emergency shelter ☐ Day center / drop-in

Populations served (check all that apply):

- ☐ Single adult men ☐ Single adult women ☐ Families with children ☐ Unaccompanied minors ☐ Young adults (18-24)
☐ Survivors of domestic violence / trafficking ☐ Veterans ☐ Medically fragile / respite

SITE ADDRESS	OWNED / LEASED / HOSTED	PERMANENT BEDS	YEAR BUILT	SPRINKLERED (Y/N)

"Hosted" means space provided by another organization (e.g., a congregation or public building) under a use agreement. Attach a full schedule if more than six sites.

Capacity and census:

- Permanent beds / mats Overflow / surge beds Average nightly census Peak nightly census
 Average stay (nights) Unaccompanied minors served per year

Funding sources (check all that apply):

- ☐ HUD Emergency Solutions Grant (ESG) ☐ HUD Continuum of Care (CoC) ☐ HHS Runaway & Homeless Youth
☐ FEMA / emergency food & shelter ☐ State / county / city contract ☐ Private / philanthropic

2-1 Does the shelter operate in space owned by another organization (congregation, city building) under a use or host agreement? ☐ Yes ☐ No

IF YES, EXPLAIN

2-2 On severe-weather nights, does the shelter add overflow beds or mats beyond its normal capacity? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes, state whether the fire marshal has approved the surge occupancy load and how many people are sheltered at peak.

2-3 Are meals prepared or served on site? ☐ Yes ☐ No
IF YES, EXPLAIN

2-4 Does the applicant, its staff, or its volunteers transport guests in any vehicle (including street outreach)? ☐ Yes ☐ No
IF YES, EXPLAIN

2-5 Do volunteers staff the shelter overnight or have unsupervised contact with guests? ☐ Yes ☐ No
IF YES, EXPLAIN

2-6 Are medical, behavioral health, or medical-respite services provided on site by the applicant's own staff? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — INTAKE, SUPERVISION & GUEST SAFETY

Low-barrier intake, large congregate sleeping rooms, and overnight staffing levels drive both guest-on-guest assault and staff injury exposure. Many GL policies for this class also carry an abuse or molestation exclusion (e.g., ISO CG 21 46).

Intake policy (check all that apply):

- ☐ Low-barrier (no sobriety requirement) ☐ Sobriety required ☐ Photo ID required ☐ Pets allowed ☐ Couples may stay together
☐ Belongings storage provided

GUESTS PER AWAKE STAFF MEMBER, OVERNIGHT

MINIMUM AWAKE STAFF ON DUTY OVERNIGHT

3-1 Are guests and their bags screened at intake for weapons (search, wand, or metal detector)? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are sleeping areas separated for single men, single women, families, and youth? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Are criminal background checks, including the national sex offender registry, completed for all staff and volunteers before guest contact? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Is there a written abuse-prevention policy that prohibits staff/volunteer relationships with guests and limits one-on-one contact with minors? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Does the shelter admit unaccompanied minors, and if so, under a state youth-shelter license and parental/agency notification procedure? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Is there a written policy for barring or suspending guests, with written notice and a way to appeal? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Are security cameras installed at entrances and common areas, with footage retained at least 30 days? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 In the past 3 years, has any staff member been physically assaulted by a guest? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 In the past 5 years, has any guest been seriously injured in an assault by another guest, or has any sexual misconduct allegation been made? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — OVERDOSE, COMMUNICABLE DISEASE & HEALTH EMERGENCIES

CDC guidance for shelters calls for tuberculin testing of staff and regular volunteers at hire and every 6-12 months, and ventilation of at least 25 cfm of outside air per person. Overdose deaths in shelters are a leading severity driver.

4-1 Is naloxone (Narcan) stocked throughout the shelter, with all direct-care staff trained to administer it? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are overnight rounds or bed checks performed on a documented schedule, including checks of restrooms? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3	In the past 5 years, has any guest died on premises (overdose, medical, exposure, or other)?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-4	Are staff and regular volunteers tested for tuberculosis at hire and periodically, consistent with CDC guidance for shelters?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-5	Has the sleeping-area ventilation been evaluated (outside-air rate or upper-room UV germicidal irradiation)?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-6	Does the shelter have a written communicable disease plan (TB, respiratory illness, scabies, norovirus) coordinated with the local health department?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-7	Has a communicable disease outbreak or health-department investigation occurred at any site in the past 5 years?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-8	Is there a documented bed bug and scabies response protocol, including laundering and licensed pest control?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-9	Do staff store or hand out guests' medications?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-10	Is food prepared under a health-department permit by at least one certified food handler on each shift?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-11	During extreme heat or cold, is there a written policy for people who arrive when the shelter is full?	☐ Yes ☐ No
IF YES, EXPLAIN		

5 EXPOSURE & RISK QUESTIONS — BUILDING & FIRE SAFETY

HUD's emergency shelter standards (24 CFR 576.403) require smoke detectors in every occupied and public area, an alarm usable by hearing-impaired guests, and a second means of exit.

5-1	Is there a working smoke detector in every sleeping area and public area, and a fire alarm that alerts hearing-impaired guests (strobe or bed shaker)?	☐ Yes ☐ No
IF YES, EXPLAIN		
5-2	Does every sleeping area have a second means of exit, with exits unlocked from the inside and unobstructed by cots or belongings?	☐ Yes ☐ No
IF YES, EXPLAIN		
5-3	Are all sites fully sprinklered with a monitored fire alarm, and inspected by the fire marshal in the past 12 months?	☐ Yes ☐ No
IF YES, EXPLAIN		
5-4	Is smoking prohibited indoors, with a designated outdoor area and staff checks for smoking materials overnight?	☐ Yes ☐ No
IF YES, EXPLAIN		
5-5	Is the shelter accessible to guests with mobility impairments (entrance, sleeping area, restroom, shower)?	☐ Yes ☐ No
IF YES, EXPLAIN		
5-6	Were any sites built before 1978, and if so, has lead-based paint been addressed under HUD lead-safe rules?	☐ Yes ☐ No
IF YES, EXPLAIN		

6 EXPOSURE & RISK QUESTIONS — GUEST RIGHTS, RECORDS & BELONGINGS

6-1	Is there a written reasonable accommodation policy, including service animals throughout the shelter?	☐ Yes ☐ No
IF YES, EXPLAIN		
<i>Shelters have faced federal consent orders and settlements for turning away guests with service animals (U.S. v. City Rescue Mission, W.D. Pa. 2014; Housing Rights Center v. LAHSA, 2009).</i>		
6-2	Is participation in religious services or activities a condition of receiving shelter or meals?	☐ Yes ☐ No
IF YES, EXPLAIN		
6-3	Does the applicant have a written policy on bed assignment and privacy by sex and gender identity?	☐ Yes ☐ No
IF YES, EXPLAIN		
<i>HUD's Equal Access Rule (24 CFR 5.106) has been the subject of 2025-2026 rulemaking; state and local law may impose separate requirements. Attach the current written policy.</i>		
6-4	Have rules on pregnancy, children, and family composition been reviewed by counsel or a fair housing organization?	☐ Yes ☐ No
IF YES, EXPLAIN		

6-5 In the past 5 years, has the applicant received a discrimination, accessibility, or civil-rights complaint or lawsuit? ☐ Yes ☐ No
IF YES, EXPLAIN

6-6 Does the shelter store guests' belongings, and is there a written policy for how long items are held and how unclaimed items are disposed of? ☐ Yes ☐ No
IF YES, EXPLAIN

6-7 Does the applicant enter guest data into an HMIS, and is survivor identifying information kept out of it as VAWA/FVPSA requires? ☐ Yes ☐ No
IF YES, EXPLAIN

6-8 Does the applicant hold guests' money or act as representative payee for benefits? ☐ Yes ☐ No
IF YES, EXPLAIN

7 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	NUMBER OF DIRECT-CARE / SHELTER STAFF	NUMBER OF ADMIN / CASE MGMT STAFF
TOTAL ANNUAL BUDGET (\$, ILLUSTRATIVE)	% OF BUDGET FROM GOVERNMENT GRANTS	PRIOR YEAR BUDGET (\$, ILLUSTRATIVE)

7-1 Are any shelter-floor roles filled by 1099 contractors or staffing-agency workers? ☐ Yes ☐ No
IF YES, EXPLAIN

8 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years for GL, professional, abuse/molestation, property, auto, and workers' compensation.

CURRENT GL CARRIER	CURRENT PROFESSIONAL LIABILITY CARRIER	CURRENT ABUSE & MOLESTATION LIMIT

8-1 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

8-2 Does the current general liability policy carry an abuse or molestation exclusion or a communicable disease exclusion? ☐ Yes ☐ No
IF YES, EXPLAIN

8-3 Does the host organization's insurance (where space is hosted) name the applicant, or does the applicant name the host, as additional insured? ☐ Yes ☐ No
IF YES, EXPLAIN

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

8-4 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

9 RISK MANAGEMENT & SAFETY

Training completed annually by shelter staff (check all that apply):

- ☐ Crisis de-escalation
 ☐ Trauma-informed care
 ☐ Naloxone / overdose response
 ☐ CPR / first aid
 ☐ Infection control
 ☐ Mandated reporting
 ☐ Boundaries & abuse prevention
 ☐ Fire / evacuation drills

9-1 Is every critical incident (assault, overdose, death, abuse allegation, police response) documented and reviewed by management? ☐ Yes ☐ No
IF YES, EXPLAIN

9-2 Is a written workplace violence prevention plan in place for staff, including panic alarms or radios and two-person rules for high-risk tasks? ☐ Yes ☐ No
IF YES, EXPLAIN

9-3	Are fire drills or evacuation walk-throughs conducted and documented on every shift at least quarterly?	☐ Yes ☐ No
IF YES, EXPLAIN		
9-4	Does the applicant collect certificates of insurance from host organizations, contracted security, and food or service vendors?	☐ Yes ☐ No
IF YES, EXPLAIN		

10 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