INDEPENDENT LIVING HOME SUPPLEMENTAL

Covers independent living communities, senior apartments, and 55+ residences offering meals, activities, and transportation without licensed care. Communities providing personal care use CWCO-SUP-ALF or -ALH. Complete with ACORD 125, 126, and 140.

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

UNITS / OCCUPANCY (%) | PART OF A CONTINUING CARE CAMPUS (Y / N)

2 OPERATIONS

RESIDENTS | AVERAGE RESIDENT AGE | STAFF ON SITE OVERNIGHT | BUILDINGS / STORIES

Services (check all that apply):
☐ Meals / dining ☐ Housekeeping ☐ Transportation ☐ Fitness / pool ☐ Emergency call system ☐ Wellness checks
☐ Home care agency on site

2-1 Does the community provide or arrange any personal care (bathing, dressing, medications)? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the community operate an emergency call (pendant) system? ☐ Yes ☐ No
IF YES, EXPLAIN

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

3 EXPOSURE & RISK QUESTIONS — CARE BOUNDARIES, EMERGENCY RESPONSE & FALLS

Independent living exposure grows when communities drift into providing care they aren't licensed for, or keep residents whose needs exceed the setting. Emergency call systems that go unanswered and falls in common areas are the other recurring claims.

3-1 If yes to 2-1, is personal care provided only by a separately licensed home care agency? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are residents and families told in writing that the community does not provide licensed care? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Is there a written process for residents whose needs appear to exceed independent living? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 If yes to 2-2, is every call answered by staff around the clock? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 If yes to 2-2, are call response times logged and reviewed? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are common areas, walkways, and parking lots inspected daily for fall hazards? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Has the community had a fall, delayed-response, or care-related claim in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — TRANSPORT, ACTIVITIES, STAFF & DATA

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

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

4-3 Are pools and fitness centers posted with rules and inspected daily? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are staff background-checked before hire? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are staff trained to recognize and report suspected financial exploitation of residents? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Has a HIPAA security risk analysis been completed and updated within the last 12 months? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Is multi-factor authentication required for email, remote access, and the EHR? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Is patient data encrypted on laptops, mobile devices, and in transmission? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Are backups kept offline or immutable, with restoration tested? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 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 ($)	TOTAL PAYROLL ($)	ENTRANCE FEES HELD ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL CARRIER / LIMITS	COMMERCIAL AUTO (Y / N)	UMBRELLA 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 the building sprinklered with fire drills held regularly? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Is there an emergency plan for power loss, evacuation, and extreme heat? ☐ 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