

Covers U.S.-based nonprofits working abroad — humanitarian relief, development, global health, refugee services, faith-based missions, and organizations sending staff or volunteers overseas or funding foreign partners. Complete with ACORD 125. Attach the country list with staff counts, the security management plan, travel policy, safeguarding policy, and latest Form 990. Kidnap and ransom detail uses CWCO-SUP-KR.

1 APPLICANT / ORGANIZATION INFORMATION

LEGAL ORGANIZATION NAME	DBA	FEIN	YEARS OPERATING
U.S. HEADQUARTERS ADDRESS	CITY / STATE / ZIP	WEBSITE	

Funding sources (check all):
☐ USAID / U.S. government ☐ UN agencies ☐ Foreign governments ☐ Foundations ☐ Private donors ☐ Churches / faith networks

EXECUTIVE DIRECTOR / CONTACT	PHONE	EMAIL

COUNTRIES WITH OPERATIONS	FOREIGN AFFILIATES OR REGISTERED BRANCHES

2 OPERATIONS

DESCRIPTION OF PROGRAMS (SECTORS, COUNTRIES, BENEFICIARIES, HOW WORK IS DELIVERED — DIRECTLY OR THROUGH PARTNERS)

COUNTRY	U.S. / EXPAT STAFF	NATIONAL STAFF	TRAVEL ADVISORY LEVEL (1-4)

Activities (check all):
☐ Emergency relief / food distribution ☐ Medical clinics or surgical missions ☐ Water, shelter, construction ☐ Refugee and displaced-person services
☐ Child sponsorship / orphan care ☐ Microfinance / cash transfers ☐ Short-term volunteer trips ☐ Grants to foreign partners

Size:
 U.S. staff traveling abroad per year Volunteer trip participants per year Foreign partner organizations Vehicles abroad

3 EXPOSURE & RISK QUESTIONS — SECURITY & DUTY OF CARE

A record 907 aid workers were killed, injured, or kidnapped in 2025. A Norwegian court held an aid group grossly negligent and awarded about \$695,000 to a staff member kidnapped after he was sent into an area with known security warnings.

3-1 Is there a written security management plan with country-specific risk assessments updated at least annually? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 Do staff or volunteers work in countries under a U.S. State Department Level 3 or 4 advisory? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-3 Is there a designated security officer and 24/7 incident reporting and check-in process? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-4 Do staff and volunteers receive hostile-environment or security training before deployment? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-5	Is there a medical evacuation and repatriation plan, with a provider under contract?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-6	Has any staff member, volunteer, or partner been killed, injured, kidnapped, or detained in the last 5 years?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-7	Are national staff covered by local workers' compensation, social insurance, or foreign voluntary compensation?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-8	Do staff drive or travel by road in high-risk areas, and are vehicles and drivers vetted?	☐ Yes ☐ No
IF YES, EXPLAIN		

4 EXPOSURE & RISK QUESTIONS — PARTNERS, SANCTIONS & SAFEGUARDING

4-1	Are partners, vendors, and beneficiaries screened against U.S. sanctions (OFAC) and terrorism lists?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-2	Does the organization work in sanctioned countries or areas controlled by designated groups, and hold any required licenses?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-3	Are grants to foreign partners governed by written agreements with reporting and audit rights?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-4	Is cash moved or held in the field, and are there controls against theft, fraud, and diversion?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-5	Is there a safeguarding policy protecting beneficiaries from sexual exploitation and abuse, with a reporting channel?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-6	Does the organization work directly with children, including orphanages or child sponsorship?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-7	Has a government donor audited, suspended, or disallowed costs in the last 5 years?	☐ Yes ☐ No
IF YES, EXPLAIN		

5 PAYROLL, SALES & REVENUE

U.S. PAYROLL (\$, ILLUSTRATIVE)	FOREIGN PAYROLL (\$, ILLUSTRATIVE)	TOTAL EMPLOYEES (U.S. / ABROAD)
ANNUAL REVENUE (\$, ILLUSTRATIVE)	GOVERNMENT GRANTS (%)	FUNDS SENT ABROAD (\$, ILLUSTRATIVE)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

CURRENT FOREIGN PACKAGE CARRIER

KIDNAP & RANSOM CARRIER

D&O CARRIER

6-1 Has any carrier declined, cancelled, or non-renewed coverage for this organization in the last 5 years?

☐ Yes ☐ No

IF YES, EXPLAIN

6-2 Has the organization had a medical evacuation, theft or fraud loss, or sanctions inquiry in the last 5 years?

☐ Yes ☐ No

IF YES, EXPLAIN

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

6-3 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 & SAFETY

7-1 Does the board review security incidents and country risk at least annually?

☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Is there a crisis management team and plan for kidnapping, evacuation, and death of staff?

☐ Yes ☐ No

IF YES, EXPLAIN

7-3 Are volunteers required to sign participation agreements and buy travel medical coverage?

☐ 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