MEMORY CARE FACILITY SUPPLEMENTAL

For standalone memory care communities and secured dementia units inside assisted living. Assisted living and skilled nursing without a secured unit use their own forms; life plan communities use CWCO-SUP-CCRC. Complete with ACORD 125/126 and CWCO-SUP-ABUSE. Attach state licenses, the most recent survey, the elopement policy, staffing schedules, and five years of loss runs.

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 ☐ Nonprofit

PRIMARY CONTACT / TITLE | PHONE | EMAIL

STATE LICENSE NUMBER / TYPE | OWNER / MANAGEMENT COMPANY

2 OPERATIONS

DESCRIBE THE COMMUNITY, THE RESIDENTS SERVED, AND HOW THE SECURED UNIT IS STAFFED

Size:
☐ Licensed memory care beds ☐ Current residents ☐ Secured units / wings ☐ Direct-care staff ☐ Residents on hospice

DAY STAFF-TO-RESIDENT RATIO | OVERNIGHT STAFF-TO-RESIDENT RATIO | AVERAGE OCCUPANCY (%)

Setting (check all that apply):
☐ Standalone memory care ☐ Secured unit in assisted living ☐ Part of a CCRC campus ☐ Small residential home (16 or fewer)

2-1 Does the community admit residents directly from psychiatric or behavioral hospital units? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Are any residents younger than 60? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — ELOPEMENT & SECURED-UNIT EGRESS

A North Carolina memory care resident with a known wandering history died after leaving through a door that unlocks when the fire alarm sounds — and the alarm sounded often. The case settled for $1 million, twice the policy limits.

3-1 Do secured-unit exit doors use delayed-egress or clinical-needs locks? ☐ Yes ☐ No
IF NO, EXPLAIN

3-2 Did the fire alarm sound more than once in the past 12 months for a non-fire cause? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 If yes to 3-2, is a staff member posted at each exit until the alarm is reset? ☐ Yes ☐ No
IF NO, EXPLAIN

3-4 Are door alarms and locks tested at least monthly, with records kept? ☐ Yes ☐ No
IF NO, EXPLAIN

3-5 Are outdoor courtyards fully enclosed by a fence residents can't climb? ☐ Yes ☐ No
IF NO, EXPLAIN

This supplemental is an intake document. It does not replace any carrier application and affords no coverage.

3-6 Is a wander-risk assessment done at admission and after any change in condition? ☐ Yes ☐ No
IF NO, EXPLAIN

3-7 Are wearable wander-alert devices used for residents assessed at risk? ☐ Yes ☐ No
IF NO, EXPLAIN

3-8 Has any resident left the secured area without staff knowledge in the past 3 years? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Is every elopement or attempt logged and reviewed by the administrator? ☐ Yes ☐ No
IF NO, EXPLAIN

3-10 Are resident checks documented at set intervals overnight? ☐ Yes ☐ No
IF NO, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — RESIDENT AGGRESSION, SEDATION & STAFFING

In one study, 15% of residents in 14 New York assisted living homes experienced resident-on-resident aggression within a month. A Montana memory care facility drew a $310,000 verdict after one resident's shove killed another.

4-1 Does the admission screen exclude residents with a history of physical aggression? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Is there a written discharge procedure for residents who become a danger to others? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Has any resident seriously injured another resident in the past 3 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Is antipsychotic use reviewed by a pharmacist at least quarterly? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Is family or guardian consent documented before an antipsychotic is started? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Do direct-care staff complete dementia training before working unsupervised? ☐ Yes ☐ No
IF NO, EXPLAIN

4-7 Do staff receive de-escalation training at least annually? ☐ Yes ☐ No
IF NO, EXPLAIN

4-8 Are agency or temporary staff used on the secured unit? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Are arbitration agreements offered at admission? ☐ Yes ☐ No

4-10 Has the state cited the community for elopement, abuse, or neglect in the past 3 years? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE ($)	PRIVATE PAY (%)	MEDICAID WAIVER (%)	TOTAL ANNUAL PAYROLL ($)

5-1 Have staff been injured by residents in the past 3 years? ☐ Yes ☐ No
IF YES, EXPLAIN

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6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL / GL CARRIER	ABUSE & MOLESTATION LIMIT	UMBRELLA LIMIT (ABUSE FOLLOWS FORM?)

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

6-1 Has a resident died or been seriously injured after an elopement or fall in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Is the applicant aware of any incident or circumstance that could give rise to a claim? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT & SAFETY

7-1 Are elopement drills run on every shift at least twice a year? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Does a quality committee review every fall, elopement, and aggression incident? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Are current photos and descriptions of each resident kept for search use? ☐ Yes ☐ No
IF NO, 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, may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. State-specific fraud warnings appear on the insurer's application.

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE