Covers skilled nursing facilities and nursing homes, including short-term rehab and memory care units. Assisted living uses CWCO-SUP-ALF. Complete with ACORD 125 and 126. Attach the latest state survey (Form CMS-2567) and CMS star ratings.

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

LICENSED BEDS / AVERAGE CENSUS	CMS OVERALL STAR RATING	SPECIAL FOCUS FACILITY (Y / N)

2 OPERATIONS

MEDICARE (%)	MEDICAID (%)	MEMORY CARE BEDS	ANNUAL NURSE TURNOVER (%)

2-1 Does the facility have a secured memory care or dementia unit? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the facility use agency or contract nursing staff? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Has the facility received immediate-jeopardy or harm-level deficiencies in the last 3 years? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — STAFFING, PRESSURE INJURIES, FALLS & NEGLECT

The federal 24/7 RN and hours-per-resident requirements were struck down in 2025, blocked by law until 2034, and repealed by CMS effective February 2026. Staffing is now set by each facility's assessment and state law — and understaffing is still argued as evidence of neglect in pressure-injury, fall, and elopement claims.

3-1 Is staffing set by a documented facility assessment of resident acuity, reviewed at least annually? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Does staffing meet state minimums on every shift, with records kept? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Is every resident assessed for pressure-injury risk at admission and weekly? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Are turning and repositioning schedules followed and documented for at-risk residents? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Is every resident assessed for fall risk at admission and after any change in condition, with a care plan? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are residents at risk of wandering assessed, with alarmed or secured exits? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Are suspected abuse, neglect, or crimes against residents reported to state agencies and police within required timeframes? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Is resident-to-resident aggression tracked with care-plan interventions? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Has the facility had a claim involving a pressure injury, fall with fracture, elopement, or abuse in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — MEDICATIONS, INFECTION CONTROL & DATA

4-1 Are medication errors tracked and reviewed by the pharmacist consultant monthly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are antipsychotic medications reviewed for gradual dose reduction as required? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Is there a qualified infection preventionist with an outbreak response plan? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 If yes to 2-2, are agency staff oriented to the facility before their first shift? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 If yes to 2-2, are agency staff credentials verified before they work? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Are licenses and certifications verified with the issuing board at hire and at each renewal? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Is every employee and contractor screened against the OIG exclusion list at hire and monthly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Are criminal background checks completed before staff have patient contact? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Has a HIPAA security risk analysis been completed and updated within the last 12 months? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 Is multi-factor authentication required for email, remote access, and the EHR? ☐ Yes ☐ No
IF YES, EXPLAIN

4-11 Is patient data encrypted on laptops, mobile devices, and in transmission? ☐ Yes ☐ No
IF YES, EXPLAIN

4-12 Are backups kept offline or immutable, with restoration tested? ☐ Yes ☐ No
IF YES, EXPLAIN

4-13 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 ($)	TOTAL PAYROLL ($)	AGENCY STAFFING SPEND ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL & GENERAL LIABILITY CARRIER / LIMITS	ABUSE & MOLESTATION LIMIT	CYBER COVERAGE (Y / N)

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 Are family complaints and grievances logged and resolved in writing? ☐ 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