RESIDENTIAL LESSOR'S RISK — GROUP & RECOVERY HOUSING SUPPLEMENTAL

For owners who lease a residential property to a separate operator running a sober living home, recovery residence, group home, halfway or re-entry house, independent living home, or transitional housing. The operator completes its own form (CWCO-SUP-SOBER, -THOUSE, -DDSVC, or -SHELTER). Complete one schedule line per property. Attach each lease, the operator's certificate of insurance and additional insured endorsement, any operator license or certification, photos, and five years of loss runs.

1 APPLICANT / OWNER INFORMATION

NAMED INSURED (AS ON THE DEED)	DBA / HOLDING COMPANY	FEIN (IF ENTITY)	YEARS OWNING

MAILING ADDRESS	CITY / STATE / ZIP	EFFECTIVE DATE REQUESTED

Ownership type:

☐ Individual(s) ☐ LLC ☐ Trust ☐ Partnership ☐ Corporation

PRIMARY CONTACT	PHONE	EMAIL

1-1 Does the applicant, or any owner of the applicant, hold an ownership interest in an operator that leases the property? ☐ Yes ☐ No

IF YES, EXPLAIN

1-2 Does the applicant, or any owner of the applicant, work for or manage an operator that leases the property? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to 1-1 or 1-2, the applicant is likely an operator rather than a passive owner. Complete the operator form as well.

2 OPERATIONS — PROPERTIES, OPERATORS & LEASES

PROPERTY ADDRESS	BEDROOMS	MAX RESIDENTS	OPERATOR (LEGAL NAME)	PROGRAM TYPE	LEASE EXPIRES

Program types on the leased properties (check all that apply):

☐ Sober living — peer-run (e.g., Oxford House) ☐ Sober living — staffed or monitored ☐ Halfway / re-entry house

☐ Group home — IDD or behavioral health ☐ Independent living (adults) ☐ Transitional housing ☐ Licensed residential treatment or care

☐ Other

2-1 Is each property leased to one operator under a single master lease? ☐ Yes ☐ No

IF NO, EXPLAIN

2-2 Does the applicant collect rent directly from individual residents? ☐ Yes ☐ No

IF YES, EXPLAIN

2-3 Does the applicant provide any services to residents (meals, transportation, staff, or house rules)? ☐ Yes ☐ No

IF YES, EXPLAIN

2-4 Is any rent funded by Medicaid, grants, or other program money passed through the operator? ☐ Yes ☐ No

IF YES, EXPLAIN

2-5 Does the lease name the specific permitted use of the property? ☐ Yes ☐ No

IF NO, EXPLAIN

2-6 Does detox, clinical treatment, or medication administration take place on site? ☐ Yes ☐ No

IF YES, EXPLAIN

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3 EXPOSURE & RISK QUESTIONS — OPERATOR VETTING & LEASE INSURANCE TERMS

Owners get named even when they do not run the program: the building owner was sued with the operator after a toddler's fentanyl death at a Nashville transitional home. In Arizona, about $2.8 billion in sober living Medicaid fraud left homes closed and rent unpaid.

3-1 Is each operator licensed or certified for its program (state license, state recovery residence certification, or NARR affiliate)? ☐ Yes ☐ No
IF NO, EXPLAIN

3-2 Did the applicant verify the operator's license or certification before signing the lease? ☐ Yes ☐ No
IF NO, EXPLAIN

3-3 Has any operator had payments suspended, a license action, or a fraud investigation by a state agency? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Has any operator fallen more than 30 days behind on rent in the past 2 years? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Does the lease require the operator to carry general liability naming the owner as additional insured? ☐ Yes ☐ No
IF NO, EXPLAIN

3-6 Is the additional insured endorsement itself on file, not just a certificate? ☐ Yes ☐ No
IF NO, EXPLAIN

3-7 Does the operator carry professional or social services liability? ☐ Yes ☐ No
IF NO, EXPLAIN

3-8 Does the operator's coverage include abuse and molestation? ☐ Yes ☐ No
IF NO, EXPLAIN

3-9 Does the lease require the operator to carry workers' compensation for its staff? ☐ Yes ☐ No
IF NO, EXPLAIN

3-10 Does the lease require the operator to indemnify and defend the owner? ☐ Yes ☐ No
IF NO, EXPLAIN

OPERATOR GL LIMIT ($)	OPERATOR PROFESSIONAL LIMIT ($)	OPERATOR ABUSE LIMIT ($)	OPERATOR UMBRELLA ($)

3-11 Does the lease let the owner end it if the operator loses its license or certification? ☐ Yes ☐ No
IF NO, EXPLAIN

3-12 Has a neighbor, HOA, or city complained about, cited, or sued over a property's use? ☐ Yes ☐ No
IF YES, EXPLAIN

3-13 Does any property house more residents than local zoning or occupancy rules allow for a single-family home? ☐ Yes ☐ No
IF YES, EXPLAIN

California, for example, treats a recovery facility for six or fewer as a residential use; above that, local zoning and occupancy rules apply.

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4 EXPOSURE & RISK QUESTIONS — LIFE SAFETY & BUILDING CONDITION

Group housing puts many unrelated adults to sleep in a building designed for one family. After a 2025 Massachusetts residential care fire killed 10, suits against the owner alleged residents smoked in rooms and alarms failed.

Largest property:

Bedrooms | Bathrooms | Max residents | Stories

4-1 Does every bedroom have a working smoke alarm interconnected with the others? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Are carbon monoxide alarms installed on every sleeping level? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Is any property sprinklered? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Does every bedroom have an exit window or door that opens to the outside? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Are any bedrooms converted garages, basements, attics, or other non-bedroom space? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Are more than two residents assigned to any bedroom? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Has the fire marshal or building department inspected the property for this use? ☐ Yes ☐ No
IF NO, EXPLAIN

4-8 Does the lease prohibit smoking and open flames inside? ☐ Yes ☐ No
IF NO, EXPLAIN

4-9 Does the lease require naloxone (Narcan) in the house and a written overdose plan? ☐ Yes ☐ No
IF NO, EXPLAIN

4-10 Does the owner inspect each property at least twice a year? ☐ Yes ☐ No
IF NO, EXPLAIN

4-11 Is the owner responsible under the lease for the roof, structure, plumbing, and electrical? ☐ Yes ☐ No
IF YES, EXPLAIN

4-12 Does any property have a pool, hot tub, or other recreational feature? ☐ Yes ☐ No
IF YES, EXPLAIN

4-13 Is any roof more than 15 years old? ☐ Yes ☐ No
IF YES, EXPLAIN

4-14 Is the wiring or plumbing original in any building built before 1978? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL RENT FROM OPERATORS ($)	PRIOR YEAR RENT ($)	ANNUAL PAYROLL, IF ANY ($)

5-1 Does the applicant employ anyone who works at the properties? ☐ Yes ☐ No
IF YES, EXPLAIN

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6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

CURRENT CARRIER	POLICY TYPE (DWELLING / LRO / PACKAGE)	EXPIRATION DATE

6-1 Was the current insurer told in writing that the property is used for group or recovery housing? ☐ Yes ☐ No
IF NO, EXPLAIN

6-2 In the past 5 years, has any property had a resident death, overdose, assault, or fire? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 In the past 5 years, has the applicant been named in a suit involving a resident or the program? ☐ Yes ☐ No
IF YES, EXPLAIN

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

6-4 Has any carrier declined, cancelled, or non-renewed one of these properties? ☐ Yes ☐ No
IF YES, EXPLAIN

6-5 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 operator certificates and endorsements collected and checked at every renewal? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Does the lease require the operator to report deaths, overdoses, fires, and police calls to the owner? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Is there a written plan for re-leasing if an operator closes or abandons a property? ☐ 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