Covers sober living homes and recovery residences (NARR Levels I-III, non-clinical). Complete with ACORD 125, 126, and 140, and CWCO-SUP-ABUSE. Attach the house rules, a blank resident agreement, the relapse / discharge policy, and any current certification.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA / RESIDENCE NAME	FEIN	YEARS IN OPERATION

MAILING ADDRESS	CITY / STATE / ZIP	WEBSITE

Entity type:
☐ Sole proprietor ☐ LLC ☐ Corporation ☐ Nonprofit 501(c)(3) ☐ Oxford House chapter

PRIMARY CONTACT / TITLE	PHONE	EMAIL

CERTIFYING BODY (NARR AFFILIATE OR STATE AGENCY)	CERTIFICATE NO.	EXPIRATION DATE

CERTIFIED ADMINISTRATOR / OPERATOR OF RECORD (IF REQUIRED BY STATE)	ADMINISTRATOR CREDENTIAL NO.

2 OPERATIONS & RESIDENCE PROFILE

DESCRIPTION OF THE PROGRAM (WHO YOU SERVE, TYPICAL LENGTH OF STAY, HOUSE STRUCTURE, RECOVERY REQUIREMENTS)

PROPERTY ADDRESS	BEDS	NARR LEVEL	OWNED / LEASED	YEAR BUILT

NARR level(s) operated (check all that apply):
☐ Level I - peer-run ☐ Level II - monitored ☐ Level III - supervised ☐ Level IV - clinical ☐ Not certified / not sure

Residents served (check all that apply):
☐ Men ☐ Women ☐ Co-ed houses ☐ Young adults 18-25 ☐ Under 18 ☐ Residents on MAT (buprenorphine, methadone)
☐ Court / probation referred ☐ Veterans ☐ Residents with co-occurring mental illness

AVERAGE LENGTH OF STAY	AVERAGE OCCUPANCY (%)	WEEKLY / MONTHLY RESIDENT FEE ($)	TOTAL BEDS, ALL LOCATIONS

2-1 Does the applicant, or any entity with common ownership, provide clinical services to residents (counseling, IOP / PHP, detox, medication management, case management billed to insurance)? ☐ Yes ☐ No

IF YES, EXPLAIN

A "yes" usually moves the risk into the behavioral-health treatment class. Describe the services, where they are delivered, and which entity is licensed.

2-2 Does the applicant accept residents directly from detox or residential treatment, within 7 days of discharge? ☐ Yes ☐ No

IF YES, EXPLAIN

2-3 Is any house co-located with, or on the same property as, a treatment program or clinic? ☐ Yes ☐ No

IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — OVERDOSE, RELAPSE & MEDICAL EMERGENCY

Overdose and suicide wrongful-death suits against sober homes typically allege failure to monitor, to enforce house rules, or to respond quickly. Many general liability policies exclude these as professional-services claims.

3-1 Is naloxone (Narcan) kept in every house in a known, unlocked location, and are staff and residents trained to use it? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Is there a written overdose and medical-emergency protocol that requires calling 911, and is it posted in every house? ☐ Yes ☐ No
IF YES, EXPLAIN

Drug and alcohol testing performed (check all that apply):
☐ Random urine testing ☐ Scheduled urine testing ☐ Breathalyzer ☐ Observed collection ☐ Testing on suspicion only ☐ No testing

3-3 When a resident relapses, does the written policy require a safety check and a referral to treatment or another safe placement, rather than discharge to the street? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Is a house manager or staff member on site overnight in every house? ☐ Yes ☐ No
IF YES, EXPLAIN

STAFF / MANAGER HOURS ON SITE PER DAY (PER HOUSE)	FREQUENCY OF BED CHECKS / CURFEW CHECKS

3-5 Are residents' prescription medications stored locked, self-administered, and counted on a log? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are residents screened at intake for suicide risk and recent overdose history, with a written referral path for anyone at elevated risk? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 In the last 5 years, has any resident died, overdosed, attempted suicide, or been taken to the ER from a house? ☐ Yes ☐ No
IF YES, EXPLAIN

DEATHS (5 YRS)	NON-FATAL OVERDOSES (5 YRS)	SUICIDE ATTEMPTS (5 YRS)	ER TRANSPORTS (5 YRS)

4 EXPOSURE & RISK QUESTIONS — RESIDENT CONDUCT, ABUSE & STAFFING

Screening completed on all staff and house managers (check all that apply):
☐ Criminal background check ☐ Sex-offender registry check ☐ Reference checks ☐ Motor vehicle record ☐ Minimum time sober required
☐ None of these

4-1 Does the applicant accept residents with convictions for violent or sexual offenses? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are house managers current or former residents who are paid in free or reduced rent? ☐ Yes ☐ No
IF YES, EXPLAIN

Rent-for-work arrangements can create employment status and workers' compensation exposure. Describe how house managers are compensated.

4-3 Are there written rules on resident-to-resident relationships, visitors, and overnight guests, and are men's and women's houses kept separate? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Is there a written grievance and anti-harassment procedure that residents receive at move-in? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Has any resident or staff member alleged sexual misconduct, physical abuse, or exploitation by a staff member, manager, or another resident? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Does the applicant transport residents (to meetings, jobs, court, or appointments) in owned, leased, or staff vehicles? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Do residents perform work for the applicant, or for any related business, beyond ordinary household chores? ☐ Yes ☐ No
IF YES, EXPLAIN

5 EXPOSURE & RISK QUESTIONS — REFERRALS, BILLING & REGULATORY COMPLIANCE

The federal Eliminating Kickbacks in Recovery Act (18 U.S.C. 220) makes it a crime to pay or receive anything of value for referrals to a recovery home, treatment facility, or lab, with any payer. Several states add their own patient-brokering and certification rules.

5-1 Does the applicant pay, or receive, any fee or other benefit for resident referrals (including per-head fees, marketing arrangements, or payments from treatment providers or labs)? ☐ Yes ☐ No

IF YES, EXPLAIN

5-2 Is free or reduced rent, transportation, or anything else of value offered on condition that a resident attend a particular treatment provider? ☐ Yes ☐ No

IF YES, EXPLAIN

5-3 Does the applicant, or a related entity, bill any insurer for drug testing or other services provided to residents? ☐ Yes ☐ No

IF YES, EXPLAIN

5-4 Has the applicant or any owner received a subpoena, audit, or inquiry, or been investigated, regarding referrals, billing, or patient brokering? ☐ Yes ☐ No

IF YES, EXPLAIN

5-5 Has any house been the subject of a zoning, code-enforcement, occupancy, or neighbor complaint, or a Fair Housing reasonable-accommodation request? ☐ Yes ☐ No

IF YES, EXPLAIN

People in recovery are protected under the Fair Housing Act, and cities must consider reasonable-accommodation requests on occupancy limits (DOJ / HUD Joint Statement). Disputes still arise and can lead to litigation.

5-6 Does every house operate within the local occupancy limit or under a granted reasonable accommodation or permit? ☐ Yes ☐ No

IF YES, EXPLAIN

6 EXPOSURE & RISK QUESTIONS — PROPERTY & HABITATIONAL

6-1 For each leased house, has the property owner been told in writing that the home is operated as a recovery residence? ☐ Yes ☐ No

IF YES, EXPLAIN

Fire and life safety in every house (check all that apply):

☐ Interconnected smoke alarms ☐ Carbon monoxide alarms ☐ Extinguisher on each floor ☐ Automatic sprinklers ☐ Posted evacuation plan

☐ Egress window in every bedroom

6-2 Is smoking and vaping limited to a designated outdoor area, with no smoking allowed indoors? ☐ Yes ☐ No

IF YES, EXPLAIN

6-3 Are space heaters, hot plates, and cooking appliances prohibited in bedrooms, and are rooms inspected at least monthly? ☐ Yes ☐ No

IF YES, EXPLAIN

6-4 Are there any pools, hot tubs, trampolines, or other recreational features at any house? ☐ Yes ☐ No

IF YES, EXPLAIN

6-5 Has any house been vacant or unoccupied for more than 30 consecutive days in the last year? ☐ Yes ☐ No

IF YES, EXPLAIN

7 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL ($)	NUMBER OF W-2 STAFF	HOUSE MANAGERS COMPENSATED IN RENT

PROJECTED ANNUAL RESIDENT FEE REVENUE ($)	PRIOR YEAR ACTUAL REVENUE ($)	GRANTS / GOVERNMENT CONTRACT REVENUE ($)

8 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

CURRENT GL CARRIER / LIMITS	PROFESSIONAL LIABILITY CARRIER / LIMITS	ABUSE & MOLESTATION LIMITS

8-1 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

8-2 Have there been any claims or lawsuits alleging wrongful death, overdose, failure to supervise, abuse, discrimination, or wrongful eviction? ☐ Yes ☐ No

IF YES, EXPLAIN

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

8-3 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

9 RISK MANAGEMENT & SAFETY

9-1 Is every incident (relapse, overdose, fight, injury, police call, complaint) written up and kept in an incident log? ☐ Yes ☐ No

IF YES, EXPLAIN

Staff and house-manager training completed (check all that apply):

☐ Naloxone / overdose response ☐ CPR / first aid ☐ De-escalation ☐ Suicide-risk recognition (e.g., QPR) ☐ Ethics / NARR code

☐ None of these

9-2 Does each resident sign a written resident agreement covering house rules, testing, fees, discharge, and an emergency contact? ☐ Yes ☐ No

IF YES, EXPLAIN

9-3 Are resident records (intake, testing, incidents) kept confidential and retained for at least 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

9-4 Does an owner or senior manager inspect every house at least monthly using a written checklist? ☐ Yes ☐ No

IF YES, EXPLAIN

10 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