

Covers agencies providing case management, family support, foster care and adoption services, in-home services, counseling and peer support, workforce and re-entry programs, and benefits navigation, often under government contracts. Shelters and transitional housing use their own forms. Complete with ACORD 125/126. Attach a program list, government contracts with insurance requirements, and the abuse prevention policy.

1 APPLICANT / ORGANIZATION INFORMATION

LEGAL ORGANIZATION NAME	DBA	FEIN	YEARS OPERATING
MAIN OFFICE ADDRESS	CITY / STATE / ZIP	WEBSITE	

Organization type:
☐ 501(c)(3) nonprofit ☐ Faith-based nonprofit ☐ For-profit agency ☐ Government contractor ☐ Other

EXECUTIVE DIRECTOR / CONTACT	PHONE	EMAIL

STATE LICENSES HELD (CHILD PLACING, BEHAVIORAL HEALTH, ETC.)	ACCREDITATION (COA, CARF, JOINT COMMISSION)

2 OPERATIONS

DESCRIPTION OF THE AGENCY (PROGRAMS, POPULATIONS SERVED, WHERE SERVICES ARE DELIVERED)

PROGRAM	CLIENTS PER YEAR	% OF BUDGET

Services provided (check all):

- ☐ Case management ☐ Foster care / adoption ☐ In-home family services ☐ Counseling / therapy ☐ Substance use services
☐ Re-entry / justice-involved ☐ Developmental disability services ☐ Client transportation

Size and volume:

Office locations Clients served per year Clients under 18 Licensed clinicians Volunteers

3 EXPOSURE & RISK QUESTIONS — CLIENTS, PLACEMENTS & PROFESSIONAL SERVICES

A jury awarded \$25 million to three foster children abused in a home an agency oversaw, finding the agency 60% responsible. Many professional and GL policies exclude abuse unless it is added back.

3-1 Does the agency license, place children in, or supervise foster or adoptive homes? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 Are foster and adoptive homes re-assessed and visited on a documented schedule? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-3 Are all staff and volunteers with client contact background-checked and trained in abuse prevention? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-4 Is there a policy limiting one-on-one, unobserved contact between staff and minors or vulnerable adults? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-5 Do licensed clinicians provide counseling or therapy, and are they supervised and credentialed?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-6 Are mandated reports of abuse or neglect made and documented promptly?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-7 Does the agency hold clients' money, benefits, or property as representative payee or guardian?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-8 Has the agency faced a claim of abuse, wrongful placement, or professional error in the last 10 years?	☐ Yes ☐ No
IF YES, EXPLAIN	

4 EXPOSURE & RISK QUESTIONS — STAFF SAFETY, DATA & CONTRACTS

Nearly three-quarters of workplace assaults occur in health care and social services, and home visits alone are a recognized high-risk activity.

4-1 Do staff make home visits, and is there a check-in and buddy system for high-risk visits?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-2 Are offices set up with panic buttons, controlled entry, and de-escalation training?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-3 Do staff or volunteers transport clients in their own vehicles or agency vehicles?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-4 Are client records protected under HIPAA or 42 CFR Part 2, with encryption and access controls?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-5 Do government contracts require specific insurance limits, additional insured status, or indemnity?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-6 Does the agency bill Medicaid or other government payers?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-7 Does any program serve clients with a history of violence or justice involvement?	☐ Yes ☐ No
IF YES, EXPLAIN	

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	NUMBER OF EMPLOYEES	NUMBER OF VOLUNTEERS
TOTAL ANNUAL REVENUE (\$, ILLUSTRATIVE)	GOVERNMENT CONTRACT REVENUE (\$, ILLUSTRATIVE)	MEDICAID / INSURANCE BILLING (\$, ILLUSTRATIVE)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 10 years.

CURRENT GL / PROFESSIONAL CARRIER

ABUSE & MOLESTATION LIMIT

D&O CARRIER / LIMIT

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6-1 Has any carrier declined, cancelled, or non-renewed coverage for this organization in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

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6-2 Has a government funder audited, suspended, or terminated a contract in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

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DATE OF LOSS	DESCRIPTION	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

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7 RISK MANAGEMENT & SAFETY

7-1 Is there a written incident reporting system reviewed by leadership and the board? ☐ Yes ☐ No

IF YES, EXPLAIN

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7-2 Are client case records kept for the period required by funders and state law, and longer for minors? ☐ Yes ☐ No

IF YES, EXPLAIN

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7-3 Is there a written workplace violence prevention plan? ☐ Yes ☐ No

IF YES, EXPLAIN

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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

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PRODUCER — CORY WASHINGTON & CO. LLC

PRODUCER SIGNATURE (TYPE FULL NAME)

DATE

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