

Covers transitional housing programs providing time-limited housing with supportive services (homeless individuals and families, youth, survivors of domestic violence or trafficking, veterans, re-entry and recovery populations), whether congregate or scattered-site. Complete with ACORD 125/126/140. Attach a site schedule, sample occupancy/program agreement, abuse-prevention policy, and the insurance requirements from each funding agreement and master lease.

1 APPLICANT / BUSINESS INFORMATION

LEGAL ORGANIZATION NAME	DBA / PROGRAM NAME	FEIN	YEARS IN OPERATION
ADMINISTRATIVE OFFICE ADDRESS	CITY / STATE / ZIP	WEBSITE	

Entity type:
☐ 501(c)(3) nonprofit ☐ Religious organization ☐ LLC ☐ Corporation ☐ Public / government entity ☐ Other

EXECUTIVE DIRECTOR / PRIMARY CONTACT	PHONE	EMAIL

STATE / COUNTY LICENSE OR CERTIFICATION NO. (IF ANY)	LICENSING / OVERSIGHT AGENCY

1-1 Is any program site licensed by a state agency as a group home, residential care, or treatment facility? ☐ Yes ☐ No

IF YES, EXPLAIN

Licensed residential care or clinical treatment is a different class — if any site operates that way, a separate application for that operation is required.

2 OPERATIONS

DESCRIPTION OF THE PROGRAM (WHO IS SERVED, WHAT HOUSING IS PROVIDED, SUPPORTIVE SERVICES OFFERED, TYPICAL PATH TO PERMANENT HOUSING)

Populations served (check all that apply):

- ☐ Single adults experiencing homelessness ☐ Families with children ☐ Unaccompanied youth / young adults (16-24)
☐ Domestic violence / trafficking survivors ☐ Veterans ☐ Re-entry / justice-involved ☐ Recovery / substance use ☐ Pregnant or parenting youth
☐ Serious mental illness ☐ Persons with HIV/AIDS ☐ Other

Housing model (check all that apply):

- ☐ Congregate - single building ☐ Scattered-site - applicant-owned units ☐ Scattered-site - master-leased units ☐ Host homes
☐ Supervised apartments ☐ Bridge housing pending permanent placement

SITE ADDRESS	OWNED / LEASED / MASTER-LEASED	UNITS / BEDS	YEAR BUILT	SPRINKLERED (Y/N)

Attach a full schedule if more than six sites. Scattered-site programs: list each building, not each unit.

Capacity and length of stay:

Total beds	Average nightly census	Average stay (months)	Max stay allowed (months)
Residents under 18 (incl. children of residents)			

Funding sources (check all that apply):

- ☐ HUD Continuum of Care (CoC) ☐ HUD Emergency Solutions Grant (ESG) ☐ VA Grant & Per Diem (GPD)
☐ HHS Runaway & Homeless Youth - TLP ☐ DOJ / OVW Transitional Housing ☐ State / county / city contract ☐ Private / philanthropic
☐ Resident program fees or rent

2-1 Does the applicant provide case management, life-skills, or employment services directly (rather than only by referral)? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Are any clinical services (licensed counseling, medication management, substance use treatment) delivered on-site by the applicant's own staff? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Do any funding agreements, leases, or contracts require specific insurance limits or additional insured status? ☐ Yes ☐ No
IF YES, EXPLAIN

2-4 Does the applicant, its staff, or its volunteers transport residents in any vehicle? ☐ Yes ☐ No
IF YES, EXPLAIN

2-5 Does the applicant use volunteers who have direct contact with residents? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes, state the approximate number of active volunteers and their roles in the explanation field.

3 EXPOSURE & RISK QUESTIONS — SUPERVISION & ABUSE PREVENTION

Many general liability policies for this class carry an abuse or molestation exclusion (e.g., ISO CG 21 46) that removes abuse claims and the related negligent hiring/supervision allegations entirely. These answers drive whether dedicated abuse coverage can be placed.

Staffing model at congregate sites (check all that apply):

- ☐ Awake staff on-site 24/7 ☐ Staff on-site daytime only ☐ On-call staff after hours ☐ Resident manager / peer lives on-site
☐ No on-site staff (scattered-site only)

3-1 Are criminal background checks, including the national sex offender registry, completed for all staff and volunteers before any resident contact? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Is there a written abuse-prevention policy that prohibits romantic or sexual relationships between staff/volunteers and residents and limits one-on-one contact with minors? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Are minors (youth residents or children of residents) housed at any site? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes, explain how minors are separated from unrelated adults (floors, units, sleeping areas) and whether any youth program serves residents under 18 without a parent.

3-4 Are prospective residents screened for sex-offender registration, with a policy against co-housing registrants and minors? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Does the program accept residents with recent violent-offense history, and if so, under a written placement and supervision policy? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Is entry to congregate sites controlled (staffed desk, key/fob access) with visitors signed in and restricted from resident living areas? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Are security cameras installed in common areas and entrances, with footage retained at least 30 days? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 For survivor programs, is the site address kept confidential, with a written safety plan for a known abuser locating or approaching the site? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 In the past 10 years, has any staff member, volunteer, or resident been accused of sexual abuse, misconduct, or exploitation of a resident? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Has any resident-on-resident assault resulting in injury or police response occurred in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — OVERDOSE, HEALTH EMERGENCIES & LIFE SAFETY

Overdose deaths on premises are a leading severity driver for this class. VA GPD rules (38 CFR 61.80) require NFPA Life Safety Code compliance, sprinkler protection, a written disaster plan, and 24-hour reporting of sentinel events such as overdose or death.

Sobriety / substance-use policy:

☐ Abstinence required (clean and sober) ☐ Housing First / low-barrier ☐ Varies by site

- 4-1 Is naloxone (Narcan) stocked at every site and in staff vehicles, with all direct-care staff trained to administer it? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 4-2 Is there a written overdose and medical-emergency response protocol, including 911 activation and post-incident review? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 4-3 Are welfare or room checks performed on a documented schedule, including for residents not seen within 24 hours? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 4-4 In the past 5 years, has any resident died on premises (overdose, suicide, medical, or other)? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 4-5 Has the applicant been notified of drug sales or repeated police calls at any site in the past 3 years? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 4-6 Do staff store, dispense, or supervise self-administration of resident medications? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 4-7 Are all congregate sites fully sprinklered with a monitored fire alarm, and inspected by the fire marshal within the past 12 months? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 4-8 Is smoking prohibited indoors and are hot plates, space heaters, and other cooking or heating appliances prohibited in resident rooms? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 4-9 Does the applicant maintain a written disaster / emergency evacuation plan coordinated with local emergency management? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 4-10 Were any sites built before 1978, and if so, has lead-based paint been addressed under HUD's Lead Safe Housing Rule (24 CFR Part 35)? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 4-11 Is there a written bed bug / pest management program with a documented response protocol and licensed pest-control vendor? ☐ Yes ☐ No
IF YES, EXPLAIN _____

5 EXPOSURE & RISK QUESTIONS — OCCUPANCY, PROGRAM EXIT & FAIR HOUSING

Courts have treated transitional housing as a covered dwelling under the Fair Housing Act, and program residents as protected occupants under state anti-lockout laws (Serreze v. YWCA, Mass. App. Ct. 1991). Discrimination and wrongful-eviction claims are generally not bodily injury or property damage and fall outside a standard GL policy.

- 5-1 Does every resident sign a written occupancy, program, or lease agreement setting out rules, length of stay, and grounds for exit? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 5-2 Is there a written termination process with written notice, a chance to appeal, and review by someone other than the person who made the decision (as 24 CFR 578.91 requires for CoC projects)? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 5-3 Has the applicant ever removed a resident by changing locks, removing belongings, or other means without a court order or formal exit process? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 5-4 Is there a written reasonable accommodation policy covering assistance animals, accessibility, and disability-related exceptions to program rules? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 5-5 Have rules on pregnancy, children's supervision, curfew, and household composition been reviewed by counsel or a fair housing organization for sex and familial-status compliance? ☐ Yes ☐ No
IF YES, EXPLAIN _____
- 5-6 Is participation in religious services or activities a condition of admission or continued residence? ☐ Yes ☐ No
IF YES, EXPLAIN _____

5-7 Does the applicant have a written policy on placement and privacy by sex and gender identity? ☐ Yes ☐ No
IF YES, EXPLAIN

HUD's Equal Access Rule (24 CFR 5.106) has been the subject of 2025-2026 rulemaking; state and local law may impose separate requirements. Attach the current written policy.

5-8 In the past 5 years, has the applicant received a fair housing complaint, civil-rights charge, or lawsuit alleging discrimination, retaliation, or wrongful eviction? ☐ Yes ☐ No
IF YES, EXPLAIN

5-9 Does the applicant hold or store residents' personal property (including after a resident exits)? ☐ Yes ☐ No
IF YES, EXPLAIN

5-10 For master-leased units, does the applicant sign as tenant and agree to indemnify landlords for resident damage or injury? ☐ Yes ☐ No
IF YES, EXPLAIN

6 EXPOSURE & RISK QUESTIONS — CONFIDENTIALITY, RECORDS & FUNDS

6-1 Does the applicant enter resident data into a Homeless Management Information System (HMIS) or similar shared database? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 If the applicant serves survivors with VAWA or FVPSA funding, is survivor identifying information kept out of HMIS and never shared without written, time-limited consent? ☐ Yes ☐ No
IF YES, EXPLAIN

Federal law (34 U.S.C. 12291(b)(2); 42 U.S.C. 11363) bars victim service providers from disclosing survivor identifying information or entering it into an HMIS, even in encrypted or hashed form.

6-3 Does the applicant collect or store resident health information (diagnoses, treatment, medications), electronically or on paper? ☐ Yes ☐ No
IF YES, EXPLAIN

6-4 Does the applicant hold resident money (savings or escrow programs, deposits, benefits as representative payee)? ☐ Yes ☐ No
IF YES, EXPLAIN

6-5 Are grant and resident-fund disbursements subject to dual authorization and monthly reconciliation by someone other than the person who disburses? ☐ Yes ☐ No
IF YES, EXPLAIN

6-6 Is property acquired or improved with federal funds insured at least as well as the applicant's own property, as 2 CFR 200.310 requires? ☐ Yes ☐ No
IF YES, EXPLAIN

7 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	NUMBER OF DIRECT-CARE / RESIDENTIAL STAFF	NUMBER OF ADMIN / CASE MGMT STAFF

TOTAL ANNUAL REVENUE / BUDGET (\$, ILLUSTRATIVE)	% OF REVENUE FROM GOVERNMENT GRANTS	PRIOR YEAR REVENUE (\$, ILLUSTRATIVE)

7-1 Are any direct-care roles filled by 1099 contractors or staffing-agency workers? ☐ Yes ☐ No
IF YES, EXPLAIN

8 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years for GL, professional, abuse/molestation, property, and auto.

CURRENT GL CARRIER	CURRENT PROFESSIONAL LIABILITY CARRIER	CURRENT ABUSE & MOLESTATION LIMIT

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 Does the current general liability policy carry an abuse or molestation exclusion? ☐ Yes ☐ No
IF YES, EXPLAIN

8-3 Is current professional or abuse coverage written on a claims-made basis? ☐ Yes ☐ No
IF YES, EXPLAIN

If claims-made, state the retroactive date in the explanation field. Abuse claims are often reported years after the incident, so retroactive dates and occurrence-basis forms matter more here than in most classes.

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

8-4 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

Training completed annually by direct-care staff (check all that apply):

☐ Trauma-informed care ☐ Crisis de-escalation ☐ Naloxone / overdose response ☐ CPR / first aid ☐ Mandated reporting
☐ Boundaries & abuse prevention ☐ Fair housing / reasonable accommodation ☐ Confidentiality / privacy

9-1 Is every critical incident (injury, assault, overdose, death, abuse allegation) documented and reviewed by management, with board reporting for serious events? ☐ Yes ☐ No
IF YES, EXPLAIN

9-2 Do residents have a written grievance procedure that allows complaints about staff to be made to someone outside the reporting chain? ☐ Yes ☐ No
IF YES, EXPLAIN

9-3 Are all units and common areas inspected at least annually against HUD housing quality standards (or an equivalent), with deficiencies tracked to closure? ☐ Yes ☐ No
IF YES, EXPLAIN

9-4 Is the applicant accredited by a national body (e.g., CARF, COA)? ☐ Yes ☐ No
IF YES, EXPLAIN

9-5 Does the applicant collect certificates of insurance from master-lease landlords, contracted service providers, and staffing agencies? ☐ 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