

Covers nonprofit job training and workforce development organizations — skills and trades training, pre-apprenticeship, youth and summer employment, reentry employment, social enterprises employing trainees, and operators of job centers. Complete with ACORD 125/126. Attach the training catalog, host employer agreement, participant handbook, and the vehicle and equipment schedules.

1 APPLICANT / ORGANIZATION INFORMATION

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

Funding sources (check all):
☐ WIOA / workforce board ☐ Job Corps contract ☐ State training funds ☐ Employer-paid training ☐ Foundations
☐ Social enterprise sales

EXECUTIVE DIRECTOR / CONTACT	PHONE	EMAIL

TRAINING SITES (NUMBER AND TYPE)	ACCREDITATION / STATE APPROVAL

2 OPERATIONS

DESCRIPTION OF PROGRAMS (WHO IS SERVED, WHAT IS TAUGHT, WHERE TRAINING AND WORK PLACEMENTS HAPPEN)

PROGRAM	PARTICIPANTS PER YEAR	HANDS-ON OR CLASSROOM	PAID PLACEMENTS? (Y/N)

Programs: construction / pre-apprenticeship; welding / manufacturing; CDL / forklift; healthcare (CNA, phlebotomy); IT / digital skills; culinary; youth summer jobs; reentry; social enterprise crews (landscaping, janitorial, food).

Size:

Participants per year	Participants under 18	Host employers	Instructors	Vehicles
Residential beds (if any)				

3 EXPOSURE & RISK QUESTIONS — HANDS-ON TRAINING & PLACEMENTS

Federal rules require that WIOA participants in work experience be covered for injuries — by state workers' compensation or by insurance the program secures.

3-1 Do participants use power tools, welders, forklifts, trucks, or other heavy equipment in training?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-2 Are instructors certified, and is OSHA 10 or 30 training completed before hands-on work?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-3 Is protective equipment provided and its use enforced in every shop and lab?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-4 Are participants covered by workers' compensation or accident insurance during training and work experience?	☐ Yes ☐ No
IF YES, EXPLAIN	

3-5 Are participants placed with host employers, and do written agreements state who supervises and who insures them?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-6 Do participants drive vehicles (CDL training, crews, deliveries)?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-7 Do trainees perform paid work for customers through a social enterprise?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-8 Has a participant been seriously injured in training or at a placement in the last 5 years?	☐ Yes ☐ No
IF YES, EXPLAIN	

4 EXPOSURE & RISK QUESTIONS — YOUTH, RESIDENTIAL & GRANT COMPLIANCE

A Job Corps operator was sued for wrongful death after staff allegedly failed to manage a 17-year-old resident's diabetes and called paramedics only after cardiac arrest.

4-1 Does the organization serve participants under 18, and are staff working with them background-checked?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-2 Does the organization operate residential housing or dormitories for participants?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-3 Are participants' medical needs and medications documented and managed by trained staff?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-4 Does the organization serve people returning from incarceration, and are placements screened accordingly?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-5 Are stipends, wages, or supportive services (transportation, childcare) paid to participants?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-6 Has a funder questioned, disallowed, or recaptured costs, or audited performance outcomes, in the last 5 years?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-7 Does the organization collect Social Security numbers and other personal data for program reporting?	☐ Yes ☐ No
IF YES, EXPLAIN	

5 PAYROLL, SALES & REVENUE

STAFF PAYROLL (\$, ILLUSTRATIVE)	PARTICIPANT WAGES / STIPENDS (\$, ILLUSTRATIVE)	NUMBER OF STAFF
ANNUAL BUDGET (\$, ILLUSTRATIVE)	GOVERNMENT GRANTS (%)	SOCIAL ENTERPRISE SALES (\$, ILLUSTRATIVE)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

CURRENT GL CARRIER

WORKERS' COMP CARRIER

PARTICIPANT ACCIDENT CARRIER

6-1 Has any carrier declined, cancelled, or non-renewed coverage for this organization in the last 5 years?

☐ Yes ☐ No

IF YES, EXPLAIN

6-2 Has a host employer or customer made a claim against the organization over a participant's work?

☐ Yes ☐ No

IF YES, EXPLAIN

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

7 RISK MANAGEMENT & SAFETY

7-1 Is there a written safety program for each training shop, inspected at least quarterly?

☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are host employer worksites visited and approved before participants are placed?

☐ Yes ☐ No

IF YES, EXPLAIN

7-3 Is every participant injury investigated and reported to the funder as required?

☐ 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