

For allergy and immunology practices, including allergy shots, venom immunotherapy, food challenges and oral immunotherapy, drug allergy testing, biologics, and in-office extract mixing. Complete with ACORD 125 and the carrier's medical professional liability application. Attach a CV and board certification for each provider, a list of procedures performed with annual volumes, and ten years of loss runs for every provider and the practice entity.

1 APPLICANT / PRACTICE INFORMATION

PRACTICE LEGAL NAME	DBA	FEIN	YEARS IN PRACTICE
PRIMARY OFFICE ADDRESS	CITY / STATE / ZIP	WEBSITE	

Entity type:
☐ Sole proprietor ☐ Professional corporation / PLLC ☐ LLC ☐ Partnership ☐ MSO / private-equity affiliated

PRIMARY CONTACT / TITLE	PHONE	EMAIL
GROUP NPI	NUMBER OF OFFICE LOCATIONS	PROPOSED EFFECTIVE DATE

2 OPERATIONS

Providers to be insured:

NAME	SPECIALTY / SUBSPECIALTY	BOARD CERTIFIED (Y/N)	YEARS IN PRACTICE	HOURS PER WEEK

Staff:

Physicians PAs / NPs CRNAs Nurses / MAs Other employees Patient visits per year

Where care is provided (check all that apply):

☐ Office ☐ Hospital (privileges) ☐ Ambulatory surgery center ☐ Practice-owned ASC or procedure suite ☐ Nursing homes / post-acute
☐ Telehealth

2-1 Do any providers work as locum tenens or moonlight for other employers? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Do PAs or NPs see patients without a physician on site? ☐ Yes ☐ No
 IF YES, EXPLAIN

Services (check all that apply):

☐ Skin / blood allergy testing ☐ Allergy shots ☐ Rush or cluster immunotherapy ☐ Venom immunotherapy ☐ Oral food challenges
☐ Oral immunotherapy (OIT) ☐ Drug allergy testing / desensitization ☐ Biologics ☐ Asthma / pulmonary testing ☐ Immunodeficiency / IVIG

ALLERGY SHOT VISITS PER YEAR	FOOD CHALLENGES PER YEAR	OIT PATIENTS	BIOLOGIC INJECTIONS PER YEAR

3 EXPOSURE & RISK QUESTIONS — INJECTIONS, CHALLENGES & ANAPHYLAXIS

National surveillance found seven deaths from allergy shots over about 54 million injection visits; risks included uncontrolled asthma, delayed epinephrine, and a child who left before the waiting period. Most reactions occur within 30 minutes.

3-1 Is every patient observed for at least 30 minutes after an injection? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Is asthma status checked before each injection? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3	Are patients on beta-blockers screened before starting immunotherapy?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-4	Is epinephrine given first for anaphylaxis under a written protocol?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-5	Are vial labels, patient name, and dose verified by two checks before each shot?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-6	Is a physician on site whenever shots or food challenges are given?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-7	Are allergy shots ever given at home, school, or another doctor's office?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-8	Are food challenges and OIT dose increases done only in the office?	☐ Yes ☐ No
IF NO, EXPLAIN		

4 EXPOSURE & RISK QUESTIONS — EXTRACT MIXING, TESTING & PRESCRIBING

Since November 2023, USP <797> requires allergen extracts to be mixed in a designated area or certified hood by trained staff, with beyond-use dates of no more than one year.

4-1	Does the practice mix allergen extracts in the office?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-2	If yes to 4-1, is mixing done in a designated area or certified hood that meets USP <797>?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-3	If yes to 4-1, are mixing staff trained and tested with records kept?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-4	Are beyond-use dates labeled on every vial?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-5	Are patients with negative tests but a reaction history still advised on carrying epinephrine?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-6	Are epinephrine auto-injector doses checked against current weight?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-7	Are long-term steroid prescriptions monitored for side effects?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-8	Are patients observed after first doses of biologics?	☐ Yes ☐ No
IF NO, EXPLAIN		

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	IMMUNOTHERAPY / TESTING REVENUE (\$)	MEDICARE / MEDICAID REVENUE (\$)	TOTAL ANNUAL PAYROLL (\$)

6 PRIOR INSURANCE & LOSS HISTORY

CURRENT CARRIER / LIMITS PER PROVIDER

ENTITY LIMITS (SEPARATE OR SHARED)

RETROACTIVE DATE

Current policy form:

☐ Claims-made ☐ Occurrence ☐ Self-insured / hospital program ☐ Risk retention group

DATE OF INCIDENT	PROVIDER / ALLEGATION	TOTAL INCURRED (\$)	OPEN / CLOSED

6-1 Has any claim involved anaphylaxis after an injection, test, or challenge?

☐ Yes ☐ No

IF YES, EXPLAIN

6-2 Has any provider's license, DEA registration, or hospital privileges been restricted, suspended, or investigated?

☐ Yes ☐ No

IF YES, EXPLAIN

6-3 Will any departing provider need tail (extended reporting) coverage?

☐ Yes ☐ No

IF YES, EXPLAIN

6-4 Has any coverage been declined, cancelled, or non-renewed?

☐ 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 Is every test result and referral tracked until the patient is notified and follow-up is done?

☐ Yes ☐ No

IF NO, EXPLAIN

7-2 Does the practice document informed consent for every procedure?

☐ Yes ☐ No

IF NO, EXPLAIN

7-3 Are anaphylaxis drills held and emergency kits checked on a schedule?

☐ Yes ☐ No

IF NO, EXPLAIN

7-4 Are systemic reactions reviewed and reported?

☐ 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