AMBULATORY SURGERY CENTER SUPPLEMENTAL

Covers ambulatory surgery centers and office-based surgery suites. Physicians' individual malpractice is underwritten separately unless scheduled. Complete with ACORD 125 and 126. Attach a medical staff roster and case mix.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS

BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

MEDICARE CERTIFIED / ACCREDITATION (AAAHC, TJC, QUAD A)	OPERATING / PROCEDURE ROOMS

2 OPERATIONS

SPECIALTY	CASES PER YEAR

Specialties: orthopedics and spine; GI / endoscopy; ophthalmology; pain management; plastic and cosmetic; ENT; general surgery; urology; podiatry; other.

TOTAL CASES PER YEAR	GENERAL ANESTHESIA (%)	OVERNIGHT / 23-HOUR STAYS (Y / N)

2-1 Are cosmetic or bariatric procedures performed? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Are patients kept overnight or for extended recovery? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Are instruments reprocessed on site? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — PATIENT SELECTION, ANESTHESIA & EMERGENCIES

ASC claims most often involve anesthesia complications, patients who weren't suitable for outpatient surgery, and emergencies that outrun the center's capabilities. Medicare's conditions for coverage require pre-surgical assessment, qualified anesthesia, and a hospital transfer arrangement.

3-1 Are written patient-selection criteria (e.g., ASA class, BMI, sleep apnea) applied to every case? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Is anesthesia provided only by anesthesiologists or supervised CRNAs? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Is continuous monitoring (including capnography) used for all sedation and anesthesia? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Is there a written transfer agreement with a nearby hospital, or do all surgeons hold admitting privileges? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Are malignant hyperthermia supplies (dantrolene) stocked and checked? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are emergency drills (MH, cardiac arrest, fire) held at least annually? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Is a universal protocol (site marking and time-out) followed for every procedure? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Are patients discharged only to a responsible adult? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Are patients given written instructions and called the day after surgery? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Has the center had a death, hospital transfer with injury, or wrong-site event in the last 10 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — INFECTION CONTROL, MEDICAL STAFF & DATA

4-1 If yes to 2-3, is instrument reprocessing done to manufacturer instructions with sterilizer monitoring logs? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Is there an infection control program led by a trained infection preventionist? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are surgeons credentialed and privileged by procedure? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Is surgeon performance reviewed through peer review? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Do all physicians carry their own malpractice coverage at required limits? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Are licenses and certifications verified with the issuing board at hire and at each renewal? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Is every employee and contractor screened against the OIG exclusion list at hire and monthly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Are criminal background checks completed before staff have patient contact? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Has a HIPAA security risk analysis been completed and updated within the last 12 months? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 Is multi-factor authentication required for email, remote access, and the EHR? ☐ Yes ☐ No
IF YES, EXPLAIN

4-11 Is patient data encrypted on laptops, mobile devices, and in transmission? ☐ Yes ☐ No
IF YES, EXPLAIN

4-12 Are backups kept offline or immutable, with restoration tested? ☐ Yes ☐ No
IF YES, EXPLAIN

4-13 Are website tracking tools (pixels, analytics) reviewed so patient information isn't shared with vendors? ☐ Yes ☐ No
IF YES, EXPLAIN

5 REVENUE

ANNUAL GROSS REVENUE ($)	TOTAL PAYROLL ($)	PHYSICIAN-OWNED (%)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

FACILITY PROFESSIONAL LIABILITY CARRIER / LIMITS	DIRECTORS & OFFICERS (Y / N)	CYBER COVERAGE (Y / N)

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

IF YES, EXPLAIN

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

6-2 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

7-1 Are controlled substances double-locked with count logs and reconciled daily? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are adverse events reviewed by a quality committee? ☐ 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