

Covers audiology practices and hearing aid dispensing businesses: diagnostic testing, prescription and OTC hearing aid sales and fitting, cerumen management, vestibular testing, and industrial hearing conservation. Complete with ACORD 125/126. Attach a list of audiologists and dispensers with license numbers, and a sample hearing aid purchase agreement showing the trial / return terms.

1 APPLICANT / BUSINESS INFORMATION

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

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Professional Corporation (PC) ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

AUDIOLOGY LICENSE NO(S).	HEARING INSTRUMENT DISPENSER LICENSE NO(S).

1-1 Is the practice owned by, franchised from, or affiliated with a hearing aid manufacturer, retail chain, or ENT practice? ☐ Yes ☐ No

IF YES, EXPLAIN

2 OPERATIONS

DESCRIPTION OF THE PRACTICE (SERVICES, PATIENT POPULATION, LOCATIONS, REFERRAL SOURCES)

Services offered (check all that apply):

- ☐ Diagnostic audiology ☐ Prescription hearing aid fitting ☐ OTC hearing aid sales ☐ Cerumen (earwax) removal ☐ Tinnitus management
☐ Vestibular / balance testing ☐ Cochlear implant programming ☐ Pediatric / newborn testing ☐ Custom earmolds / hearing protection
☐ Industrial hearing conservation

REVENUE SOURCE	% OF ANNUAL REVENUE

Sources: hearing aid sales; diagnostic testing; cerumen management; repairs and batteries; industrial / contract testing; other.

Staffing and volume:

Audiologists Licensed dispensers Technicians / assistants Locations Hearing aids dispensed per year

2-1 Do clinicians see patients in homes, nursing homes, or mobile units? ☐ Yes ☐ No

IF YES, EXPLAIN

2-2 Does the applicant perform audiometric testing for employers' OSHA hearing conservation programs? ☐ Yes ☐ No

IF YES, EXPLAIN

Industrial testing creates professional exposure for missed or mis-recorded standard threshold shifts under 29 CFR 1910.95.

3 EXPOSURE & RISK QUESTIONS — EAR IMPRESSIONS, CERUMEN & TESTING

Ear impressions are widely described as the riskiest procedure in audiology. Reported settlements include \$100,000 for impression material stuck to the eardrum and \$560,000 for an injury requiring removal of the middle-ear bones.

- 3-1 Is otoscopic examination documented before and after every ear impression? ☐ Yes ☐ No
IF YES, EXPLAIN
- 3-2 Is an otoblock placed and visually confirmed before impression material is injected? ☐ Yes ☐ No
IF YES, EXPLAIN
- 3-3 Is there a written policy against taking impressions (or requiring physician clearance) for patients with ear tubes, perforations, or prior ear surgery? ☐ Yes ☐ No
IF YES, EXPLAIN
- 3-4 Are impressions taken only by licensed audiologists or dispensers, not by unlicensed assistants? ☐ Yes ☐ No
IF YES, EXPLAIN
- 3-5 Is cerumen removal within the clinician's state scope of practice, with methods and contraindications documented? ☐ Yes ☐ No
IF YES, EXPLAIN

Cerumen removal outside the state scope of practice may fall outside the professional liability policy. State the removal methods used (curette, suction, irrigation) in the explanation field.

- 3-6 Are balance and vestibular tests performed with fall-prevention measures (harness, spotter, safety rails)? ☐ Yes ☐ No
IF YES, EXPLAIN
- 3-7 In the past 5 years, has any patient suffered a canal injury, eardrum perforation, retained impression material, or fall during testing? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — FITTING, SALES & CONSUMER PROTECTION

Since October 2022, adults with mild-to-moderate loss can buy hearing aids over the counter; prescription aids remain under state licensing, and states set trial and return requirements.

- 4-1 Is real-ear measurement used to verify prescription hearing aid fittings, rather than relying on manufacturer first-fit settings? ☐ Yes ☐ No
IF YES, EXPLAIN
- 4-2 Does every purchase agreement state a written trial and return period that meets state law, with any restocking fee disclosed? ☐ Yes ☐ No
IF YES, EXPLAIN
- 4-3 Are patients with red-flag conditions (sudden loss, drainage, pain, asymmetric loss, dizziness) referred to an ENT before fitting? ☐ Yes ☐ No
IF YES, EXPLAIN
- 4-4 Does the applicant sell, program, or modify OTC hearing aids? ☐ Yes ☐ No
IF YES, EXPLAIN
- 4-5 Does the applicant offer patient financing or bill insurance or government payers for hearing aids? ☐ Yes ☐ No
IF YES, EXPLAIN
- 4-6 In the past 5 years, has the applicant received a licensing board complaint, attorney general or consumer complaint, or refund dispute? ☐ Yes ☐ No
IF YES, EXPLAIN

VALUE OF HEARING AID / LOANER INVENTORY ON HAND (\$, ILLUSTRATIVE)

VALUE OF TEST EQUIPMENT (\$, ILLUSTRATIVE)

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)

NUMBER OF EMPLOYEES

NUMBER OF 1099 CLINICIANS

PROJECTED ANNUAL GROSS REVENUE (\$, ILLUSTRATIVE)

PRIOR YEAR REVENUE (\$, ILLUSTRATIVE)

ANNUAL PATIENT VISITS

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years for professional and general liability.

CURRENT PROFESSIONAL LIABILITY CARRIER	CURRENT PL LIMITS	RETROACTIVE DATE (IF CLAIMS-MADE)

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

6-2 Does the professional policy cover products the applicant sells and fits (hearing aids, earmolds), or is products liability excluded? ☐ 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 Are instruments (otoscope specula, curettes, probes) cleaned and disinfected between patients under a written infection-control procedure? ☐ Yes ☐ No
IF YES, EXPLAIN

7-2 Are audiometers and test equipment calibrated annually, with certificates kept? ☐ Yes ☐ No
IF YES, EXPLAIN

7-3 Are fittings, programming changes, and patient instructions documented and signed by the patient? ☐ Yes ☐ No
IF YES, EXPLAIN

7-4 Is every licensed clinician licensed in the state where the patient is seen, including for remote programming? ☐ 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