

For non-medical billing and accounts-receivable services handling invoicing, payment processing, lockbox, and collections for business clients. Medical billing uses CWCO-SUP-MEDBILL. Complete with ACORD 125. Attach a description of services, a sample client contract or engagement letter, resumes or credentials of key professionals, and five years of loss runs.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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

PRIMARY CONTACT / TITLE	PHONE	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>

LICENSES / CERTIFICATIONS HELD	PROFESSIONAL STAFF / TOTAL EMPLOYEES
<input type="text"/>	<input type="text"/>

2 OPERATIONS

Services provided (check all that apply):
☐ Invoicing / AR management ☐ Payment processing ☐ Card payments ☐ ACH processing ☐ Check lockbox ☐ B2B collections
☐ Consumer collections ☐ Subscription billing ☐ Utility / property billing

CLIENT FUNDS PROCESSED PER YEAR (\$)	CLIENT BUSINESSES	INVOICES PER MONTH	CONSUMER COLLECTIONS (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LARGEST CLIENT (% OF REVENUE)	WORK OUTSIDE YOUR HOME STATE (%)	WORK SUBCONTRACTED (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>

2-1 Do you hold client funds longer than 10 business days? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Is every engagement under a signed written contract or engagement letter? ☐ Yes ☐ No
 IF NO, EXPLAIN

2-3 Do contracts limit your liability (e.g., to fees paid)? ☐ Yes ☐ No
 IF NO, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — CLIENT FUNDS & PAYMENT DATA

PCI DSS v4.0 has required multi-factor authentication for all access to cardholder data systems since March 31, 2025.

3-1 Are client collections deposited into segregated client accounts? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Are client accounts reconciled monthly by someone other than the depositor? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Is dual approval required to change client remittance bank details? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Are bank-change requests verified by phone to a known number? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-5 Have you completed a PCI DSS v4.0 attestation as a service provider? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-6 Is MFA required for all access to cardholder data systems? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-7

Are card numbers tokenized rather than stored?

☐ Yes ☐ No

IF NO, EXPLAIN

3-8

Are payment-page scripts monitored for tampering?

☐ Yes ☐ No

IF NO, EXPLAIN

4EXPOSURE & RISK QUESTIONS — COLLECTIONS & BILLING ACCURACY

The CFPB fined collector Performant Recovery \$700,000 in 2024 under the FDCPA for practices that added collection costs to consumer balances.

4-1

Do you collect debts owed by consumers?

☐ Yes ☐ No

IF YES, EXPLAIN

4-2

Do you collect accounts already past due when assigned?

☐ Yes ☐ No

IF YES, EXPLAIN

4-3

Do you hold state collection-agency licenses where required?

☐ Yes ☐ No

IF NO, EXPLAIN

4-4

Do collectors receive annual FDCPA and Regulation F training?

☐ Yes ☐ No

IF NO, EXPLAIN

4-5

Are collection calls recorded and kept?

☐ Yes ☐ No

IF NO, EXPLAIN

4-6

Does a second reviewer approve bulk invoice runs before release?

☐ Yes ☐ No

IF NO, EXPLAIN

4-7

Do client contracts define who approves invoice amounts and late fees?

☐ Yes ☐ No

IF NO, EXPLAIN

4-8

Are consumer complaints logged in a written register?

☐ Yes ☐ No

IF NO, EXPLAIN

5PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)

LARGEST SINGLE CONTRACT (\$)

SUBCONTRACTOR COSTS (\$)

TOTAL ANNUAL PAYROLL (\$)

6PRIOR INSURANCE & LOSS HISTORY

CURRENT E&O CARRIER / LIMITS

DEDUCTIBLE / RETROACTIVE DATE

EXPIRATION DATE

DATE OF CLAIM	DESCRIPTION	TOTAL INCURRED (\$)	OPEN / CLOSED

6-1

Has a claim alleged a billing error or misdirected payment?

☐ Yes ☐ No

IF YES, EXPLAIN

6-2

Has a client refused to pay or sued over fees in the past 5 years?

☐ Yes ☐ No

IF YES, EXPLAIN

6-3

Has any license, certification, or registration been suspended, disciplined, or investigated?

☐ 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 Are client files and work papers retained for a set period under a written policy?

☐ Yes ☐ No

IF NO, EXPLAIN

7-2 Is multifactor authentication required for email and client data?

☐ Yes ☐ No

IF NO, EXPLAIN

7-3 Are employees with access to funds background-checked?

☐ Yes ☐ No

IF NO, EXPLAIN

7-4 Is a written incident response plan in place?

☐ 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