Covers freestanding birth centers and midwifery practices (CNM, CPM, licensed midwives), including home births. Hospital-based obstetrics requires separate underwriting. Complete with ACORD 125 and 126.

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

BIRTH CENTER LICENSE / CABC ACCREDITATION	MIDWIFE CREDENTIALS (CNM, CPM, LM)

2 OPERATIONS

BIRTHS PER YEAR	HOME BIRTHS (%)	INTRAPARTUM TRANSFER RATE (%)	MINUTES TO NEAREST HOSPITAL

2-1 Does the practice attend home births? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the practice attend vaginal births after cesarean (VBAC), breech, or twin births? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Are CPMs or licensed midwives (non-nurse) attending births? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — RISK SCREENING, EMERGENCIES & TRANSFER

Out-of-hospital birth depends on selecting low-risk pregnancies, recognizing emergencies early, and getting mother and baby to a hospital fast. Birth-injury claims can be filed years later, often until the child reaches adulthood.

3-1 Are written risk-screening criteria applied throughout pregnancy? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are clients who become high-risk referred to obstetric care? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Is there a written transfer agreement or protocol with a nearby hospital? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Are fetal heart tones monitored per guidelines during labor? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Are there written criteria for immediate transfer during labor? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are two trained attendants present at every birth? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Are both attendants certified in neonatal resuscitation (NRP)? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 If yes to 2-2, are these births attended only where state law permits? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 If yes to 2-2, is informed consent documenting the added risks obtained? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Has a mother or baby suffered death or serious injury in the last 10 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — EMERGENCIES, LICENSURE, CREDENTIALING & DATA

4-1 Are hemorrhage medications, oxygen, and neonatal resuscitation equipment available at every birth? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are emergency drills (hemorrhage, shoulder dystocia, neonatal resuscitation) held regularly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 2-3, is every non-nurse midwife licensed or authorized in the state where births occur? ☐ Yes ☐ No
IF YES, EXPLAIN

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

4-5 Is every employee and contractor screened against the OIG exclusion list at hire and monthly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Are criminal background checks completed before staff have patient contact? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Has a HIPAA security risk analysis been completed and updated within the last 12 months? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Is multi-factor authentication required for email, remote access, and the EHR? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Is patient data encrypted on laptops, mobile devices, and in transmission? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 Are backups kept offline or immutable, with restoration tested? ☐ Yes ☐ No
IF YES, EXPLAIN

4-11 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 ($)	TOTAL PAYROLL ($)	MEDICAID BIRTHS (%)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL LIABILITY CARRIER / LIMITS	RETRO DATE / TAIL COVERAGE	GL CARRIER / LIMITS

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 birth records kept at least until the child reaches the age the state's statute of limitations requires? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are adverse outcomes reviewed through peer review? ☐ 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