BLOOD / PLASMA DONATION CENTER SUPPLEMENTAL

For source plasma collection centers and community blood centers collecting whole blood and apheresis products. Complete with ACORD 125 and the carrier's medical professional application. Attach FDA registration and license numbers, the most recent FDA inspection report (and any Form 483 or warning letter response), the donor ID and consent policy, and five years of loss runs.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS

BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE

Entity type:

☐ Sole proprietor ☐ LLC ☐ Corporation ☐ Nonprofit blood center ☐ Part of a fractionator network

PRIMARY CONTACT / TITLE	PHONE	EMAIL

FDA REGISTRATION / LICENSE NUMBER	NUMBER OF CENTERS	STATES OF OPERATION

2 OPERATIONS

Collections (check all that apply):

☐ Source plasma (paid donors) ☐ Whole blood ☐ Platelet / apheresis ☐ Mobile blood drives ☐ Specialty / hyperimmune plasma ☐ Convalescent plasma

Volume (last 12 months):

_____ Donations per year _____ Donor beds / chairs _____ Phlebotomists _____ Physicians / physician substitutes

2-1 Is the responsible physician on site during all collection hours? ☐ Yes ☐ No
IF NO, EXPLAIN

2-2 Are physician substitutes (nurses or paramedics) used for donor screening? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 If yes to 2-2, are all physician-substitute training records complete? ☐ Yes ☐ No
IF NO, EXPLAIN

2-4 Are donors paid by prepaid card or other compensation? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — DONOR SCREENING, REACTIONS & INJURY

Courts have treated a fainting donor's injury as ordinary negligence turning on screening and the post-donation hold — and revived a suit over a fall from a swivel chair. Other donors have alleged infection from the needle stick and sought up to $12.7 million.

3-1 Is fainting history asked at every visit? ☐ Yes ☐ No
IF NO, EXPLAIN

3-2 Is a minimum post-donation observation period enforced for every donor? ☐ Yes ☐ No
IF NO, EXPLAIN

3-3 Are first-time donors observed longer than repeat donors? ☐ Yes ☐ No
IF NO, EXPLAIN

3-4 Are screening and finger-stick chairs fixed rather than swivel or rolling? ☐ Yes ☐ No
IF NO, EXPLAIN

3-5 Does software block a donation that falls within 2 days of the last one? ☐ Yes ☐ No
IF NO, EXPLAIN

3-6 Are overdraws, citrate reactions, and other adverse events investigated to closure? ☐ Yes ☐ No
IF NO, EXPLAIN

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3-7 Has any donor alleged an infection or nerve injury from venipuncture in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Has any donor fainted and been injured after leaving the center? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Has the center received an FDA Form 483 or warning letter in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — BIOMETRIC DATA, DONOR PRIVACY & PRODUCT

Plasma companies have paid $9.9 million and $16.75 million to settle Illinois biometric privacy suits over donor fingerprint scans, and $2.55 million after a 2024 breach of donor eligibility data.

4-1 Does any center use fingerprint, palm, or facial scans to identify donors? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 4-1, is written consent obtained before the first scan? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Is there a published biometric data retention and destruction policy? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Is multi-factor authentication required on donor management systems? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Are donor test results stored with Social Security numbers? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Does the center sell or ship products under its own license? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Is there a written lookback and recall procedure for donors who later test positive? ☐ Yes ☐ No
IF NO, EXPLAIN

4-8 Are freezers monitored with alarms and backup power? ☐ Yes ☐ No
IF NO, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE ($)	DONOR COMPENSATION PAID ($)	TOTAL ANNUAL PAYROLL ($)	VALUE OF FROZEN INVENTORY ($)

5-1 Have staff reported needlestick or bloodborne pathogen exposures in the past 3 years? ☐ Yes ☐ No
IF YES, EXPLAIN

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6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL / GL CARRIER	CYBER LIMIT (BIPA COVERED?)	PRODUCTS LIMIT

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

6-1 Does the general liability policy exclude professional services? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has the applicant been named in a biometric privacy or data breach claim? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-4 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 phlebotomists competency-checked at least annually? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Is a written bloodborne pathogen exposure control plan in place? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Are donor falls and reactions trended monthly by center? ☐ 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