

For cardiology practices, including noninvasive testing, interventional and electrophysiology work, and physician-owned cath labs. Complete with ACORD 125 and the carrier's medical professional liability application. Attach a CV and board certification for each provider, a list of procedures performed with annual volumes, and ten years of loss runs for every provider and the practice entity.

1 APPLICANT / PRACTICE INFORMATION

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

Entity type:
☐ Sole proprietor ☐ Professional corporation / PLLC ☐ LLC ☐ Partnership ☐ MSO / private-equity affiliated

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

GROUP NPI	NUMBER OF OFFICE LOCATIONS	PROPOSED EFFECTIVE DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 OPERATIONS

Providers to be insured:

NAME	SPECIALTY / SUBSPECIALTY	BOARD CERTIFIED (Y/N)	YEARS IN PRACTICE	HOURS PER WEEK

Staff:

Physicians PAs / NPs CRNAs Nurses / MAs Other employees Patient visits per year

Where care is provided (check all that apply):

☐ Office ☐ Hospital (privileges) ☐ Ambulatory surgery center ☐ Practice-owned ASC or procedure suite ☐ Nursing homes / post-acute
☐ Telehealth

2-1 Do any providers work as locum tenens or moonlight for other employers? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Do PAs or NPs see patients without a physician on site? ☐ Yes ☐ No
 IF YES, EXPLAIN

Services (check all that apply):

☐ Noninvasive / clinical ☐ Diagnostic cath ☐ PCI ☐ Electrophysiology / ablation ☐ Device implants ☐ Structural / TAVR
☐ Peripheral / endovascular ☐ Stress testing ☐ Nuclear imaging ☐ Echo ☐ Remote monitoring ☐ Anticoagulation clinic

DIAGNOSTIC CATHS PER YEAR	PCIS PER YEAR	ABLATIONS PER YEAR	DEVICE IMPLANTS PER YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3 EXPOSURE & RISK QUESTIONS — DIAGNOSIS, TESTING & MEDICATIONS

In 321 closed cardiology cases, 36% alleged diagnosis errors and 36% treatment errors, and 31% paid an average of \$394,000. Clinical judgment was a factor in 69%.

3-1 Are ECGs, Holters, and echoes read and overread within a set time? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Are critical alerts from remote and wearable monitoring answered around the clock? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Is a physician on site for every stress test?	☐ Yes ☐ No
IF NO, EXPLAIN <input style="width: 80%;" type="text"/>	
3-4 Is the nuclear lab licensed for radioactive materials with a radiation safety officer?	☐ Yes ☐ No
IF YES, EXPLAIN <input style="width: 80%;" type="text"/>	
3-5 Are imaging labs accredited (IAC or ACR)?	☐ Yes ☐ No
IF NO, EXPLAIN <input style="width: 80%;" type="text"/>	
3-6 Is there a written anticoagulation follow-up program?	☐ Yes ☐ No
IF NO, EXPLAIN <input style="width: 80%;" type="text"/>	
3-7 Do providers take STEMI call?	☐ Yes ☐ No
IF YES, EXPLAIN <input style="width: 80%;" type="text"/>	
3-8 Do providers take part in drug or device trials?	☐ Yes ☐ No
IF YES, EXPLAIN <input style="width: 80%;" type="text"/>	

4 EXPOSURE & RISK QUESTIONS — CATH LABS, ASCS & PROCEDURES

CMS added PCI and cardiac ablation to the ASC covered list for 2026, and cardiology ASCs quadrupled from 2018 to 2023. Facilities without on-site cardiac surgery carry their own transfer and credentialing liability.

4-1 Does any provider own or invest in an ASC or office-based cath lab?	☐ Yes ☐ No
IF YES, EXPLAIN <input style="width: 80%;" type="text"/>	
4-2 If yes to 4-1, is the facility accredited?	☐ Yes ☐ No
IF NO, EXPLAIN <input style="width: 80%;" type="text"/>	
4-3 If yes to 4-1, is there a written transfer agreement with a hospital offering cardiac surgery?	☐ Yes ☐ No
IF NO, EXPLAIN <input style="width: 80%;" type="text"/>	
DISTANCE TO NEAREST CARDIAC SURGERY (MILES)	FACILITY MEDICAL DIRECTOR
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
4-4 Are same-day discharge patients screened under a written protocol?	☐ Yes ☐ No
IF NO, EXPLAIN <input style="width: 80%;" type="text"/>	
4-5 Are ablation patients told in writing what symptoms of a fistula or tamponade require emergency care?	☐ Yes ☐ No
IF NO, EXPLAIN <input style="width: 80%;" type="text"/>	
4-6 Is sedation given only by anesthesia providers or credentialed staff?	☐ Yes ☐ No
IF NO, EXPLAIN <input style="width: 80%;" type="text"/>	
4-7 Are peripheral procedures reviewed for medical necessity?	☐ Yes ☐ No
IF NO, EXPLAIN <input style="width: 80%;" type="text"/>	
4-8 Are implanted devices tracked for recalls?	☐ Yes ☐ No
IF NO, EXPLAIN <input style="width: 80%;" type="text"/>	

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	TESTING / FACILITY REVENUE (\$)	MEDICARE / MEDICAID REVENUE (\$)	TOTAL ANNUAL PAYROLL (\$)
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

6 PRIOR INSURANCE & LOSS HISTORY

CURRENT CARRIER / LIMITS PER PROVIDER

ENTITY LIMITS (SEPARATE OR SHARED)

RETROACTIVE DATE

Current policy form:

☐ Claims-made ☐ Occurrence ☐ Self-insured / hospital program ☐ Risk retention group

DATE OF INCIDENT	PROVIDER / ALLEGATION	TOTAL INCURRED (\$)	OPEN / CLOSED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6-1 Has any claim involved a procedure complication or death in a cath lab?

☐ Yes ☐ No

IF YES, EXPLAIN

6-2 Has any provider's license, DEA registration, or hospital privileges been restricted, suspended, or investigated?

☐ Yes ☐ No

IF YES, EXPLAIN

6-3 Will any departing provider need tail (extended reporting) coverage?

☐ 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 Is every test result and referral tracked until the patient is notified and follow-up is done?

☐ Yes ☐ No

IF NO, EXPLAIN

7-2 Does the practice document informed consent for every procedure?

☐ Yes ☐ No

IF NO, EXPLAIN

7-3 Are cath lab and stress lab staff ACLS certified?

☐ Yes ☐ No

IF NO, EXPLAIN

7-4 Are complications reviewed in a formal peer review?

☐ 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