Covers chiropractic practices, including practices with on-site X-ray, massage, and rehabilitation services. 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

CHIROPRACTIC LICENSE NO(S). / STATES | DOCTORS OF CHIROPRACTIC

2 OPERATIONS

PATIENT VISITS PER YEAR | PEDIATRIC PATIENTS (%) | PERSONAL INJURY / AUTO CASES (%) | MASSAGE THERAPISTS

2-1 Is cervical (neck) manipulation performed? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the practice take and read its own X-rays? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Are modalities, decompression, or laser therapy used? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — MANIPULATION, SCREENING & CONSENT

The most severe chiropractic claims allege a stroke from neck manipulation — an association reported in case literature, with causation debated. Screening out patients for whom manipulation is unsafe, and informed consent that names stroke risk, are the core defenses.

3-1 Is every new patient screened for red flags (stroke symptoms, fracture, cancer, cauda equina) before manipulation? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 If yes to 2-1, does informed consent specifically name stroke and artery dissection as risks? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 If yes to 2-1, are patients with new neck pain and headache or neurological signs referred for evaluation before manipulation? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Is manipulation modified or avoided for patients with osteoporosis or on anticoagulants? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Are patients who don't improve within a set number of visits reevaluated or referred? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Has the practice had a stroke, disc, fracture, or missed-diagnosis claim in the last 10 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — X-RAY, MODALITIES, BOUNDARIES & DATA

4-1 If yes to 2-2, is X-ray equipment registered and inspected as state law requires? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 2-3, are modality settings documented for every treatment? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 2-3, is skin checked for burns after heat, laser, or electrical treatments? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are chaperones offered for treatments requiring undressing? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are written boundary policies in place for all staff? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Are licenses and certifications verified with the issuing board at hire and at each renewal? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Is every employee and contractor screened against the OIG exclusion list at hire and monthly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Are criminal background checks completed before staff have patient contact? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Has a HIPAA security risk analysis been completed and updated within the last 12 months? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 Is multi-factor authentication required for email, remote access, and the EHR? ☐ Yes ☐ No
IF YES, EXPLAIN

4-11 Is patient data encrypted on laptops, mobile devices, and in transmission? ☐ Yes ☐ No
IF YES, EXPLAIN

4-12 Are backups kept offline or immutable, with restoration tested? ☐ Yes ☐ No
IF YES, EXPLAIN

4-13 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 ($)	TOTAL PAYROLL ($)	MEDICARE (% OF REVENUE)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

CHIROPRACTIC PROFESSIONAL LIABILITY / LIMITS	GL CARRIER / LIMITS	ABUSE & MOLESTATION LIMIT

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 treatment notes documented for every visit, including the technique used? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Do massage therapists carry their own liability coverage or are they scheduled on this policy? ☐ 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