DERMATOLOGY & PLASTIC SURGERY SUPPLEMENTAL

Covers dermatology practices, Mohs surgery, and plastic and cosmetic surgery practices, including office-based surgery suites. Non-surgical aesthetic practices use CWCO-SUP-MEDSPA. Complete with ACORD 125 and 126 and a physician roster. Attach facility accreditation certificates.

1 APPLICANT / PRACTICE INFORMATION

LEGAL NAME OF PRACTICE	DBA	FEIN	YEARS IN BUSINESS

PRACTICE ADDRESS	CITY / STATE / ZIP	WEBSITE

Entity type:

☐ Sole proprietor ☐ LLC ☐ Professional corporation (PC) ☐ Medical corporation ☐ MSO-managed practice

PRIMARY CONTACT / TITLE	PHONE	EMAIL

MEDICAL DIRECTOR NAME	MEDICAL DIRECTOR LICENSE NO. AND STATE(S)	MEDICAL DIRECTOR SPECIALTY

PHYSICIAN NAME	SPECIALTY	BOARD CERTIFIED (Y/N)	OWN MALPRACTICE (Y/N)	HOSPITAL PRIVILEGES (Y/N)

2 OPERATIONS

PROCEDURE CATEGORY	% OF REVENUE	CASES PER YEAR

Categories: medical dermatology; Mohs and excisions; cosmetic injectables and lasers; liposuction and body contouring; gluteal fat grafting (BBL); breast surgery; facial surgery; abdominoplasty; other.

Where surgery is performed (check all that apply):

☐ Office procedure room ☐ Office-based surgery suite ☐ Ambulatory surgery center ☐ Hospital

Highest level of anesthesia used in the office:

☐ Local only ☐ Oral sedation ☐ IV sedation ☐ General anesthesia

2-1 Does the practice perform gluteal fat grafting (BBL)? ☐ Yes ☐ No

IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — OFFICE SURGERY, ANESTHESIA & FAT GRAFTING

South Florida recorded 25 BBL-related deaths from 2010 to 2022. Florida now requires ultrasound guidance, registration, caps on cases, and minimum malpractice coverage for high-volume fat transfer, and other states are expected to follow.

3-1 Is every office where surgery is done under sedation accredited (AAAASF, AAAHC, or The Joint Commission)? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Is IV sedation or general anesthesia given only by an anesthesiologist or CRNA? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Are patients monitored to ASA standards during and after sedation? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Are patients recovered by staff trained in post-anesthesia care until discharge criteria are met? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Is there a written transfer agreement with a nearby hospital? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Is there a written protocol for preventing blood clots (VTE) after surgery? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 If yes to 2-1, is ultrasound guidance used for every gluteal fat injection? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 If yes to 2-1, is the number of BBL cases per surgeon per day capped in writing? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Has any patient died, been transferred to a hospital, or had an unplanned return to surgery in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — PATHOLOGY, DIAGNOSIS & FOLLOW-UP

4-1 Is every specimen logged when sent and tracked until a result is received? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Is every biopsy result reviewed by a physician? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Is every result communicated to the patient, with the communication documented in the chart? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Is there a recall system for patients who miss follow-up after an abnormal result? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Does the practice prescribe isotretinoin? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 If yes to 4-5, are all prescribers and patients enrolled in iPLEDGE? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Has the practice faced a claim for failure to diagnose, lost specimens, or wrong-site surgery? ☐ Yes ☐ No
IF YES, EXPLAIN

5 EXPOSURE & RISK QUESTIONS — CREDENTIALING, INFECTION CONTROL & CONSENT

5-1 Is every surgeon board certified in the specialty for the procedures performed? ☐ Yes ☐ No
IF YES, EXPLAIN

5-2 Does every surgeon hold privileges for the same procedures at a nearby hospital? ☐ Yes ☐ No
IF YES, EXPLAIN

5-3 Is there a written infection-control program with surgical-site infection tracking? ☐ Yes ☐ No
IF YES, EXPLAIN

5-4 Is procedure-specific informed consent signed before surgery, including realistic outcomes? ☐ Yes ☐ No
IF YES, EXPLAIN

5-5 Is written patient consent obtained before any before-and-after photo is used in marketing? ☐ Yes ☐ No
IF YES, EXPLAIN

5-6 Is emergency equipment (crash cart, and dantrolene if volatile anesthetics are used) on site and checked? ☐ Yes ☐ No
IF YES, EXPLAIN

6 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL ($)	PROJECTED ANNUAL GROSS REVENUE ($)	COSMETIC SURGERY REVENUE ($)

7 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years for GL and professional liability.

PROFESSIONAL LIABILITY CARRIER / LIMITS	CLAIMS-MADE OR OCCURRENCE	RETROACTIVE DATE

7-1 Has any carrier declined, cancelled, non-renewed, or excluded any procedure in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

7-2 Has any practitioner had a license complaint, board action, or DEA action? ☐ Yes ☐ No
IF YES, EXPLAIN

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

7-3 Is the applicant aware of any incident, complication, or complaint not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

8 RISK MANAGEMENT

8-1 Are complications and adverse events reviewed at a regular quality meeting? ☐ Yes ☐ No
IF YES, EXPLAIN

8-2 Are patient records and photos kept in a HIPAA-compliant system with multi-factor authentication? ☐ Yes ☐ No
IF YES, EXPLAIN

9 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