

For outpatient hemodialysis centers and home dialysis training and support programs. Complete with CWCO-SUP-CORE, ACORD 125, CWCO-SUP-PROP, and CWCO-SUP-CYBER. General medical clinics use CWCO-SUP-MEDCLINIC.

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
CMS CERTIFICATION NO(S).	STATIONS / CHAIRS	PATIENTS (IN-CENTER / HOME)

2 OPERATIONS

Services (check all that apply):
☐ In-center hemodialysis ☐ Nocturnal dialysis ☐ Home hemodialysis ☐ Peritoneal dialysis ☐ Acute / hospital contract
☐ Vascular access center ☐ Patient transport

TREATMENTS PER YEAR	SHIFTS PER DAY	PATIENTS PER STAFF MEMBER	ANNUAL REVENUE (\$)

2-1 Is the center owned or managed with a physician group or a joint-venture partner? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Does the center arrange or provide patient transportation? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — NEEDLE DISLODGE, BLEEDING & STAFFING

Dialysis machines move 300 to 500 mL of blood a minute, so a dislodged needle can cause serious blood loss in under 10 minutes, and pressure alarms may not sound. CMS guidance requires access sites to stay visible; video monitoring alone is not enough.

3-1 Must access sites and bloodline connections stay uncovered and visible for the whole treatment? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Are needles taped with a standard method and checked at set intervals during treatment? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Are blood-leak or wetness detectors used at the access site? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Are staff barred from widening alarm limits or silencing alarms without checking the patient? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-5 Is there a set maximum number of patients per staff member on the floor? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-6 Are high-risk patients (confused, restless, or with a history of dislodgement) seated where staff see them? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-7 Are patients taught to report wetness or a loose needle at once? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-8 Is a registered nurse on the floor during every treatment shift? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-9 Has a patient had a needle dislodgement, line separation, or major blood loss in the past 5 years?

☐ Yes ☐ No

IF YES, EXPLAIN

4 INFECTION CONTROL, WATER & CONTINUITY

4-1 Are bloodstream infections tracked and reported to CDC's NHSN?

☐ Yes ☐ No

IF NO, EXPLAIN

4-2 Are hand hygiene and catheter care audited monthly?

☐ Yes ☐ No

IF NO, EXPLAIN

4-3 Are patients screened for hepatitis B, with isolation stations as required?

☐ Yes ☐ No

IF NO, EXPLAIN

4-4 Is the water treatment system tested and logged on the required schedule?

☐ Yes ☐ No

IF NO, EXPLAIN

4-5 Does the center have a backup generator or a written plan to move patients to another center?

☐ Yes ☐ No

IF NO, EXPLAIN

4-6 Are home dialysis patients given a written plan for supply shortages and disasters?

☐ Yes ☐ No

IF NO, EXPLAIN

4-7 Can treatments continue if the electronic records or machine systems go down?

☐ Yes ☐ No

IF NO, EXPLAIN

4-8 Is multi-factor authentication required for all remote and email access?

☐ Yes ☐ No

IF NO, EXPLAIN

5 COVERAGE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

MALPRACTICE LIMIT (\$)

PROPERTY / BI LIMIT (\$)

CYBER LIMIT (\$)

CURRENT CARRIER / PREMIUM

5-1 Has a malpractice, infection, or regulatory claim been made in the past 5 years?

☐ Yes ☐ No

IF YES, EXPLAIN

5-2 Has the center had a cyber attack, outage, or closure that interrupted treatments?

☐ Yes ☐ No

IF YES, EXPLAIN

5-3 Has coverage been declined, cancelled, or non-renewed in the past 3 years?

☐ Yes ☐ No

IF YES, EXPLAIN

6SIGNATURE & 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