For ear, nose, and throat (otolaryngology) practices, including pediatric surgery, sinus and thyroid surgery, in-office procedures, and hearing aid dispensing. 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

PRIMARY OFFICE ADDRESS	CITY / STATE / ZIP	WEBSITE

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

PRIMARY CONTACT / TITLE	PHONE	EMAIL

GROUP NPI	NUMBER OF OFFICE LOCATIONS	PROPOSED EFFECTIVE DATE

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):
☐ Tonsillectomy / adenoidectomy ☐ Ear tubes ☐ Endoscopic sinus surgery ☐ Balloon sinuplasty ☐ Thyroid / parathyroid ☐ Head and neck cancer ☐ Facial plastics ☐ Sleep surgery ☐ Audiology ☐ Hearing aid sales ☐ Allergy testing / shots ☐ Office CT

TONSILLECTOMIES PER YEAR	SHARE UNDER AGE 3 (%)	SINUS SURGERIES PER YEAR	THYROIDECTOMIES PER YEAR

3 EXPOSURE & RISK QUESTIONS — TONSILLECTOMY & PEDIATRIC AIRWAY

In tonsillectomy malpractice reports, post-operative bleeding was the leading complication and death occurred in 40% of reports; anoxic injury awards had a median above $3 million. FDA bars codeine and tramadol for children after tonsillectomy.

3-1 Are children under 3 and those with severe sleep apnea kept overnight after tonsillectomy? ☐ Yes ☐ No
IF NO, EXPLAIN

This supplemental is an intake document. It does not replace any carrier application and affords no coverage.

3-2 Are codeine and tramadol avoided for every patient under 18? ☐ Yes ☐ No
IF NO, EXPLAIN

3-3 Are written discharge criteria verified by a nurse before a child goes home? ☐ Yes ☐ No
IF NO, EXPLAIN

3-4 Are caregivers given written bleeding instructions and a 24-hour number? ☐ Yes ☐ No
IF NO, EXPLAIN

3-5 Is the post-tonsillectomy bleeding rate tracked? ☐ Yes ☐ No
IF NO, EXPLAIN

3-6 Are in-office procedures done under sedation? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 If yes to 3-6, is the office accredited for procedures? ☐ Yes ☐ No
IF NO, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — SINUS, THYROID, CANCER & HEARING AIDS

ENT lawsuits most often involve rhinology, including sinus surgery entering the orbit or skull base. A recent insurer review describes wrong-side sinus surgery causing permanent vision loss.

4-1 Is image-guided navigation used for revision or complex sinus surgery? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Is laterality confirmed against the CT scan during the time-out? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Is laryngoscopy done before and after thyroid surgery? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Is nerve monitoring used during thyroid surgery? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Are biopsies and neck mass workups tracked to a diagnosis? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Are hearing aids sold or dispensed by the practice? ☐ Yes ☐ No
IF YES, EXPLAIN

HEARING AIDS DISPENSED PER YEAR	FACIAL PLASTICS SHARE OF REVENUE (%)

4-7 If yes to 4-6, is there a licensed dispenser or audiologist on staff? ☐ Yes ☐ No
IF NO, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE ($)	HEARING AID / AUDIOLOGY REVENUE ($)	MEDICARE / MEDICAID REVENUE ($)	TOTAL ANNUAL PAYROLL ($)

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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

6-1 Has any claim involved a pediatric airway event, bleeding, or vision loss? ☐ 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 Is a pediatric crash cart with airway equipment checked daily? ☐ 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