

For endocrinology practices, including diabetes technology, thyroid procedures, obesity medicine and GLP-1 prescribing, and remote monitoring. 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

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

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

|                                |                                   |                                |
|--------------------------------|-----------------------------------|--------------------------------|
| <b>PRIMARY CONTACT / TITLE</b> | <b>PHONE</b>                      | <b>EMAIL</b>                   |
| <input type="text"/>           | <input type="text"/>              | <input type="text"/>           |
| <b>GROUP NPI</b>               | <b>NUMBER OF OFFICE LOCATIONS</b> | <b>PROPOSED EFFECTIVE DATE</b> |
| <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):

☐ Diabetes / insulin management    ☐ Insulin pumps / CGMs    ☐ Remote patient monitoring    ☐ Thyroid ultrasound / FNA    ☐ Radioactive iodine  
☐ Obesity medicine    ☐ Bone / osteoporosis    ☐ Pituitary / adrenal    ☐ Transgender hormone care

|                                                |                                      |                            |
|------------------------------------------------|--------------------------------------|----------------------------|
| <b>WEIGHT MANAGEMENT SHARE OF PATIENTS (%)</b> | <b>GLP-1 PRESCRIPTIONS PER MONTH</b> | <b>PUMP / CGM PATIENTS</b> |
| <input type="text"/>                           | <input type="text"/>                 | <input type="text"/>       |

## 3 EXPOSURE & RISK QUESTIONS — GLP-1 & WEIGHT MANAGEMENT

FDA has logged more than 1,700 adverse event reports for compounded GLP-1s, some from dosing errors by clinicians. A malpractice carrier calls compounded drugs its highest-risk category, and some policies exclude weight-loss services by default.

3-1 Does the practice prescribe or refer patients for compounded GLP-1 drugs? ☐ Yes ☐ No  
 IF YES, EXPLAIN

|                                                |                                                     |
|------------------------------------------------|-----------------------------------------------------|
| <b>COMPOUNDING PHARMACY USED (503A / 503B)</b> | <b>SHARE OF GLP-1 PATIENTS WITHOUT DIABETES (%)</b> |
| <input type="text"/>                           | <input type="text"/>                                |

3-2 Is the source of every GLP-1 prescription documented in the chart? ☐ Yes ☐ No  
IF NO, EXPLAIN

3-3 Are doses drawn up, repackaged, or dispensed in the office? ☐ Yes ☐ No  
IF YES, EXPLAIN

3-4 Is there a written GLP-1 protocol covering BMI criteria, contraindications, and titration? ☐ Yes ☐ No  
IF NO, EXPLAIN

3-5 Are patients told to hold GLP-1s before anesthesia? ☐ Yes ☐ No  
IF NO, EXPLAIN

3-6 Are GLP-1s prescribed by telehealth to patients in other states? ☐ Yes ☐ No  
IF YES, EXPLAIN

3-7 Does the practice have a med spa or weight-loss clinic affiliation? ☐ Yes ☐ No  
IF YES, EXPLAIN

3-8 Does the current policy confirm weight-loss services are covered? ☐ Yes ☐ No  
IF NO, EXPLAIN

#### 4 EXPOSURE & RISK QUESTIONS — INSULIN, DEVICES & THYROID

*FDA issued a Class I recall in 2026 for insulin pump pods that can silently under-deliver insulin, with 29 serious injuries reported.*

4-1 Is there a written insulin titration protocol? ☐ Yes ☐ No  
IF NO, EXPLAIN

4-2 Are hypoglycemia and driving warnings documented for insulin patients? ☐ Yes ☐ No  
IF NO, EXPLAIN

4-3 Is there after-hours coverage for insulin and pump questions? ☐ Yes ☐ No  
IF NO, EXPLAIN

4-4 Are pump and CGM recalls tracked with patients notified? ☐ Yes ☐ No  
IF NO, EXPLAIN

4-5 Is remote glucose data reviewed within a set time? ☐ Yes ☐ No  
IF NO, EXPLAIN

4-6 Are thyroid nodules and FNA results tracked to the next step? ☐ Yes ☐ No  
IF NO, EXPLAIN

4-7 Is radioactive iodine given under a materials license? ☐ Yes ☐ No  
IF YES, EXPLAIN

#### 5 PAYROLL, SALES & REVENUE

| ANNUAL REVENUE (\$)  | WEIGHT-LOSS / CASH-PAY REVENUE (\$) | MEDICARE / MEDICAID REVENUE (\$) | TOTAL ANNUAL PAYROLL (\$) |
|----------------------|-------------------------------------|----------------------------------|---------------------------|
| <input type="text"/> | <input type="text"/>                | <input type="text"/>             | <input 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 GLP-1, insulin, or device-related injury? ☐ 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 there a pharma speaker or consulting arrangement tied to GLP-1 products? ☐ Yes ☐ No

IF NO, EXPLAIN

7-4 Are APP-run weight-loss visits reviewed by a physician? ☐ 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