

For fertility and IVF practices, embryology and andrology labs, cryostorage, and donor and gestational carrier programs. Complete with CWCO-SUP-CORE, ACORD 125, and CWCO-SUP-CYBER. General medical clinics use CWCO-SUP-MEDCLINIC; clinical labs use CWCO-SUP-MEDLAB.

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	
PHYSICIANS (REIS) / EMBRYOLOGISTS	SART MEMBER / CAP LAB ACCREDITED (Y/N)	RETRIEVAL CYCLES PER YEAR	

2 SERVICES

Services (check all that apply):

☐ IVF / ICSI ☐ IUI ☐ Egg freezing ☐ Embryo storage ☐ Donor eggs / sperm ☐ Gestational carriers ☐ Embryo genetic testing

☐ Andrology / sperm bank

EGGS / EMBRYOS IN STORAGE (APPROX.)	STORAGE TANKS (COUNT)	ANNUAL REVENUE (\$)

2-1 Is long-term storage done at an outside cryobank or storage company? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the clinic operate in a state where embryos have legal rights as persons? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Are egg retrievals done under sedation or anesthesia on site? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — CRYOSTORAGE, SPECIMEN ID & EMBRYO STATUS

A 2018 tank failure destroyed about 3,500 eggs and embryos at one clinic; a jury later awarded nearly \$15 million to five patients and held the clinic 10% at fault. A 2024 Alabama ruling treated frozen embryos as children under wrongful-death law. A 2025 mix-up led a patient to give birth to another couple's child.

3-1 Are all tanks monitored 24/7 by a remote alarm system that calls staff, independent of the tank's own controller? ☐ Yes ☐ No
IF NO, EXPLAIN

3-2 Are nitrogen levels and temperatures checked and logged by hand at least daily? ☐ Yes ☐ No
IF NO, EXPLAIN

3-3 Is a spare tank kept filled and ready to receive specimens? ☐ Yes ☐ No
IF NO, EXPLAIN

3-4 Are tank ages tracked, with tanks retired on a set schedule? ☐ Yes ☐ No
IF NO, EXPLAIN

3-5 Are incoming gas and nitrogen deliveries verified before use? ☐ Yes ☐ No
IF NO, EXPLAIN

3-6 Is the storage room locked, with access limited to lab staff and logged? ☐ Yes ☐ No
IF NO, EXPLAIN

3-7 Is every step (retrieval, insemination, transfer, freezing, thawing) double-witnessed or electronically verified? ☐ Yes ☐ No
IF NO, EXPLAIN

3-8 Is patient identity confirmed out loud with the patient at every transfer? ☐ Yes ☐ No
IF NO, EXPLAIN

3-9 Do signed consents state what happens to embryos on divorce, death, or unpaid storage fees? ☐ Yes ☐ No
IF NO, EXPLAIN

3-10 Has there been a tank failure, specimen loss, or mix-up, including a near miss? ☐ Yes ☐ No
IF YES, EXPLAIN

4 DONORS, TESTING & PROCEDURES

4-1 Are donors screened and tested as FDA rules require for reproductive tissue? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Is there a limit on offspring per donor, with records tracked? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 If embryo genetic testing is offered, is its accuracy explained to patients in writing before testing? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Are physicians and staff barred from serving as donors for clinic patients? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 If yes to 2-3, is sedation given by an anesthesia provider with monitoring and rescue equipment? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Is there a protocol to watch for and treat ovarian hyperstimulation syndrome (OHSS)? ☐ Yes ☐ No
IF NO, EXPLAIN

4-7 Is multi-factor authentication required on the lab and patient record systems? ☐ Yes ☐ No
IF NO, EXPLAIN

5 COVERAGE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

MALPRACTICE LIMIT (\$)	SPECIMEN / BAILEE LIMIT (\$)	CYBER LIMIT (\$)	CURRENT CARRIER / PREMIUM

5-1 Does the current policy cover loss of eggs, sperm, and embryos in the clinic's care? ☐ Yes ☐ No
IF NO, EXPLAIN

5-2 Has a malpractice, specimen-loss, or donor claim been made in the past 5 years? ☐ 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

6 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