

For gastroenterology practices, including endoscopy, ERCP and EUS, hepatology, and physician-owned endoscopy centers. 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PRIMARY OFFICE ADDRESS	CITY / STATE / ZIP	WEBSITE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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

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

Procedures (check all that apply):

☐ Colonoscopy ☐ EGD ☐ ERCP ☐ EUS ☐ EMR / ESD ☐ Dilation / stenting ☐ POEM ☐ Capsule endoscopy
☐ Liver biopsy ☐ Hemorrhoid banding

COLONOSCOPIES PER YEAR	EGDS PER YEAR	ERCPS PER YEAR	ADENOMA DETECTION RATE (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3 EXPOSURE & RISK QUESTIONS — PERFORATION, MISSED CANCER & CONSENT

In colonoscopy lawsuits, the median payout was about \$995,000, and perforation made up two-thirds of procedural claims. Documented informed consent made a defense verdict four times more likely.

3-1 Are adenoma detection rate, cecal intubation rate, and withdrawal time tracked for each endoscopist? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Are patients given written warning signs of perforation at discharge? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3	Are patients called within 24 to 48 hours after therapeutic procedures?	☐ Yes ☐ No
IF NO, EXPLAIN <input type="text"/>		
3-4	Are pathology results and surveillance intervals tracked until the patient is notified?	☐ Yes ☐ No
IF NO, EXPLAIN <input type="text"/>		
3-5	Do consent forms specifically disclose perforation, bleeding, missed lesions, and sedation risks?	☐ Yes ☐ No
IF NO, EXPLAIN <input type="text"/>		
3-6	Does the practice offer open-access endoscopy without a prior GI visit?	☐ Yes ☐ No
IF YES, EXPLAIN <input type="text"/>		
3-7	Has the practice had more than two perforations in the past 5 years?	☐ Yes ☐ No
IF YES, EXPLAIN <input type="text"/>		
3-8	Do providers manage liver disease or transplant patients?	☐ Yes ☐ No
IF YES, EXPLAIN <input type="text"/>		

4 EXPOSURE & RISK QUESTIONS — SEDATION, SCOPES & ENDOSCOPY CENTER

FDA found fixed-endcap duodenoscopes grew high-concern organisms in up to 6.6% of samples and told facilities to switch to disposable-component designs. Closed claims also show nurses giving deep sedation to high-risk patients.

Sedation is given by (check all that apply):

☐ Anesthesiologist ☐ CRNA ☐ RN under physician direction ☐ Endoscopist

4-1	Is propofol ever given without an anesthesia professional?	☐ Yes ☐ No
IF YES, EXPLAIN <input type="text"/>		
4-2	Are patients scored for ASA class, airway, and sleep apnea before deep sedation?	☐ Yes ☐ No
IF NO, EXPLAIN <input type="text"/>		
4-3	Are duodenoscopes disposable-component or fully disposable?	☐ Yes ☐ No
IF NO, EXPLAIN <input type="text"/>		
4-4	Are scopes reprocessed under a written procedure with sampling and culturing?	☐ Yes ☐ No
IF NO, EXPLAIN <input type="text"/>		
4-5	Has an infection cluster or reprocessing failure been investigated?	☐ Yes ☐ No
IF YES, EXPLAIN <input type="text"/>		
4-6	Does any provider own or invest in an endoscopy center or ASC?	☐ Yes ☐ No
IF YES, EXPLAIN <input type="text"/>		
4-7	If yes to 4-6, does the center carry its own professional and general liability?	☐ Yes ☐ No
IF NO, EXPLAIN <input type="text"/>		

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	FACILITY / ANESTHESIA 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 alleged a perforation or a missed colorectal cancer?

☐ 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 crash cart with reversal agents checked daily in procedure rooms?

☐ Yes ☐ No

IF NO, EXPLAIN

7-4 Are CRNAs employed by the practice?

☐ 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