

For geriatric medicine practices, including nursing home and assisted living rounding, home-based primary care, and medical directorships. 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

FACILITIES COVERED (SNF / ALF / MEMORY CARE)	RESIDENTS PER PHYSICIAN	DAYS ON SITE PER WEEK

Services (check all that apply):

☐ Skilled nursing rounding ☐ Assisted living / memory care ☐ Home-based primary care ☐ Geriatric consult clinic ☐ Hospice
☐ Palliative care ☐ Telehealth to facilities ☐ Medical director roles

3 EXPOSURE & RISK QUESTIONS — FALLS, MEDICATIONS & CHANGE OF CONDITION

Patients 70 and older appear in 16% of malpractice cases despite being 11% of the population, with falls and pressure injuries dominating. Anticoagulant claims are high severity 74% of the time.

3-1 Do providers answer nurse change-of-condition calls after hours within a set time? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Is there a written sepsis recognition protocol for facility residents? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Are medications reviewed against the Beers Criteria at least quarterly?	☐ Yes ☐ No
IF NO, EXPLAIN	
3-4 Are antipsychotic dose reductions attempted and documented?	☐ Yes ☐ No
IF NO, EXPLAIN	
3-5 Is anticoagulant monitoring tracked for every resident on them?	☐ Yes ☐ No
IF NO, EXPLAIN	
3-6 Do providers set or approve fall and pressure-injury protocols?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-7 Are goals of care, POLST, and advance directives documented?	☐ Yes ☐ No
IF NO, EXPLAIN	
3-8 Are capacity assessments and surrogate consents documented?	☐ Yes ☐ No
IF NO, EXPLAIN	

4 EXPOSURE & RISK QUESTIONS — MEDICAL DIRECTORSHIPS & FACILITIES

Medical directors are often named in nursing home suits, elder-abuse claims usually escape damage caps, and some malpractice policies exclude administrative services to another organization unless endorsed.

4-1 Does any provider serve as a facility or hospice medical director?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-2 If yes to 4-1, is there a written contract defining the role?	☐ Yes ☐ No
IF NO, EXPLAIN	
4-3 If yes to 4-1, does the facility indemnify the director and name them on its policy?	☐ Yes ☐ No
IF NO, EXPLAIN	
4-4 Does the current policy include medical director coverage?	☐ Yes ☐ No
IF NO, EXPLAIN	
4-5 Do NPs or PAs round under the physicians' supervision?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-6 Have any facilities had serious survey deficiencies in the past 3 years?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-7 Do facilities use arbitration agreements with residents?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-8 Has any claim alleged elder abuse or sought punitive damages?	☐ Yes ☐ No
IF YES, EXPLAIN	

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	MEDICAL DIRECTOR STIPENDS (\$)	MEDICARE / MEDICAID REVENUE (\$)	TOTAL ANNUAL PAYROLL (\$)

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 fall, pressure injury, or sepsis death? ☐ 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 Are hand-offs between facility nurses and providers documented? ☐ Yes ☐ No

IF NO, EXPLAIN

7-4 Are family communications about changes in condition documented? ☐ 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