HEALTHCARE BUSINESS SUPPLEMENTAL

General form for health-care and human-services businesses without a dedicated CWCO form. Clinics, urgent care, surgery centers, imaging, senior living, home health, behavioral health, therapy practices, dental, pharmacy, labs, and veterinary practices each have their own form. Complete with ACORD 125 and 126.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS

BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE

Entity type:

☐ Corporation ☐ LLC ☐ Partnership ☐ Nonprofit ☐ Individual

PRIMARY CONTACT / TITLE	PHONE	EMAIL

STATE LICENSE / ACCREDITATION	LICENSED CAPACITY (BEDS / CLIENTS)

2 OPERATIONS

SERVICE LINE	MEASURE (VISITS / CLIENTS / BEDS)	ANNUAL VOLUME

STAFF CATEGORY	FULL TIME	PART TIME	CONTRACTED

2-1 Are any physicians or advanced practice providers to be covered under this policy? ☐ Yes ☐ No

IF YES, EXPLAIN

2-2 Are medications administered or prescribed? ☐ Yes ☐ No

IF YES, EXPLAIN

2-3 Does the applicant serve minors or vulnerable adults? ☐ Yes ☐ No

IF YES, EXPLAIN

2-4 Does the applicant provide overnight or residential care, or transport clients? ☐ Yes ☐ No

IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — CREDENTIALING, MEDICATIONS & ABUSE PREVENTION

Health and human-services claims turn on who delivers care and how: unverified credentials, medication errors, and abuse of vulnerable clients drive the most severe claims. Patient data breaches are the other growing exposure.

3-1 Are licenses and certifications verified with the issuing board at hire and at each renewal? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Is every employee and contractor screened against the OIG exclusion list at hire and monthly? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Are criminal background checks completed before staff have patient contact? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Has any license or accreditation ever been suspended, denied, or revoked? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 If yes to 2-2, are medications given only by licensed or certified staff? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 If yes to 2-2, is every dose recorded on a medication administration record? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 If yes to 2-2, are controlled substances double-locked with a written count log? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 If yes to 2-3, is unobserved one-on-one contact between staff and clients limited? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 If yes to 2-3, are there written procedures for reporting suspected abuse or neglect? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Has a client alleged abuse, neglect, or a medication error in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — PATIENT DATA, TRANSPORT & RECREATION

4-1 Has a HIPAA security risk analysis been completed and updated within the last 12 months? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Is multi-factor authentication required for email, remote access, and the EHR? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Is patient data encrypted on laptops, mobile devices, and in transmission? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are backups kept offline or immutable, with restoration tested? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are website tracking tools (pixels, analytics) reviewed so patient information isn't shared with vendors? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 If yes to 2-4, are vehicles insured on commercial auto with drivers' records checked? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Are recreation, swimming, or outdoor programs supervised by trained staff? ☐ Yes ☐ No
IF YES, EXPLAIN

5 REVENUE

ANNUAL GROSS REVENUE ($)	TOTAL PAYROLL ($)	ANNUAL STAFF TURNOVER (%)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL LIABILITY CARRIER / LIMITS	ABUSE & MOLESTATION LIMIT	CYBER COVERAGE (Y / N)

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED ($)	OPEN / CLOSED

6-2 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No

IF YES, EXPLAIN

7 RISK MANAGEMENT

7-1 Are incidents reported and reviewed through a written incident-reporting process? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Has the applicant been cancelled or non-renewed in the last 3 years? ☐ Yes ☐ No

IF YES, 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, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE