HEALTHCARE PROFESSIONAL LIABILITY (MEDICAL MALPRACTICE) SUPPLEMENTAL

For physicians, surgeons, nurse practitioners, physician assistants, CRNAs, nurse midwives, and the medical groups and professional corporations that employ them. Hospitals, clinics, and other facilities use CWCO-SUP-HLTH; med spas use CWCO-SUP-MEDSPA. Complete with ACORD 125 and the carrier's application. Attach a provider roster with license numbers and specialties, current declarations pages showing retroactive dates, CVs for new providers, and ten years of loss runs for every provider.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS

BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE

Entity type:

☐ Individual practitioner ☐ Professional corporation ☐ Medical group / LLC ☐ Partnership ☐ Other

PRIMARY CONTACT / TITLE	PHONE	EMAIL

GROUP NPI / TAX ID	STATES WHERE PROVIDERS ARE LICENSED

2 OPERATIONS

PROVIDER NAME	LICENSE TYPE	SPECIALTY	HOURS PER WEEK

License types: MD/DO; NP; PA; CRNA; CNM; DPM; DDS. Attach a full roster if there are more than six providers.

Practice settings (check all that apply):

☐ Private office ☐ Hospital inpatient ☐ Surgery center ☐ Urgent care ☐ Telehealth ☐ Nursing facility ☐ Locum tenens

Size:

_____ Physicians _____ Advanced practice providers _____ Locations _____ Patient visits per year _____ Procedures per year

2-1 Does any provider perform surgery or procedures under sedation? ☐ Yes ☐ No

IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — CLINICAL SCOPE & HIGH-SEVERITY CARE

The average of the top 50 malpractice verdicts rose from $32 million in 2022 to $56 million in 2024. Obstetrics leads severity: a 2025 Utah birth-injury judgment reached $951 million, and a Wisconsin jury awarded $29 million against a nurse midwife.

3-1 Does any provider deliver babies or manage labor? ☐ Yes ☐ No

IF YES, EXPLAIN

3-2 If yes to 3-1, is every clinician who reads fetal monitor strips certified in electronic fetal monitoring? ☐ Yes ☐ No

IF NO, EXPLAIN

3-3 Is moderate or deep sedation given outside a hospital or accredited surgery center? ☐ Yes ☐ No

IF YES, EXPLAIN

3-4 Does any provider perform cosmetic or elective aesthetic procedures? ☐ Yes ☐ No

IF YES, EXPLAIN

3-5 Does any provider perform procedures outside the core training of their specialty? ☐ Yes ☐ No

IF YES, EXPLAIN

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3-6 Does any provider prescribe opioids for chronic pain? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Does any provider prescribe compounded GLP-1 weight-loss medications? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Are abnormal test results tracked until the patient is told and follow-up is scheduled? ☐ Yes ☐ No
IF NO, EXPLAIN

3-9 Is signed informed consent obtained before every procedure? ☐ Yes ☐ No
IF NO, EXPLAIN

3-10 Does the practice use AI tools for diagnosis, imaging reads, or clinical notes? ☐ Yes ☐ No
IF YES, EXPLAIN

3-11 Does the practice use an electronic health record with an audit trail? ☐ Yes ☐ No
IF NO, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — SUPERVISION, TELEHEALTH & COVERAGE TERMS

Claims over care by nurse practitioners and PAs routinely name the supervising physician and the group. Telehealth claims are generally governed by the patient's state. Tail coverage commonly costs 150-250% of the final claims-made premium, and premiums rose for a seventh straight year in 2025.

4-1 Do nurse practitioners or physician assistants see patients without a physician on site? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Is there a written supervision or collaboration agreement for every advanced practice provider? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Does the practice treat patients by telehealth who are located in other states? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 If yes to 4-3, is every telehealth provider licensed in each patient's state? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Does the practice use locum tenens or 1099 contract providers? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Is the current policy written on a claims-made basis? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Do employment contracts state who pays tail coverage when a provider leaves? ☐ Yes ☐ No
IF NO, EXPLAIN

4-8 Does the current policy require the insured's consent to settle? ☐ Yes ☐ No
IF NO, EXPLAIN

4-9 Does the consent-to-settle provision include a hammer clause? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 Does the group or corporation have its own separate entity limit? ☐ Yes ☐ No
IF NO, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL GROSS REVENUE ($)	PROCEDURE / SURGICAL REVENUE ($)	TELEHEALTH REVENUE ($)	TOTAL ANNUAL PAYROLL ($)

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6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 10 years.

CURRENT CARRIER / LIMITS (CLAIM / AGG.)	RETROACTIVE DATE(S)	DEDUCTIBLE / SIR

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

6-1 Has any provider had a malpractice claim, suit, or NPDB report in the past 10 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has any provider's license, DEA registration, or privileges been suspended, restricted, or placed on probation? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the past 10 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-4 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 Are new providers' licenses, DEA registrations, and NPDB records verified before they start? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Are adverse outcomes reviewed through peer review or a risk management program? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Do providers complete risk management education offered by the insurer each year? ☐ 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

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