

For hematology practices, including anticoagulation clinics, in-office transfusion and infusion, and bone marrow procedures. 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

Services (check all that apply):

☐ Benign hematology ☐ Malignant hematology ☐ Anticoagulation clinic ☐ In-office transfusion ☐ Iron infusion ☐ IVIG
☐ Factor / hemophilia care ☐ Bone marrow biopsy ☐ Chemotherapy ☐ Therapeutic phlebotomy ☐ Home infusion / specialty pharmacy

ANTICOAGULATION PATIENTS MANAGED	TRANSFUSIONS PER YEAR	INFUSIONS PER YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

3 EXPOSURE & RISK QUESTIONS — ANTICOAGULATION & MONITORING

Anticoagulants are the second most common drug in hematology and oncology medication claims, and most of those claims involve failed monitoring. In one settled case, missed INR checks led to a level of 12.8 and permanent nerve damage.

3-1 Is the anticoagulation clinic run under a written protocol? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Are missed INR checks flagged and followed up? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Is DOAC dosing checked against kidney function, weight, and interactions at each visit?	☐ Yes ☐ No
IF NO, EXPLAIN <input style="width: 80%;" type="text"/>	
3-4 Are medication lists reconciled when switching anticoagulants?	☐ Yes ☐ No
IF NO, EXPLAIN <input style="width: 80%;" type="text"/>	
3-5 Is there a written bridging and hold protocol shared with surgeons?	☐ Yes ☐ No
IF NO, EXPLAIN <input style="width: 80%;" type="text"/>	
3-6 Is anticoagulant education documented for every patient?	☐ Yes ☐ No
IF NO, EXPLAIN <input style="width: 80%;" type="text"/>	
3-7 Are abnormal blood counts, smears, and flow results tracked to diagnosis?	☐ Yes ☐ No
IF NO, EXPLAIN <input style="width: 80%;" type="text"/>	
3-8 Do pharmacists or nurses adjust doses under protocol?	☐ Yes ☐ No
IF YES, EXPLAIN <input style="width: 80%;" type="text"/>	

4 EXPOSURE & RISK QUESTIONS — TRANSFUSION, INFUSION & PROCEDURES

UK hemovigilance data show most wrong-component transfusion near misses involve the wrong patient, and missing irradiation is the most common clinical error.

4-1 Is two-person or barcode patient ID used before every transfusion?	☐ Yes ☐ No
IF NO, EXPLAIN <input style="width: 80%;" type="text"/>	
4-2 Is there a protocol for irradiated and CMV-safe components?	☐ Yes ☐ No
IF NO, EXPLAIN <input style="width: 80%;" type="text"/>	
4-3 Are vital signs checked at set intervals during transfusion?	☐ Yes ☐ No
IF NO, EXPLAIN <input style="width: 80%;" type="text"/>	
4-4 Is there an anaphylaxis kit and observation period for iron and IVIG infusions?	☐ Yes ☐ No
IF NO, EXPLAIN <input style="width: 80%;" type="text"/>	
4-5 Are bone marrow biopsies done in the office?	☐ Yes ☐ No
IF YES, EXPLAIN <input style="width: 80%;" type="text"/>	
4-6 If yes to 4-5, is bleeding risk screened and sedation documented?	☐ Yes ☐ No
IF NO, EXPLAIN <input style="width: 80%;" type="text"/>	
4-7 Does the practice own a home infusion or specialty pharmacy?	☐ Yes ☐ No
IF YES, EXPLAIN <input style="width: 80%;" type="text"/>	

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	INFUSION / DRUG REVENUE (\$)	MEDICARE / MEDICAID REVENUE (\$)	TOTAL ANNUAL PAYROLL (\$)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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 involved an anticoagulant bleed or a transfusion error?

☐ 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 critical lab values called to a provider the same day?

☐ Yes ☐ No

IF NO, EXPLAIN

7-4 Are transfusion reactions reported and reviewed?

☐ 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