

Covers home and alternate-site infusion providers — infusion pharmacies, home infusion nursing, ambulatory infusion suites, and specialty infusion. Compounding-only pharmacies use CWCO-SUP-COMPOUND; home health agencies CWCO-SUP-HOMEHEALTH; IV hydration clinics CWCO-SUP-IVHYDRATION. Complete with ACORD 125. Attach licenses, accreditation, and nursing policies.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS
BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE	

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Hospital-owned

PRIMARY CONTACT / TITLE	PHONE	EMAIL

PHARMACY / HOME HEALTH LICENSES	ACCREDITATION (ACHC / URAC / JOINT COMMISSION)

2 OPERATIONS

THERAPY	% OF REVENUE

Therapies: IV antibiotics / anti-infectives; parenteral nutrition (TPN); chemotherapy; biologics / specialty; immune globulin (IVIG / SCIG); inotropes; pain management; hydration; enteral nutrition.

Services (check all):

- ☐ Infusion pharmacy (compounding) ☐ Home infusion nursing (employed) ☐ Home infusion nursing (contracted) ☐ Ambulatory infusion suite
☐ Pump rental / DME ☐ Pediatric patients

Volume:

Active patients	Nursing visits per year	Infusion nurses	Pharmacists	Infusion chairs (suite)
Counties served				

3 EXPOSURE & RISK QUESTIONS — NURSING, LINES & PATIENT CARE

A Texas woman died of fluid overload in 2023 after a visiting IV nurse gave her about 951 cc in under 30 minutes at home; her family sued the provider and the nurse.

3-1 Are all infusion nurses RNs with documented infusion competency checks every year?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-2 Are first doses of biologics or high-risk drugs given in the home?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-3 Do nurses carry anaphylaxis kits and follow written emergency protocols?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-4 Are central line infections tracked and reported as a quality measure?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-5 Are infusion pumps smart pumps with dose limits, maintained on a schedule?	☐ Yes ☐ No
IF YES, EXPLAIN	

3-6 Do patients or caregivers give infusions themselves after training? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Does the applicant use contracted nursing agencies? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — PHARMACY, BILLING & DELIVERY

The 2012 New England Compounding Center outbreak showed how one contaminated sterile batch can injure hundreds of patients.

4-1 Does the applicant compound IV admixtures in a USP 797-certified clean room? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are chemotherapy or hazardous drugs prepared under USP 800? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are refrigerated drugs shipped with temperature monitoring? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Do employees drive to patients' homes in personal vehicles? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Does the applicant bill Medicare, Medicaid, or other federal programs? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Has a payer audit or government investigation involved the applicant? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Has a patient or family filed a complaint with a state board or accreditor? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	NURSING PAYROLL (\$)	CONTRACT NURSING COSTS (\$)
ANNUAL REVENUE (\$, ILLUSTRATIVE)	GOVERNMENT PAYER REVENUE (\$)	INFUSION SUITE REVENUE (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

CURRENT PROFESSIONAL LIABILITY CARRIER	LIMIT / DEDUCTIBLE	RETROACTIVE DATE

6-1 Has any carrier declined, cancelled, or non-renewed coverage for this business in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has a patient injury, infection, or death been alleged against the applicant? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF CLAIM	DESCRIPTION	TOTAL INCURRED (\$, ILLUSTRATIVE)	OPEN / CLOSED

6-3 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 Is there a written policy for infusion rates, line care, and adverse reactions?

☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are nurse visits documented in an electronic record the same day?

☐ Yes ☐ No

IF YES, EXPLAIN

7-3 Are nurses given workplace violence and lone-worker safety training?

☐ 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