IMAGING & RADIOLOGY CENTER SUPPLEMENTAL

Covers freestanding imaging and radiology centers, including MRI, CT, X-ray, ultrasound, mammography, and teleradiology reading groups. Hospital-based departments are rated with the hospital. 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:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

ACR ACCREDITATION (MODALITIES)	STATE FACILITY LICENSE NO.

2 OPERATIONS

MODALITY	UNITS	STUDIES PER YEAR

Modalities: MRI (note field strength); CT; X-ray; ultrasound; mammography; nuclear medicine / PET; fluoroscopy; other.

RADIOLOGISTS (EMPLOYED)	CONTRACTED / TELERADIOLOGY READERS	TECHNOLOGISTS	LOCATIONS

2-1 Does the center operate MRI? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Are contrast agents (iodinated or gadolinium) administered? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Are studies read by contracted or teleradiology physicians? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — MRI SAFETY, CONTRAST & RADIATION

In July 2025, a man accompanying his wife at a New York imaging center was pulled into an MRI by a metal chain and died. MRI safety standards are largely voluntary, and control of who enters the magnet room — patients, companions, and staff — is the core defense.

3-1 If yes to 2-1, is access to the MRI area controlled using ACR's four safety zones, with Zone IV locked? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 If yes to 2-1, is everyone entering Zone IV — including companions and staff — screened in writing for metal and implants? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 If yes to 2-1, is a ferromagnetic detector used at the Zone IV entrance? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 If yes to 2-1, are only MR-safe or MR-conditional equipment (wheelchairs, oxygen, stretchers) allowed in Zone IV? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 If yes to 2-1, is an MRI safety officer designated? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 If yes to 2-1, are MRI staff trained on safety zones and screening at least annually? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 If yes to 2-2, is a physician or trained responder available to manage contrast reactions during every contrast study? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Are CT dose protocols reviewed by a medical physicist at least annually? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Has the center had an MRI projectile incident, contrast reaction death, or missed-diagnosis claim in the last 10 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — READS, CREDENTIALING & PATIENT DATA

4-1 Are critical findings communicated directly to the ordering provider with documentation? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 2-3, do teleradiology groups carry their own malpractice coverage naming the center? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are licenses and certifications verified with the issuing board at hire and at each renewal? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Is every employee and contractor screened against the OIG exclusion list at hire and monthly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are criminal background checks completed before staff have patient contact? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Has a HIPAA security risk analysis been completed and updated within the last 12 months? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Is multi-factor authentication required for email, remote access, and the EHR? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Is patient data encrypted on laptops, mobile devices, and in transmission? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Are backups kept offline or immutable, with restoration tested? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 Are website tracking tools (pixels, analytics) reviewed so patient information isn't shared with vendors? ☐ Yes ☐ No
IF YES, EXPLAIN

5 REVENUE

ANNUAL GROSS REVENUE ($)	TOTAL PAYROLL ($)	MEDICARE / MEDICAID (% OF REVENUE)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

MEDICAL PROFESSIONAL LIABILITY CARRIER / LIMITS	CYBER COVERAGE (Y / N)	EQUIPMENT BREAKDOWN (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 Is there a peer review program for radiologist reads? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are incidents reported and reviewed through a written incident-reporting process? ☐ 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