

Covers wholesale distributors of medical and surgical supplies and devices — PPE, wound care, surgical instruments, disposables, diagnostic and lab supplies, and capital equipment — sold to hospitals, clinics, surgery centers, labs, and long-term care. DME sold or rented to patients uses the DME supplier form. Complete with ACORD 125/126. Attach the line card, top manufacturers with country of origin, and any private-label products.

1 APPLICANT / BUSINESS INFORMATION

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

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Other

PRIMARY CONTACT / TITLE	PHONE	EMAIL

FDA ESTABLISHMENT REGISTRATION NO. (IF IMPORTER/RELABELER)	STATE DEVICE DISTRIBUTOR LICENSES HELD

2 OPERATIONS

DESCRIPTION OF THE BUSINESS (PRODUCT LINES, CUSTOMERS, TERRITORY, WAREHOUSES)

PRODUCT CATEGORY	% OF SALES

Categories: gloves, masks & PPE; wound care; surgical instruments & disposables; sterile procedure packs; diagnostic & lab supplies; implants; capital equipment; reprocessed single-use devices; other.

Applicant's role (check all):

- ☐ Authorized distributor ☐ Secondary / gray-market buyer ☐ Importer of record ☐ Private-label brand ☐ Kit or pack assembler
☐ Installs or services equipment

Size and volume:

Manufacturers carried Active SKUs Warehouse locations Delivery vehicles Field sales reps

2-1 Do any sales reps attend surgeries or procedures in the operating room? ☐ Yes ☐ No

IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — SOURCING & PRODUCT INTEGRITY

Innocent seller laws stop protecting a distributor whose manufacturer is overseas or insolvent. A distributor was sued and enjoined for selling more than 10,000 counterfeit N95s to a hospital.

3-1 Are all products bought directly from manufacturers or their authorized distributors? ☐ Yes ☐ No

IF YES, EXPLAIN

3-2 Are any products sourced from overseas manufacturers that lack U.S. products liability insurance? ☐ Yes ☐ No

IF YES, EXPLAIN

3-3 Do manufacturers name the applicant as additional insured (vendor's endorsement) and provide indemnity?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-4 Does the applicant relabel, repackage, kit, or sterilize any product?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-5 Are imported products checked against FDA clearance (510(k)) and registration databases before sale?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-6 Are lot and serial numbers recorded for every shipment so recalls can reach the right customers?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-7 Are device complaints logged as device incident records and kept for at least 2 years or the device's expected life?	☐ Yes ☐ No
IF YES, EXPLAIN	

4 EXPOSURE & RISK QUESTIONS — STORAGE, SERVICE & CUSTOMERS

4-1 Are sterile products stored to protect packaging integrity, with expiration dates rotated and enforced?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-2 Are temperature-sensitive products stored and shipped with monitoring and documented excursions?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-3 Does the applicant install, calibrate, repair, or train customers on equipment?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-4 Are any products controlled substances or prescription devices requiring special licensure?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-5 Are products sold to consumers online or through marketplaces?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-6 Do hospital or group purchasing contracts require indemnity, specific limits, or waiver of subrogation?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-7 Is any sales revenue from government contracts or billed to Medicare or Medicaid?	☐ Yes ☐ No
IF YES, EXPLAIN	

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	WAREHOUSE EMPLOYEES	SALES / SERVICE STAFF
PROJECTED ANNUAL GROSS SALES (\$, ILLUSTRATIVE)	PRIOR YEAR SALES (\$, ILLUSTRATIVE)	IMPORTED / PRIVATE-LABEL SALES (\$, ILLUSTRATIVE)

6 PRIOR INSURANCE & LOSS HISTORY

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

CURRENT GL / PRODUCTS CARRIER

PRODUCTS LIMITS

UMBRELLA LIMIT

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 any product sold been recalled, or has the applicant received an FDA warning letter or import alert?

☐ Yes ☐ No

IF YES, EXPLAIN

DATE OF LOSS	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 & SAFETY

7-1 Is there a written recall procedure that notifies customers within 24 hours of a manufacturer recall?

☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are supplier certificates of insurance tracked and renewed annually?

☐ Yes ☐ No

IF YES, EXPLAIN

7-3 Is there a quality system (ISO 13485 or similar) covering receiving, storage, and complaints?

☐ 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