MEDICAL CLINIC SUPPLEMENTAL

Covers primary care, family medicine, internal medicine, pediatric, and multispecialty clinics. Urgent care uses CWCO-SUP-URGENTCARE; surgery centers CWCO-SUP-ASC. Complete with ACORD 125 and 126. Attach a physician and APP roster with specialties.

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

SPECIALTIES | LOCATIONS

2 OPERATIONS

PHYSICIANS | NPS / PAS | PATIENT VISITS PER YEAR | TELEHEALTH VISITS (%)

2-1 Do nurse practitioners or physician assistants see patients? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Are in-office procedures performed (biopsies, injections, minor surgery, sedation)? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the clinic prescribe controlled substances or provide weight-loss drugs (e.g., compounded GLP-1s)? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — DIAGNOSIS, TEST FOLLOW-UP & SUPERVISION

Diagnostic error — especially a missed or delayed cancer diagnosis — is the leading source of outpatient malpractice claims, and abnormal test results that are never followed up are a common cause. Supervision of NPs and PAs under state law is the other recurring issue.

3-1 Is every ordered test tracked until the result is received and reviewed by a provider? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are patients notified of all results, including normal ones, with documentation? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Are referrals tracked until the specialist visit is completed or the patient declines in writing? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 If yes to 2-1, are NP and PA supervision or collaboration agreements in place as state law requires? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 If yes to 2-1, is a sample of APP charts reviewed by a physician regularly? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are no-show and missed-follow-up patients contacted and documented? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Has the clinic had a malpractice claim alleging missed or delayed diagnosis in the last 10 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — PROCEDURES, PRESCRIBING, CREDENTIALING & DATA

4-1 If yes to 2-2, is sedation given only with continuous monitoring equipment in the room? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 2-2, is staff trained in airway management present for every sedation? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 2-3, is the state prescription monitoring program checked before prescribing controlled substances? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 If yes to 2-3, are compounded drugs sourced only from licensed pharmacies? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are licenses and certifications verified with the issuing board at hire and at each renewal? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Is every employee and contractor screened against the OIG exclusion list at hire and monthly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Are criminal background checks completed before staff have patient contact? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Has a HIPAA security risk analysis been completed and updated within the last 12 months? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Is multi-factor authentication required for email, remote access, and the EHR? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 Is patient data encrypted on laptops, mobile devices, and in transmission? ☐ Yes ☐ No
IF YES, EXPLAIN

4-11 Are backups kept offline or immutable, with restoration tested? ☐ Yes ☐ No
IF YES, EXPLAIN

4-12 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	RETRO DATE / TAIL COVERAGE	CYBER COVERAGE (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 informed consent documented for procedures? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are telehealth visits conducted on HIPAA-compliant platforms with licensure verified in the patient's state? ☐ 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