MEDICAL LABORATORY SUPPLEMENTAL

Covers independent clinical, reference, toxicology, genetic, and pathology laboratories, including patient service centers. 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

CLIA CERTIFICATE NO. / TYPE | ACCREDITATION (CAP, COLA, TJC)

2 OPERATIONS

TESTS PER YEAR | PATIENT SERVICE CENTERS | PATHOLOGISTS / DIRECTORS | DIRECT-TO-CONSUMER TESTS (%)

Testing (check all that apply):

☐ Routine clinical chemistry ☐ Anatomic pathology ☐ Toxicology / drug testing ☐ Genetic / molecular ☐ Laboratory-developed tests

☐ Direct-to-consumer testing ☐ Employment drug screening

2-1 Does the lab use independent marketers or sales representatives paid on volume? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the lab offer laboratory-developed tests? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the lab draw blood at patient service centers or in homes? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — SPECIMEN IDENTITY, ACCURACY & REPORTING

Lab claims usually involve results that were wrong, belonged to another patient, or weren't reported in time. Federal law (EKRA) also makes paying for lab referrals a crime, which matters where marketers are paid on volume.

3-1 Is every specimen labeled with two patient identifiers at collection? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are critical values called to the ordering provider within a set time, with documentation? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Are proficiency testing and quality control performed and reviewed as CLIA requires? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Are turnaround times tracked against targets? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Are delays communicated to ordering providers? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 If yes to 2-1, has counsel reviewed marketer compensation under EKRA and the Anti-Kickback Statute? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 If yes to 2-2, are LDTs validated and documented under CLIA requirements? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Has the lab had a misidentification, wrong-result, or billing claim or investigation in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — PHLEBOTOMY, BIOSAFETY, CREDENTIALING & DATA

4-1 If yes to 2-3, are phlebotomists trained and certified? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 2-3, are patients seated or reclined with fainting precautions during draws? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are biohazard waste and specimen transport handled under OSHA and DOT rules? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are staff trained under OSHA's bloodborne pathogens standard? ☐ 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 ($)	MEDICARE (% OF REVENUE)	TOTAL PAYROLL ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

LABORATORY PROFESSIONAL LIABILITY / LIMITS	REGULATORY / BILLING E&O (Y / N)	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 there a compliance program with billing audits and a compliance officer? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Is equipment maintained and calibrated per manufacturer schedules? ☐ 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