For medical and nurse staffing agencies -- per diem and travel nurse agencies, allied health and therapy staffing, CNA staffing, locum tenens firms, and nurse registries. Non-clinical staffing firms use CWCO-SUP-STAFF; PEOs use CWCO-SUP-PEO; home health agencies use CWCO-SUP-HLTH. Complete with ACORD 125/126/130. Attach a client list with placement settings and hours, a sample client facility contract, the credentialing policy, the clinician handbook, and five years of loss runs for professional liability, general liability, and workers' compensation.

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 ☐ Nonprofit

PRIMARY CONTACT / TITLE	PHONE	EMAIL

BUSINESS MODEL (EMPLOYER OF RECORD, REGISTRY, BOTH)	JOINT COMMISSION HCSS CERTIFICATION DATE

2 OPERATIONS

CLINICIAN TYPE	NUMBER PLACED	ANNUAL HOURS	% TRAVEL / % PER DIEM

Clinician types: RN; LPN / LVN; CNA / aide; physician (locum tenens); NP / PA / CRNA; therapist (PT, OT, SLP, RT); pharmacist; lab or imaging tech; behavioral health; non-clinical.

Placement settings (check all that apply):
☐ Acute-care hospitals ☐ ICU / ER / OR / L&D ☐ Nursing homes / SNFs ☐ Assisted living ☐ Correctional facilities
☐ Psychiatric / behavioral units ☐ Private homes ☐ Schools ☐ Clinics / outpatient ☐ Government / VA ☐ Strike or crisis staffing
☐ Telehealth

Size:
☐ Clinicians on assignment now ☐ Client facilities ☐ States placed in ☐ Internal recruiters / staff
☐ Largest client (% of revenue)

2-1 Does the applicant refer independent clinicians as a registry rather than employing them? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — CLINICAL PLACEMENTS, CREDENTIALING & PROFESSIONAL LIABILITY

Operation Nightingale uncovered more than 7,600 fake nursing diplomas from three Florida schools, and some buyers were licensed and hired. Hospitals rely on agencies to verify the travelers they send.

3-1 Is every license verified with the issuing state board before placement? ☐ Yes ☐ No
IF NO, EXPLAIN

3-2 Is nursing education verified directly with the school? ☐ Yes ☐ No
IF NO, EXPLAIN

3-3 Are licenses monitored for discipline or expiration during assignments? ☐ Yes ☐ No
IF NO, EXPLAIN

3-4 Is a skills test or competency check completed for each specialty before placement? ☐ Yes ☐ No
IF NO, EXPLAIN

This supplemental is an intake document. It does not replace any carrier application and affords no coverage.

3-5 Can client facilities float clinicians to units outside their verified specialty? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are physicians or advanced practice providers placed? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 If yes to 3-6, is each provider's malpractice coverage confirmed before the assignment starts? ☐ Yes ☐ No
IF NO, EXPLAIN

3-8 Are placed clinicians named insureds under the applicant's professional liability policy? ☐ Yes ☐ No
IF NO, EXPLAIN

3-9 Has a client facility removed a clinician over alleged patient abuse in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Has a placed clinician been reported for drug diversion in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

3-11 Do clinicians see patients in private homes without facility supervision? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — WORKFORCE, CLASSIFICATION & CLIENT CONTRACTS

A federal appeals court in 2025 upheld a $9.3 million judgment against a medical staffing agency that classified over 1,100 nurses as independent contractors. Nurses and aides also have some of the highest workplace violence injury rates.

4-1 Do client contracts require the applicant to indemnify the facility for clinicians' negligence? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are client contracts reviewed by counsel before signing? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Does the applicant place clinicians through managed service providers (MSPs)? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Does the applicant fill orders with clinicians from other agencies? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 If yes to 4-4, must those agencies carry their own malpractice and workers' compensation coverage? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Are any clinicians paid as independent contractors (1099)? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Has the applicant faced a wage-hour, overtime, or classification claim in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Are travel per diems paid only to clinicians with a documented tax home? ☐ Yes ☐ No
IF NO, EXPLAIN

4-9 Are clinicians trained in safe patient handling before their first assignment? ☐ Yes ☐ No
IF NO, EXPLAIN

4-10 Are clinicians trained in workplace violence prevention before their first assignment? ☐ Yes ☐ No
IF NO, EXPLAIN

4-11 Is there a written follow-up protocol for needlestick and bloodborne exposures? ☐ Yes ☐ No
IF NO, EXPLAIN

4-12 Does the applicant provide housing or rental cars to travelers? ☐ Yes ☐ No
IF YES, EXPLAIN

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5 PAYROLL, SALES & REVENUE

ANNUAL GROSS REVENUE ($)	CLINICIAN PAYROLL ($)	INTERNAL STAFF PAYROLL ($)	ANNUAL CLINICIAN HOURS

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL LIABILITY CARRIER / POLICY FORM	ABUSE & MOLESTATION LIMIT	WORKERS' COMP EXPERIENCE MOD

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED ($)	OPEN / CLOSED

6-1 Has a client facility tendered a malpractice claim or demanded indemnity in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has a workers' compensation claim involved an assault by a patient? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-4 Is the applicant aware of any incident or circumstance that could give rise to a claim? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT & SAFETY

7-1 Must client facilities report incidents involving placed clinicians within 24 hours? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Is there a clinical manager (licensed RN or physician) who reviews complaints about clinicians? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Are clinician files audited at least once a year? ☐ Yes ☐ No
IF NO, 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, may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. State-specific fraud warnings appear on the insurer's application.

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE