Covers outpatient counseling, psychotherapy, psychology, and psychiatric practices, including group practices and telehealth. Residential and addiction treatment use CWCO-SUP-BEHAVIORAL. 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

LICENSE TYPES (LPC, LCSW, PHD, MD, NP) | STATES WHERE CLIENTS ARE SEEN

2 OPERATIONS

CLINICIANS | PRESCRIBERS | TELEHEALTH SESSIONS (%) | CLIENTS UNDER 18 (%)

2-1 Do any clinicians prescribe controlled substances (stimulants, benzodiazepines, buprenorphine)? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Are clients seen by telehealth in states other than the practice's home state? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the practice serve minors? ☐ Yes ☐ No
IF YES, EXPLAIN

2-4 Does the practice provide court-ordered evaluations or custody assessments? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — SUICIDE RISK, DUTY TO WARN & BOUNDARIES

Counseling claims most often involve a client's suicide, a failure to warn or protect someone the client threatened, or boundary violations. Controlled-substance prescribing by telehealth without an in-person visit depends on a federal flexibility that runs only through December 31, 2026.

3-1 Is suicide risk screened at intake and reassessed when risk factors change? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Is a safety plan documented for every client at elevated risk? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Do clinicians follow a written duty-to-warn/protect procedure based on state law? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Do clinicians consult a supervisor or peer before duty-to-warn decisions, with documentation? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Are boundary and dual-relationship policies in writing? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are all clinicians trained on boundary policies at least every two years? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 If yes to 2-1, does the practice have a plan if telehealth prescribing flexibilities end on January 1, 2027? ☐ Yes ☐ No
IF YES, EXPLAIN

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3-8 If yes to 2-1, is the state prescription monitoring program checked before every controlled prescription? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 If yes to 2-2, is every clinician licensed (or authorized through a compact) where each client is located? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Has the practice had a claim or board complaint involving suicide, duty to warn, or boundaries? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — MINORS, FORENSIC WORK, CREDENTIALING & DATA

4-1 If yes to 2-3, are consent to treat minors and parental access to records handled per state law? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 2-4, are forensic and custody evaluations performed only by qualified evaluators with separate engagement terms? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are telehealth sessions held on HIPAA-compliant platforms with client location verified each session? ☐ Yes ☐ No
IF YES, EXPLAIN

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

4-5 Is every employee and contractor screened against the OIG exclusion list at hire and monthly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Are criminal background checks completed before staff have patient contact? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Has a HIPAA security risk analysis been completed and updated within the last 12 months? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Is multi-factor authentication required for email, remote access, and the EHR? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Is patient data encrypted on laptops, mobile devices, and in transmission? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 Are backups kept offline or immutable, with restoration tested? ☐ Yes ☐ No
IF YES, EXPLAIN

4-11 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 ($)	TOTAL PAYROLL ($)	TELEHEALTH REVENUE ($)

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6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL LIABILITY CARRIER / LIMITS	LICENSING BOARD DEFENSE (Y / N)	ABUSE & MOLESTATION LIMIT

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 Are clinical notes completed promptly and stored securely? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Is clinical supervision provided for pre-licensed clinicians as required? ☐ 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