

For neurology practices, including stroke call, telestroke and teleneurology, EEG/EMG, neuromonitoring, and infusion services. Complete with ACORD 125 and the carrier's medical professional liability application. Attach a CV and board certification for each provider, a list of procedures performed with annual volumes, and ten years of loss runs for every provider and the practice entity.

1 APPLICANT / PRACTICE INFORMATION

PRACTICE LEGAL NAME	DBA	FEIN	YEARS IN PRACTICE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PRIMARY OFFICE ADDRESS	CITY / STATE / ZIP	WEBSITE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Entity type:
☐ Sole proprietor ☐ Professional corporation / PLLC ☐ LLC ☐ Partnership ☐ MSO / private-equity affiliated

PRIMARY CONTACT / TITLE	PHONE	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>
GROUP NPI	NUMBER OF OFFICE LOCATIONS	PROPOSED EFFECTIVE DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 OPERATIONS

Providers to be insured:

NAME	SPECIALTY / SUBSPECIALTY	BOARD CERTIFIED (Y/N)	YEARS IN PRACTICE	HOURS PER WEEK

Staff:

Physicians PAs / NPs CRNAs Nurses / MAs Other employees Patient visits per year

Where care is provided (check all that apply):

☐ Office ☐ Hospital (privileges) ☐ Ambulatory surgery center ☐ Practice-owned ASC or procedure suite ☐ Nursing homes / post-acute
☐ Telehealth

2-1 Do any providers work as locum tenens or moonlight for other employers? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Do PAs or NPs see patients without a physician on site? ☐ Yes ☐ No
 IF YES, EXPLAIN

Services (check all that apply):

☐ General neurology ☐ Stroke / vascular ☐ Epilepsy / EEG ☐ EMG / nerve conduction ☐ Movement disorders ☐ Headache
☐ MS / neuroimmunology ☐ Neuromuscular ☐ Sleep ☐ Intraoperative neuromonitoring ☐ Botulinum toxin ☐ Infusion suite

SHARE OF WORK IN HOSPITAL / ED CONSULTS (%)	TELESTROKE / TELENEUROLOGY VENDOR OR EMPLOYER
<input type="text"/>	<input type="text"/>

3 EXPOSURE & RISK QUESTIONS — STROKE, DIAGNOSIS & HOSPITAL WORK

In acute stroke malpractice cases, failure to give tPA was alleged in 71 of 246 ischemic stroke cases while only one alleged a tPA complication. Plaintiff verdicts averaged about \$9.7 million.

3-1 Do providers take stroke call or respond to stroke team activations? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 Is there a written protocol for thrombolytic (tPA / TNK) decisions with documented timing? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Is the reason for not giving thrombolytics documented in every eligible patient? ☐ Yes ☐ No
IF NO, EXPLAIN

3-4 Do providers practice telestroke or teleneurology? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 If yes to 3-4, is each provider licensed in every state where patients are seen? ☐ Yes ☐ No
IF NO, EXPLAIN

3-6 If yes to 3-4, does the vendor's or hospital's policy cover the provider? ☐ Yes ☐ No
IF NO, EXPLAIN

3-7 Are imaging results read after ED discharge tracked back to the patient? ☐ Yes ☐ No
IF NO, EXPLAIN

3-8 Do providers cover more than one hospital on call at the same time? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — PROCEDURES, TESTING & MEDICATIONS

Neurology claims commonly cite clinical judgment and communication failures, including supervision of neuromonitoring during spinal surgery.

EEG STUDIES PER YEAR	EMG / NCS PER YEAR	NEUROMONITORING CASES PER YEAR	INFUSIONS PER YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4-1 Is neuromonitoring supervised remotely? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 4-1, is there a written limit on cases supervised at once? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Are continuous or ambulatory EEGs read within a set time? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Do providers perform lumbar punctures, nerve blocks, or spine procedures? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Is the infusion suite staffed with nurses trained in reaction management? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Are controlled substances prescribed? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 If yes to 4-6, is the state prescription monitoring program checked before prescribing? ☐ Yes ☐ No
IF NO, EXPLAIN

4-8 Do providers take part in clinical trials? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	TESTING / INFUSION REVENUE (\$)	MEDICARE / MEDICAID REVENUE (\$)	TOTAL ANNUAL PAYROLL (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6 PRIOR INSURANCE & LOSS HISTORY

CURRENT CARRIER / LIMITS PER PROVIDER

ENTITY LIMITS (SEPARATE OR SHARED)

RETROACTIVE DATE

Current policy form:

☐ Claims-made ☐ Occurrence ☐ Self-insured / hospital program ☐ Risk retention group

DATE OF INCIDENT	PROVIDER / ALLEGATION	TOTAL INCURRED (\$)	OPEN / CLOSED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6-1 Has any claim alleged a missed or delayed stroke diagnosis? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has any provider's license, DEA registration, or hospital privileges been restricted, suspended, or investigated? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Will any departing provider need tail (extended reporting) coverage? ☐ Yes ☐ No
IF YES, EXPLAIN

6-4 Has any coverage been declined, cancelled, or non-renewed? ☐ Yes ☐ No
IF YES, EXPLAIN

6-5 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 Is every test result and referral tracked until the patient is notified and follow-up is done? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Does the practice document informed consent for every procedure? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Are APP-to-physician supervision ratios set in writing? ☐ Yes ☐ No
IF NO, EXPLAIN

7-4 Are hand-offs with ED and hospital teams documented? ☐ 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