OBSTETRICIAN SUPPLEMENTAL

For obstetric practices, including labor and delivery, high-risk pregnancy, and practices that supervise midwives. Gynecology-only practices use CWCO-SUP-GYN. 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

PRIMARY OFFICE ADDRESS | CITY / STATE / ZIP | WEBSITE

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

PRIMARY CONTACT / TITLE | PHONE | EMAIL

GROUP NPI | NUMBER OF OFFICE LOCATIONS | PROPOSED EFFECTIVE DATE

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

DELIVERIES PER YEAR (ALL PROVIDERS) | CESAREAN RATE (%) | VBAC / TOLAC PER YEAR | CERTIFIED NURSE MIDWIVES

High-risk care provided (check all that apply):
☐ Diabetes in pregnancy ☐ Preeclampsia ☐ Multiples ☐ Breech ☐ Morbid obesity ☐ MFM co-management ☐ Home or birth center backup

3 EXPOSURE & RISK QUESTIONS — LABOR, DELIVERY & FETAL MONITORING

In obstetric claims, management of labor made up 40% of claims and 49% of indemnity, with misread or unacted fetal monitoring strips a recurring factor. A 2026 jury awarded $38.8 million after an alleged 14-hour delay to cesarean.

3-1 Do delivering hospitals have in-house anesthesia and an OR available around the clock? ☐ Yes ☐ No
IF NO, EXPLAIN

3-2 Is there a written decision-to-incision time standard for emergency cesareans? ☐ Yes ☐ No
IF NO, EXPLAIN

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

3-3 Are providers certified in fetal monitoring interpretation? ☐ Yes ☐ No
IF NO, EXPLAIN

3-4 Are fetal monitoring strips archived and retrievable? ☐ Yes ☐ No
IF NO, EXPLAIN

3-5 Is there a written oxytocin protocol with a checklist? ☐ Yes ☐ No
IF NO, EXPLAIN

3-6 Are vacuum or forceps deliveries performed? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Are shoulder dystocia drills held at least yearly? ☐ Yes ☐ No
IF NO, EXPLAIN

3-8 Does any provider attend or back up deliveries outside a hospital? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — POSTPARTUM, MIDWIVES & CLAIM TAILS

Hemorrhage is the most common major maternal injury in claims, and more than half of postpartum claims studied were judged preventable. Midwife involvement appeared in 17% of claims but 25% of indemnity.

4-1 Is blood loss measured quantitatively after every delivery? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Is there a hemorrhage cart and massive transfusion protocol? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Are postpartum warning signs reported by patients triaged under a written protocol? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Are patients seen or contacted within the first weeks after delivery? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Are midwives and APPs scheduled on the policy with their own limits? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Do providers supervise residents? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Are records for infants kept until the state's minor claim deadline has passed? ☐ Yes ☐ No
IF NO, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE ($)	GLOBAL OBSTETRIC REVENUE ($)	MEDICARE / MEDICAID REVENUE ($)	TOTAL ANNUAL PAYROLL ($)

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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

6-1 Has any claim involved neonatal brain injury, brachial plexus injury, or stillbirth? ☐ 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 high-risk patients flagged for team review before delivery? ☐ Yes ☐ No
IF NO, EXPLAIN

7-4 Are adverse obstetric events debriefed with the team? ☐ 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

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