Covers occupational therapy practices, including pediatric, hand therapy, adult rehab, school-based contracts, and home-visit OT. Physical therapy uses CWCO-SUP-PT. 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

OT LICENSE NO(S). / STATES | LOCATIONS

2 OPERATIONS

OCCUPATIONAL THERAPISTS | OT ASSISTANTS | PEDIATRIC PATIENTS (%) | HOME / SCHOOL VISITS (%)

2-1 Does the practice treat children, including sensory or feeding therapy? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the practice fabricate custom splints or orthoses? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the practice recommend or install home modifications or adaptive equipment? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — PEDIATRIC THERAPY, SPLINTS & FALLS

Occupational therapy's severe exposures involve children — choking during feeding therapy and allegations of mistreatment — and hand splints that burn or cause pressure injuries. Falls during daily-living training are the everyday claim.

3-1 If yes to 2-1, is feeding therapy done only by therapists trained in swallowing and choking response? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 If yes to 2-1, may parents observe therapy sessions? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 If yes to 2-1, is unobserved one-on-one contact in closed rooms prohibited? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 If yes to 2-1, are staff background-checked before working with children? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 If yes to 2-1, are staff trained in mandated child abuse reporting? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 If yes to 2-2, are thermoplastic temperatures checked before fitting? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 If yes to 2-2, is skin checked for pressure and burns after fitting? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Are gait belts and guarding used during transfers and daily-living training? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Has the practice had a choking, abuse, splint-injury, or fall claim in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — HOME MODIFICATIONS, CREDENTIALING & DATA

4-1 If yes to 2-3, is modification work limited to recommendations, with installation by licensed contractors? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are OT assistants supervised as state law requires? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are licenses and certifications verified with the issuing board at hire and at each renewal? ☐ Yes ☐ No
IF YES, EXPLAIN

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

4-5 Are criminal background checks completed before staff have patient contact? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Has a HIPAA security risk analysis been completed and updated within the last 12 months? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Is multi-factor authentication required for email, remote access, and the EHR? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Is patient data encrypted on laptops, mobile devices, and in transmission? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Are backups kept offline or immutable, with restoration tested? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 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 ($)	TOTAL PAYROLL ($)	SCHOOL / AGENCY CONTRACTS ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL LIABILITY CARRIER / LIMITS	ABUSE & MOLESTATION LIMIT	HIRED & NON-OWNED AUTO (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 Are school and agency contracts reviewed for insurance and indemnity requirements? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are therapy tools and sensory equipment (swings, mats) inspected regularly? ☐ 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