

For medical and radiation oncology practices, including in-office infusion and practice-owned radiation centers. 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):

☐ Medical oncology    ☐ Radiation oncology    ☐ In-office chemotherapy infusion    ☐ Immunotherapy    ☐ Oral chemotherapy  
☐ Intrathecal chemotherapy    ☐ In-house pharmacy compounding    ☐ Clinical trials    ☐ Survivorship / palliative care

|                      |                      |                            |                      |
|----------------------|----------------------|----------------------------|----------------------|
| INFUSION CHAIRS      | INFUSIONS PER YEAR   | RADIATION COURSES PER YEAR | RN-TO-CHAIR RATIO    |
| <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="text"/> |

## 3 EXPOSURE & RISK QUESTIONS — CHEMOTHERAPY & INFUSION

In oncology claims, 29% alleged medication errors, most involving chemotherapy, and patient falls in the infusion setting paid 100% of the time.

3-1 Are chemotherapy orders entered only through electronic regimen templates? ☐ Yes ☐ No  
 IF NO, EXPLAIN

3-2 Are weight, BSA, and dose independently double-checked before mixing and at chairside? ☐ Yes ☐ No  
 IF NO, EXPLAIN

|                 |                                                                                                  |                                                          |
|-----------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 3-3             | Are lifetime cumulative doses tracked for drugs that have limits?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF NO, EXPLAIN  |                                                                                                  |                                                          |
| 3-4             | If intrathecal chemotherapy is given, is it separated in time and place from IV vinca alkaloids? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, EXPLAIN |                                                                                                  |                                                          |
| 3-5             | Is there an extravasation protocol with antidotes on hand?                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF NO, EXPLAIN  |                                                                                                  |                                                          |
| 3-6             | Are infusion nurses chemotherapy-certified?                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF NO, EXPLAIN  |                                                                                                  |                                                          |
| 3-7             | Are infusion patients assessed for fall risk and escorted after sedating premedication?          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF NO, EXPLAIN  |                                                                                                  |                                                          |
| 3-8             | Are oral chemotherapy patients monitored for adherence and labs?                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF NO, EXPLAIN  |                                                                                                  |                                                          |

#### 4 EXPOSURE & RISK QUESTIONS — RADIATION, HAZARDOUS DRUGS & DIAGNOSIS

*Radiation oncology lawsuits most often allege excessive or unnecessary radiation, with mean trial awards near \$4.7 million in one study.*

|                 |                                                                                          |                                                          |
|-----------------|------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 4-1             | Does a physicist independently check every radiation plan?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, EXPLAIN |                                                                                          |                                                          |
| 4-2             | Is linear accelerator QA done daily, monthly, and annually?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, EXPLAIN |                                                                                          |                                                          |
| 4-3             | Is the radiation program accredited (ASTRO APEx or ACR)?                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, EXPLAIN |                                                                                          |                                                          |
| 4-4             | Is the practice compliant with USP <800> for hazardous drugs?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF NO, EXPLAIN  |                                                                                          |                                                          |
| 4-5             | Are closed-system transfer devices used for hazardous drugs?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF NO, EXPLAIN  |                                                                                          |                                                          |
| 4-6             | Is there a written hazardous drug spill procedure?                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF NO, EXPLAIN  |                                                                                          |                                                          |
| 4-7             | Are restaging scans and tumor markers tracked so recurrence is not missed?               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF NO, EXPLAIN  |                                                                                          |                                                          |
| 4-8             | Does consent document treatment intent (curative or palliative) and expected toxicities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF NO, EXPLAIN  |                                                                                          |                                                          |

#### 5 PAYROLL, SALES & REVENUE

|                     |                              |                                  |                           |
|---------------------|------------------------------|----------------------------------|---------------------------|
| ANNUAL REVENUE (\$) | DRUG / INFUSION REVENUE (\$) | MEDICARE / MEDICAID REVENUE (\$) | TOTAL ANNUAL PAYROLL (\$) |
|                     |                              |                                  |                           |

## 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 involved a chemotherapy dosing error or radiation overdose? ☐ 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 infusion reaction drills and ACLS training current? ☐ Yes ☐ No

IF NO, EXPLAIN

7-4 Are medication errors and near misses reviewed? ☐ 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