Covers optometric practices, including eye exams, medical optometry, contact lenses, optical retail, and laser procedures where permitted. Ophthalmology surgical practices require separate underwriting. 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

OPTOMETRY LICENSE NO(S). / THERAPEUTIC LEVEL	LOCATIONS

2 OPERATIONS

OPTOMETRISTS	EXAMS PER YEAR	MEDICAL EYE CARE (%)	OPTICAL SALES (% OF REVENUE)

2-1 Do optometrists perform laser or minor surgical procedures? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the practice manage glaucoma or diabetic eye disease? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the practice fit specialty contact lenses (orthokeratology, scleral)? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — MISSED DIAGNOSES & PROCEDURES

Optometry's most severe claims involve blindness from diagnoses that were missed or not referred in time — glaucoma, retinal detachment, and diabetic eye disease. Where state law allows optometrists to perform laser procedures, those add surgical exposure.

3-1 Are dilated exams performed per guidelines? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are patient refusals of dilation documented? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Are patients with flashes, floaters, or sudden vision loss seen the same day or referred immediately? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Are referrals to ophthalmology tracked until the patient is seen? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 If yes to 2-2, are glaucoma patients monitored with visual fields and imaging on a documented schedule? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 If yes to 2-1, are laser procedures within the optometry scope of practice in the state? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 If yes to 2-1, is training and credentialing for each procedure documented? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Has the practice had a missed-diagnosis, procedure, or contact lens claim in the last 10 years? ☐ Yes ☐ No
IF YES, EXPLAIN

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

4 EXPOSURE & RISK QUESTIONS — CONTACT LENSES, OPTICAL, CREDENTIALING & DATA

4-1 Are contact lens patients given written hygiene and replacement instructions? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are contact lens prescriptions released to patients as the FTC Contact Lens Rule requires? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 2-3, are specialty lens patients followed on a documented schedule? ☐ 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 ($)	TOTAL PAYROLL ($)	OPTICAL RETAIL SALES ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

OPTOMETRIC PROFESSIONAL LIABILITY / LIMITS	BOP / PROPERTY (INCL. INVENTORY)	CYBER COVERAGE (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

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7 RISK MANAGEMENT

7-1 Are diagnostic instruments calibrated and maintained on schedule? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are no-show medical patients contacted and documented? ☐ 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