

Covers licensed wholesale distributors of prescription and over-the-counter drugs — primary and secondary wholesalers, specialty and biologics distributors, repackagers, and third-party logistics providers handling drugs. Pharmacies use the pharmacy form. Complete with ACORD 125/126. Attach state wholesale licenses, DEA registration (if any), accreditation certificate, and the top 10 suppliers and customers.

1

APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS
WAREHOUSE ADDRESS	CITY / STATE / ZIP	WEBSITE	
Entity type:			
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Other			
PRIMARY CONTACT / TITLE	PHONE	EMAIL	
DEA REGISTRATION NO. / SCHEDULES	STATES LICENSED IN	ACCREDITATION (E.G., NABP)	

2

OPERATIONS

DESCRIPTION OF THE BUSINESS (PRODUCTS, CUSTOMERS, TERRITORY, WAREHOUSES, SERVICES)

Applicant's role (check all):

☐ Primary (buys from manufacturers) ☐ Secondary wholesaler ☐ Specialty / biologics ☐ Repackager / relabeler ☐ Third-party logistics

☐ Virtual / drop-ship

PRODUCT CATEGORY	% OF SALES

Categories: generic Rx; brand Rx; controlled substances (CII-CV); specialty & biologics; vaccines; compounding ingredients (APIs); OTC; veterinary; medical devices; other.

Customers (check all):

☐ Independent pharmacies ☐ Chain pharmacies ☐ Hospitals / health systems ☐ Physician offices / clinics ☐ Long-term care

☐ Other wholesalers ☐ Compounding pharmacies ☐ Export

Size and volume:

Customer accounts Suppliers Warehouse locations Cold-chain sq. ft. Delivery vehicles

3

EXPOSURE & RISK QUESTIONS — CONTROLLED SUBSTANCES & SUPPLY CHAIN SECURITY

Distributors have spent years in coverage fights over opioid suits; Delaware's high court denied coverage in 2025 because the government suits did not seek damages for a specific person's injury. Many policies now exclude these claims.

3-1 Does the applicant distribute controlled substances, and what percentage of sales are Schedule II?

☐ Yes ☐ No

IF YES, EXPLAIN

3-2 Is there a written suspicious order monitoring program that holds and reports orders of unusual size, pattern, or frequency?

☐ Yes ☐ No

IF YES, EXPLAIN

3-3	Has the applicant been named in any opioid litigation or received a DEA order to show cause or subpoena?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-4	Does the current policy exclude opioids, controlled substances, or public nuisance claims?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-5	Does the applicant exchange DSCSA transaction data electronically and verify product identifiers at the package level?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-6	Are all trading partners verified as properly licensed or registered before each transaction?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-7	Is there a written procedure to quarantine and investigate suspect or illegitimate product?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-8	Does the applicant buy from other wholesalers, buy short-dated or diverted product, or import drugs?	☐ Yes ☐ No
IF YES, EXPLAIN		

4 EXPOSURE & RISK QUESTIONS — STORAGE, COLD CHAIN & SECURITY

4-1	Are storage areas temperature-mapped and monitored continuously, with alarms after hours?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-2	Are vaccines, biologics, and refrigerated drugs shipped in validated packaging with temperature recorders?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-3	Is there backup power for refrigerators and freezers?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-4	Are controlled substances kept in a DEA-compliant vault or cage with restricted access and cameras?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-5	Are employees with drug access background-checked and drug-tested, and are inventory counts reconciled?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-6	Has the applicant had a theft, hijacking, or unexplained inventory loss in the last 5 years?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-7	Does the applicant repackage, relabel, or provide drugs to compounding pharmacies?	☐ Yes ☐ No
IF YES, EXPLAIN		

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	NUMBER OF EMPLOYEES	DRIVERS
PROJECTED ANNUAL GROSS SALES (\$, ILLUSTRATIVE)	PRIOR YEAR SALES (\$, ILLUSTRATIVE)	CONTROLLED SUBSTANCE SALES (\$, ILLUSTRATIVE)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

CURRENT GL / PRODUCTS CARRIER

PRODUCTS LIMITS

UMBRELLA LIMIT

6-1 Has any carrier declined, cancelled, or non-renewed coverage for this business in the last 5 years?

☐ Yes ☐ No

IF YES, EXPLAIN

6-2 Has the applicant had a license suspended, a recall, or an FDA, DEA, or state board action?

☐ Yes ☐ No

IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$, ILLUSTRATIVE)	OPEN / CLOSED

6-3 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 & SAFETY

7-1 Is there a written recall procedure that notifies customers within 24 hours of a manufacturer recall?

☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Is there a compliance officer responsible for DEA, DSCSA, and state licensing?

☐ Yes ☐ No

IF YES, EXPLAIN

7-3 Are customer due-diligence files (licenses, site visits, dispensing data) kept and reviewed annually?

☐ 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