PHARMACY BUSINESS SUPPLEMENTAL

Covers independent retail, specialty, long-term care, and compounding pharmacies, including mail-order. Outsourcing facilities (503B) 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

PHARMACY LICENSE NO(S). / DEA REGISTRATION	FULL-TIME PHARMACISTS + TECHNICIANS

2 OPERATIONS

PRESCRIPTIONS PER YEAR	CONTROLLED SUBSTANCES (% OF RX)	MAIL / DELIVERY (% OF RX)	FRONT-STORE SALES ($)

2-1 Does the pharmacy compound medications? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the pharmacy compound GLP-1 drugs (semaglutide, tirzepatide, liraglutide)? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the pharmacy provide sterile compounding or hazardous-drug compounding? ☐ Yes ☐ No
IF YES, EXPLAIN

2-4 Does the pharmacy give immunizations or provide clinical services (testing, prescribing)? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — DISPENSING ERRORS, COMPOUNDING & CONTROLLED SUBSTANCES

Pharmacy claims usually involve the wrong drug or dose. FDA ended the GLP-1 shortages in 2024-2025 and in April 2026 proposed barring bulk compounding of semaglutide, tirzepatide, and liraglutide — compounding "essentially a copy" is no longer permitted without a patient-specific clinical need.

3-1 Are all prescriptions verified by a pharmacist before release? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Is barcode scanning used to confirm the drug at fill? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Are high-alert medications (insulin, anticoagulants, opioids, methotrexate) double-checked? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Is patient counseling offered and documented for new prescriptions? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 If yes to 2-2, is every compounded GLP-1 prescription supported by a documented patient-specific clinical need? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 If yes to 2-2, are dosing instructions and syringes provided to prevent measurement errors? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 If yes to 2-3, does sterile and hazardous compounding comply with USP 797 and 800? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Are controlled-substance inventories reconciled on a regular schedule? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Are red-flag controlled-substance prescriptions investigated before filling? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Has the pharmacy had a dispensing-error, compounding, or controlled-substance claim or action in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — SUPPLY CHAIN, CLINICAL SERVICES, CREDENTIALING & DATA

4-1 Are drugs bought only from authorized trading partners? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are DSCSA transaction records kept for all purchases? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Has the pharmacy confirmed whether it qualifies for the DSCSA small-dispenser exemption through November 2027? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 If yes to 2-4, are pharmacists trained and authorized under state law for each clinical service? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are licenses and certifications verified with the issuing board at hire and at each renewal? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Is every employee and contractor screened against the OIG exclusion list at hire and monthly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Are criminal background checks completed before staff have patient contact? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Has a HIPAA security risk analysis been completed and updated within the last 12 months? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Is multi-factor authentication required for email, remote access, and the EHR? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 Is patient data encrypted on laptops, mobile devices, and in transmission? ☐ Yes ☐ No
IF YES, EXPLAIN

4-11 Are backups kept offline or immutable, with restoration tested? ☐ Yes ☐ No
IF YES, EXPLAIN

4-12 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 ($)	COMPOUNDING REVENUE ($)	TOTAL PAYROLL ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PHARMACIST PROFESSIONAL LIABILITY / LIMITS	PRODUCTS LIABILITY (Y / N)	CRIME (THEFT / DIVERSION) (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 dispensing errors reported and reviewed through a quality-improvement program? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Is the pharmacy secured with alarms and a controlled-substance safe or cabinet? ☐ 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