Covers outpatient physical therapy practices, including sports, orthopedic, pelvic health, vestibular, and home-visit PT. Occupational therapy uses CWCO-SUP-OT. 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

CLINIC / PT LICENSE NO(S). | LOCATIONS

2 OPERATIONS

PHYSICAL THERAPISTS | PT ASSISTANTS / AIDES | VISITS PER YEAR | PATIENTS AGE 65+ (%)

2-1 Do therapists perform dry needling? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Are modalities used (hot packs, ultrasound, electrical stimulation, traction)? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the practice provide pelvic-floor or other intimate therapy? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — DRY NEEDLING, FALLS & BURNS

About 40 states let physical therapists dry needle; California, Hawaii, and New York do not. Needling over the chest or lower neck can cause a collapsed lung, and those claims are described as essentially indefensible. Patient falls and modality burns are the everyday claims.

3-1 If yes to 2-1, is dry needling within the PT scope of practice in every state where it is performed? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 If yes to 2-1, has every therapist who needles completed the training the state board requires? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 If yes to 2-1, are written protocols followed for needling over the thorax and lower neck, including needle depth and angle limits? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 If yes to 2-1, does every patient sign an informed consent naming pneumothorax as a risk? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Are gait belts and guarding used for patients at fall risk during therapy? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 If yes to 2-2, are hot packs used with adequate layers and skin checks? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 If yes to 2-2, is modality equipment calibrated and safety-checked yearly? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Has the practice had a pneumothorax, fall, burn, or treatment-injury claim in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — AIDES, BOUNDARIES, CREDENTIALING & DATA

4-1 Are aides limited to tasks state law permits, under direct PT supervision? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 2-3, are chaperones offered for intimate therapy? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 2-3, is specific written consent documented before intimate therapy? ☐ 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 ($)	TOTAL PAYROLL ($)	MEDICARE (% OF REVENUE)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL LIABILITY CARRIER / LIMITS	GL CARRIER / LIMITS	ABUSE & MOLESTATION LIMIT

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 plans of care certified by physicians where payers or states require? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are exercise equipment and treatment tables 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