

Covers podiatric practices, including diabetic foot care, wound care, office procedures, and foot and ankle surgery. 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	
PODIATRIC LICENSE NO(S) / STATES	BOARD CERTIFICATION (ABFAS / ABPM)		

2 OPERATIONS

PODIATRISTS	PATIENT VISITS PER YEAR	DIABETIC PATIENTS (%)	SURGERIES PER YEAR
2-1 Do podiatrists perform surgery (bone, reconstructive, or ankle)? ☐ Yes ☐ No			
IF YES, EXPLAIN			
2-2 Are procedures performed in the office under sedation? ☐ Yes ☐ No			
IF NO, EXPLAIN			
2-3 Does the practice provide wound care for diabetic ulcers? ☐ Yes ☐ No			
IF YES, EXPLAIN			

3 EXPOSURE & RISK QUESTIONS — DIABETIC FOOT CARE & SURGERY

Podiatry's most severe claims involve diabetic foot ulcers and infections that end in amputation when follow-up or referral fails, and complications of foot and ankle surgery.

3-1 If yes to 2-3, are diabetic ulcers measured and documented at every visit? ☐ Yes ☐ No	
IF NO, EXPLAIN	
3-2 If yes to 2-3, is there a written plan (referral or advanced therapy) when healing stalls? ☐ Yes ☐ No	
IF NO, EXPLAIN	
3-3 If yes to 2-3, are patients with signs of serious infection or ischemia referred the same day? ☐ Yes ☐ No	
IF YES, EXPLAIN	
3-4 Are no-show diabetic patients contacted and documented? ☐ Yes ☐ No	
IF NO, EXPLAIN	
3-5 If yes to 2-1, are surgeons board-certified or board-qualified in foot and ankle surgery? ☐ Yes ☐ No	
IF NO, EXPLAIN	
3-6 If yes to 2-1, is informed consent documented, including risks of nonunion, infection, and nerve injury? ☐ Yes ☐ No	
IF YES, EXPLAIN	
3-7 Has the practice had an amputation, surgical-complication, or infection claim in the last 10 years? ☐ Yes ☐ No	
IF YES, EXPLAIN	

4 EXPOSURE & RISK QUESTIONS — OFFICE PROCEDURES, CREDENTIALING & DATA

4-1 If yes to 2-2, is sedation given only with continuous monitoring equipment? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 2-2, is staff trained in airway management present for every sedation? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Are instruments sterilized with monitoring logs? ☐ 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 NO, 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 NO, EXPLAIN

4-10 Are backups kept offline or immutable, with restoration tested? ☐ Yes ☐ No
IF NO, EXPLAIN

4-11 Are website tracking tools (pixels, analytics) reviewed so patient information isn't shared with vendors? ☐ Yes ☐ No
IF NO, 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.

PODIATRIC PROFESSIONAL LIABILITY / LIMITS RETRO DATE / TAIL COVERAGE 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

7 RISK MANAGEMENT

7-1

Are surgical privileges held at a hospital or ASC for the procedures performed?

☐ Yes ☐ No

IF NO, EXPLAIN

7-2

Are billing and documentation audited yearly?

☐ 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