

For pulmonology practices, including critical care, interventional pulmonology, sleep medicine, and practice-owned sleep labs or DME. Complete with ACORD 125 and the carrier's medical professional liability application. Attach a CV and board certification for each provider, a list of procedures performed with annual volumes, and ten years of loss runs for every provider and the practice entity.

1 APPLICANT / PRACTICE INFORMATION

PRACTICE LEGAL NAME	DBA	FEIN	YEARS IN PRACTICE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PRIMARY OFFICE ADDRESS	CITY / STATE / ZIP	WEBSITE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Entity type:
☐ Sole proprietor ☐ Professional corporation / PLLC ☐ LLC ☐ Partnership ☐ MSO / private-equity affiliated

PRIMARY CONTACT / TITLE	PHONE	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>
GROUP NPI	NUMBER OF OFFICE LOCATIONS	PROPOSED EFFECTIVE DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 OPERATIONS

Providers to be insured:

NAME	SPECIALTY / SUBSPECIALTY	BOARD CERTIFIED (Y/N)	YEARS IN PRACTICE	HOURS PER WEEK

Staff:

Physicians PAs / NPs CRNAs Nurses / MAs Other employees Patient visits per year

Where care is provided (check all that apply):

☐ Office ☐ Hospital (privileges) ☐ Ambulatory surgery center ☐ Practice-owned ASC or procedure suite ☐ Nursing homes / post-acute
☐ Telehealth

2-1 Do any providers work as locum tenens or moonlight for other employers? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Do PAs or NPs see patients without a physician on site? ☐ Yes ☐ No
 IF YES, EXPLAIN

Services (check all that apply):

☐ Office pulmonary ☐ Critical care / ICU ☐ Tele-ICU ☐ Sleep medicine ☐ Sleep lab ☐ Home sleep testing
☐ Bronchoscopy / EBUS ☐ Pleural procedures ☐ PFT lab ☐ Pulmonary rehab ☐ Lung cancer screening ☐ Interstitial lung disease

BRONCHOSCOPIES PER YEAR	ICU BEDS COVERED	SLEEP STUDIES PER YEAR	THORACENTESES PER YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3 EXPOSURE & RISK QUESTIONS — DIAGNOSIS, NODULES & CRITICAL CARE

In MedPro pulmonology claims, diagnosis errors made up 54% of cases and 67% of dollars paid, most involving lung cancer. 60% of cases involved a death.

3-1 Is there a registry tracking every lung nodule to its next scan or result? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Is it written who owns follow-up of incidental findings on imaging? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3	Do follow-up intervals follow Fleischner or Lung-RADS guidelines?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-4	Do providers staff an ICU at night?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-5	Is the ICU a closed unit run by the practice?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-6	Are code status and end-of-life discussions documented?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-7	Are labs monitored on a schedule for patients on immunosuppressants or antifibrotics?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-8	Do providers practice tele-ICU or telehealth across state lines?	☐ Yes ☐ No
IF YES, EXPLAIN		

4 EXPOSURE & RISK QUESTIONS — PROCEDURES, SLEEP LABS & EQUIPMENT

The Philips CPAP recall covered more than 15 million devices and led to a \$1.1 billion injury settlement. Practices that own sleep labs or supply equipment carry exposure their physician policy may not cover.

4-1	Is sedation for bronchoscopy given by anesthesia providers?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-2	Is pneumothorax after procedures watched for under a written protocol?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-3	Does the practice own or direct a sleep lab?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-4	If yes to 4-3, is it AASM accredited with overnight emergency procedures?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-5	Does the practice own a DME, oxygen, or CPAP supply business?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-6	Were patients on recalled CPAP or ventilator devices notified, with follow-up documented?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-7	Are home oxygen patients educated in writing about smoking and fire risk?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-8	Is the PFT lab supervised by a physician?	☐ Yes ☐ No
IF NO, EXPLAIN		

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	SLEEP LAB / DME REVENUE (\$)	MEDICARE / MEDICAID REVENUE (\$)	TOTAL ANNUAL PAYROLL (\$)

6 PRIOR INSURANCE & LOSS HISTORY

CURRENT CARRIER / LIMITS PER PROVIDER

ENTITY LIMITS (SEPARATE OR SHARED)

RETROACTIVE DATE

Current policy form:

☐ Claims-made ☐ Occurrence ☐ Self-insured / hospital program ☐ Risk retention group

DATE OF INCIDENT	PROVIDER / ALLEGATION	TOTAL INCURRED (\$)	OPEN / CLOSED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6-1 Has any claim alleged a missed or delayed lung cancer diagnosis? ☐ Yes ☐ No

IF YES, EXPLAIN

6-2 Has any provider's license, DEA registration, or hospital privileges been restricted, suspended, or investigated? ☐ Yes ☐ No

IF YES, EXPLAIN

6-3 Will any departing provider need tail (extended reporting) coverage? ☐ Yes ☐ No

IF YES, EXPLAIN

6-4 Has any coverage been declined, cancelled, or non-renewed? ☐ Yes ☐ No

IF YES, EXPLAIN

6-5 Is the applicant aware of any incident or circumstance that could give rise to a claim? ☐ Yes ☐ No

IF YES, EXPLAIN

7 RISK MANAGEMENT & SAFETY

7-1 Is every test result and referral tracked until the patient is notified and follow-up is done? ☐ Yes ☐ No

IF NO, EXPLAIN

7-2 Does the practice document informed consent for every procedure? ☐ Yes ☐ No

IF NO, EXPLAIN

7-3 Are abnormal imaging results acknowledged by a provider before filing? ☐ Yes ☐ No

IF NO, EXPLAIN

7-4 Are ICU hand-offs documented at every shift change? ☐ 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