

For regulatory affairs and compliance consultants, including FDA submissions, environmental permits, SEC/FINRA compliance, and healthcare reimbursement. Complete with ACORD 125. Attach a description of services, a sample client contract or engagement letter, resumes or credentials of key professionals, and five years of loss runs.

1 APPLICANT / BUSINESS INFORMATION

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

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Nonprofit

PRIMARY CONTACT / TITLE	PHONE	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>

LICENSES / CERTIFICATIONS HELD	PROFESSIONAL STAFF / TOTAL EMPLOYEES
<input type="text"/>	<input type="text"/>

2 OPERATIONS

Services provided (check all that apply):
☐ FDA device submissions ☐ FDA drug / biologic submissions ☐ EPA / environmental permits ☐ SEC / FINRA compliance
☐ CMS reimbursement / coding ☐ State licensing applications ☐ Compliance audits ☐ Mock inspections ☐ Policy drafting

SUBMISSIONS VS. ADVISORY WORK (%)	FORMER AGENCY STAFF ON TEAM	ATTORNEYS ON STAFF
<input type="text"/>	<input type="text"/>	<input type="text"/>

LARGEST CLIENT (% OF REVENUE)	WORK OUTSIDE YOUR HOME STATE (%)	WORK SUBCONTRACTED (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>

2-1 Do you sign or certify submissions on a client's behalf? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Is every engagement under a signed written contract or engagement letter? ☐ Yes ☐ No
 IF NO, EXPLAIN

2-3 Do contracts limit your liability (e.g., to fees paid)? ☐ Yes ☐ No
 IF NO, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — SCOPE & SUBMISSION QUALITY

A Florida judge awarded advisors nearly \$1.5M after negligent compliance advice led to a regulatory investigation and lost accounts.

3-1 Does every engagement letter define the regulatory scope? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Does every engagement letter state the client is responsible for its submissions? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Do you disclaim legal advice in writing when no attorney is engaged? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Does a second qualified reviewer check each submission before delivery? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-5 Are advice and deliverables kept under version control? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-6 Do you confirm current agency guidance before each submission strategy? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-7 Has a client received a refuse-to-accept or deficiency letter on your submission? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Do you charge contingency fees tied to approval or reimbursement? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — FRAUD, BILLING & ENFORCEMENT EXPOSURE

An Ohio coding consultant paid \$30,000 and accepted a 3-year federal program exclusion over billing-code advice.

4-1 Do you give billing or coding advice for federal health programs? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are staff screened against the OIG exclusion list? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Is there a written policy for escalating suspected client noncompliance? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Is coding and reimbursement advice given in writing with citations? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Have you been named in a qui tam suit or agency enforcement action? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Have you received an agency subpoena or civil investigative demand? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Has a client sought indemnity from you after an enforcement action? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Could a flawed submission you prepared lead to patient injury? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	LARGEST SINGLE CONTRACT (\$)	SUBCONTRACTOR COSTS (\$)	TOTAL ANNUAL PAYROLL (\$)

6 PRIOR INSURANCE & LOSS HISTORY

CURRENT E&O CARRIER / LIMITS	DEDUCTIBLE / RETROACTIVE DATE	EXPIRATION DATE

DATE OF CLAIM	DESCRIPTION	TOTAL INCURRED (\$)	OPEN / CLOSED

6-1 Has a claim alleged negligent compliance advice? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has a client refused to pay or sued over fees in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Has any license, certification, or registration been suspended, disciplined, or investigated? ☐ 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 Are client files and work papers retained for a set period under a written policy?

☐ Yes ☐ No

IF NO, EXPLAIN

7-2 Is multifactor authentication required for email and client data?

☐ Yes ☐ No

IF NO, EXPLAIN

7-3 Do staff complete annual regulatory update training?

☐ Yes ☐ No

IF NO, EXPLAIN

7-4 Is PHI handled under a business associate agreement?

☐ 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