

For sleep disorder centers and labs offering in-lab sleep studies, home sleep apnea testing, interpretation, and CPAP or oral appliance therapy, including centers that supply CPAP equipment. Complete with ACORD 125 and 140 and the carrier's medical professional application. Attach the staff roster with credentials, any staffing company contracts, accreditation documents, the chaperone policy, 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"/> |
| CENTER ADDRESS       | CITY / STATE / ZIP   | WEBSITE              |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |

**Entity type:**  
☐ Sole proprietor    ☐ Partnership    ☐ LLC    ☐ Corporation    ☐ Professional corporation

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

|                                               |                               |
|-----------------------------------------------|-------------------------------|
| MEDICAL DIRECTOR (NAME / BOARD CERTIFICATION) | ACCREDITATION (AASM OR OTHER) |
| <input type="text"/>                          | <input type="text"/>          |

## 2 OPERATIONS

**Locations, staff, and volume:**

|                                          |                                       |                                       |                                          |                                              |
|------------------------------------------|---------------------------------------|---------------------------------------|------------------------------------------|----------------------------------------------|
| <input type="text"/> Lab locations       | <input type="text"/> Sleep study beds | <input type="text"/> Sleep physicians | <input type="text"/> Sleep technologists | <input type="text"/> In-lab studies per year |
| <input type="text"/> Home tests per year |                                       |                                       |                                          |                                              |

**Services offered (check all that apply):**

|                                               |                                                   |                                                   |                                                   |                                                             |
|-----------------------------------------------|---------------------------------------------------|---------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> In-lab sleep studies | <input type="checkbox"/> CPAP titration           | <input type="checkbox"/> Home sleep apnea tests   | <input type="checkbox"/> Daytime nap tests (MSLT) | <input type="checkbox"/> Interpretation for other providers |
| <input type="checkbox"/> CPAP / DME supply    | <input type="checkbox"/> Oral appliance referrals | <input type="checkbox"/> Insomnia therapy (CBT-I) |                                                   |                                                             |

2-1 Does the center test children under 18? ☐ Yes ☐ No  
 IF YES, EXPLAIN

2-2 Are any technologists supplied by a staffing company or contractor? ☐ Yes ☐ No  
 IF YES, EXPLAIN

2-3 Does the center interpret studies for other facilities or physicians? ☐ Yes ☐ No  
 IF YES, EXPLAIN

## 3 EXPOSURE & RISK QUESTIONS — OVERNIGHT STUDIES & PATIENT SAFETY

Overnight studies put sleeping or drowsy patients alone with a technologist. In Florida, a contract technician was arrested after allegedly touching women during sleep studies and telling them it was needed for better readings.

3-1 Is every sleeping patient monitored by video for the full study? ☐ Yes ☐ No  
 IF NO, EXPLAIN

3-2 Is there a written chaperone policy for technologist contact with patients? ☐ Yes ☐ No  
 IF NO, EXPLAIN

3-3 Is a technologist ever the only staff member in the building overnight? ☐ Yes ☐ No  
 IF YES, EXPLAIN

3-4 Are all technologists, including contractors, background-checked? ☐ Yes ☐ No  
 IF NO, EXPLAIN

3-5 Are all technologists credentialed (RPSGT or equivalent)? ☐ Yes ☐ No  
 IF NO, EXPLAIN

3-6 Are all technologists certified in basic life support? ☐ Yes ☐ No  
 IF NO, EXPLAIN

3-7 Are patients assisted when walking while connected to equipment at night? ☐ Yes ☐ No  
IF NO, EXPLAIN

3-8 Is there a written plan for calling 911 when a patient has a cardiac or breathing emergency? ☐ Yes ☐ No  
IF NO, EXPLAIN

3-9 Are high-risk patients (heart failure, COPD, oxygen users) tested only in the lab? ☐ Yes ☐ No  
IF NO, EXPLAIN

#### 4 EXPOSURE & RISK QUESTIONS — INTERPRETATION, HOME TESTING & EQUIPMENT

*Home sleep tests are appropriate only for patients at moderate to high risk of sleep apnea without serious other illness. Philips' 2021 CPAP recall reached 5.5 million devices and ended in a \$1.1 billion settlement.*

4-1 Are all studies interpreted by board-certified sleep physicians? ☐ Yes ☐ No  
IF NO, EXPLAIN

4-2 Are urgent findings (severe apnea, dangerous heart rhythms) reported to the ordering provider within 24 hours? ☐ Yes ☐ No  
IF NO, EXPLAIN

4-3 Are patients with severe apnea warned in writing about drowsy driving? ☐ Yes ☐ No  
IF NO, EXPLAIN

4-4 Are home test devices cleaned and disinfected between patients under a written procedure? ☐ Yes ☐ No  
IF NO, EXPLAIN

4-5 Is identity verified so the right patient wears each home test? ☐ Yes ☐ No  
IF NO, EXPLAIN

4-6 Does the center sell, rent, or fit CPAP equipment? ☐ Yes ☐ No  
IF YES, EXPLAIN

4-7 If yes to 4-6, does the center track device serial numbers so it can reach patients in a recall? ☐ Yes ☐ No  
IF NO, EXPLAIN

4-8 Is the center accredited as a DME supplier? ☐ Yes ☐ No  
IF YES, EXPLAIN

#### 5 PAYROLL, SALES & REVENUE

| ANNUAL REVENUE (\$) | DME REVENUE (\$) | INTERPRETATION REVENUE (\$) | TOTAL ANNUAL PAYROLL (\$) |
|---------------------|------------------|-----------------------------|---------------------------|
|                     |                  |                             |                           |

#### 6 PRIOR INSURANCE & LOSS HISTORY

*Attach currently valued loss runs for the last 5 years.*

| MALPRACTICE CARRIER / LIMITS | RETROACTIVE DATE | EXPIRATION DATE |
|------------------------------|------------------|-----------------|
|                              |                  |                 |

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

6-1 Has a patient alleged inappropriate touching or misconduct during a study? ☐ Yes ☐ No  
IF YES, EXPLAIN

6-2 Has a patient fallen or had a medical emergency during a study? ☐ Yes ☐ No  
IF YES, EXPLAIN

6-3 Has any coverage been declined, cancelled, or non-renewed? ☐ Yes ☐ No  
IF YES, EXPLAIN

6-4 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 Do staffing contracts require the staffing company to carry liability and abuse coverage naming the center?

☐ Yes ☐ No

IF NO, EXPLAIN

7-2 Are study recordings kept for a set period under a written policy?

☐ Yes ☐ No

IF NO, EXPLAIN

7-3 Is interpretation accuracy peer-reviewed at least 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        |
| <div></div>                                       | <div></div>                         | <div></div> |
| PRODUCER — CORY WASHINGTON & CO. LLC              | PRODUCER SIGNATURE (TYPE FULL NAME) | DATE        |
| <div></div>                                       | <div></div>                         | <div></div> |