

Covers speech-language pathology practices and contract therapy companies: clinic-based, home-based and early intervention, school contracts, facility contracts (skilled nursing, hospital, rehab), and telepractice. Complete with ACORD 125/126. Attach a list of clinicians with license numbers and states, and any facility or school contracts with insurance or indemnity terms.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA / PRACTICE NAME	FEIN	YEARS IN BUSINESS
PRACTICE ADDRESS	CITY / STATE / ZIP	WEBSITE	

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Professional Corporation (PC) ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

OWNER'S STATE LICENSE NO. / ASHA CCC NO.	STATES WHERE CLIENTS ARE SERVED

2 OPERATIONS

DESCRIPTION OF THE PRACTICE (SETTINGS, POPULATIONS, TYPICAL CASELOAD, REFERRAL SOURCES)

Practice settings (check all that apply):

- ☐ Outpatient clinic ☐ Client homes / early intervention ☐ School district contracts ☐ Skilled nursing / long-term care contracts
☐ Hospital / rehab contracts ☐ Telepractice ☐ Daycare / preschool on-site

SERVICE AREA	% OF ANNUAL REVENUE

Areas: articulation / language; fluency; voice; dysphagia / swallowing (adult); pediatric feeding; AAC / assistive technology; cognitive-communication; accent / corporate speech; other.

Staffing:

- ☐ Licensed SLPs ☐ Clinical fellows (CFs) ☐ SLP assistants (SLPAs) ☐ 1099 contract SLPs ☐ States with active clients

2-1 Does the applicant place its clinicians in other organizations' facilities (staffing or contract therapy) under written agreements? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Do any facility or school contracts require the applicant to indemnify the facility or name it as additional insured? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — DYSPHAGIA & FEEDING

Swallowing and feeding work carries the highest-severity exposure in this class: a missed aspiration risk or unclear diet recommendation can lead to choking death or aspiration pneumonia, and dysphagia malpractice has its own body of case law.

3-1 Does the applicant evaluate or treat swallowing disorders (dysphagia) in adults? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 Does the applicant provide pediatric or infant feeding therapy? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Do clinicians perform or interpret instrumental swallow studies (modified barium swallow or FEES)? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes, state which studies, where they are performed, whether a physician order is required, and how clinician competency for FEES endoscopy is documented.

3-4 Are diet texture and liquid recommendations written using a standardized framework (e.g., IDDSI) and given in writing to the facility, caregivers, and client? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Is there a documented hand-off when a facility's staff, not the applicant, is responsible for carrying out diet and supervision recommendations? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 In the past 5 years, has any client choked, aspirated, or developed aspiration pneumonia that was linked to the applicant's evaluation or recommendations? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — CHILDREN, HOME VISITS & TELEPRACTICE

4-1 Do clinicians see minors alone in client homes, daycares, or private treatment rooms? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are criminal background checks (including sex offender registry) completed for every clinician and assistant before client contact? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Is there a written policy on parent observation, open doors or windows, and prohibited one-on-one contact outside sessions? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Is every clinician licensed in the state where the client is located at the time of service, including for telepractice? ☐ Yes ☐ No
IF YES, EXPLAIN

The Audiology & Speech-Language Pathology Interstate Compact will allow practice across member states only once privileges to practice are issued; until then, a license in the client's state is generally required.

4-5 Is the telepractice platform covered by a business associate agreement and secure enough for health information? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 For school contracts, does the applicant track delivery of service minutes required by each student's IEP? ☐ Yes ☐ No
IF YES, EXPLAIN

5 EXPOSURE & RISK QUESTIONS — SUPERVISION, DOCUMENTATION & BILLING

Billing for services not provided, duplicate claims, and inflated time are recurring enforcement actions against pediatric therapy practices, including a 2018 federal health care fraud conviction of a Texas speech therapist on \$821,145 in Medicaid claims.

5-1 Are clinical fellows and SLP assistants supervised at the frequency and in the manner required by state rules, with supervision documented? ☐ Yes ☐ No
IF YES, EXPLAIN

5-2 Does the applicant bill Medicaid, Medicare, or other government payers? ☐ Yes ☐ No
IF YES, EXPLAIN

5-3 Is there a written billing compliance program, with periodic internal or external audits of coding and documentation? ☐ Yes ☐ No
IF YES, EXPLAIN

5-4 Does session documentation record start and stop times and match the units billed? ☐ Yes ☐ No
IF YES, EXPLAIN

5-5 In the past 5 years, has the applicant been subject to a payer audit, recoupment demand, or government investigation? ☐ Yes ☐ No
IF YES, EXPLAIN

6 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	NUMBER OF W-2 CLINICIANS	NUMBER OF ADMIN STAFF
PROJECTED ANNUAL GROSS REVENUE (\$, ILLUSTRATIVE)	PRIOR YEAR REVENUE (\$, ILLUSTRATIVE)	ANNUAL TREATMENT SESSIONS

6-1 Do 1099 contract SLPs carry their own professional liability insurance? ☐ Yes ☐ No

IF YES, EXPLAIN

7 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years for professional and general liability.

CURRENT PROFESSIONAL LIABILITY CARRIER	CURRENT PL LIMITS	RETROACTIVE DATE (IF CLAIMS-MADE)

7-1 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Has any clinician had a licensing board complaint or disciplinary action? ☐ Yes ☐ No

IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$, ILLUSTRATIVE)	OPEN / CLOSED

7-3 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

8 RISK MANAGEMENT & SAFETY

8-1 Do clinicians complete continuing education in dysphagia before providing swallowing services? ☐ Yes ☐ No

IF YES, EXPLAIN

8-2 Are records retained for the period required by state law (longer for minors)? ☐ Yes ☐ No

IF YES, EXPLAIN

8-3 Is there a written incident and complaint process, including notice to the insurer? ☐ Yes ☐ No

IF YES, EXPLAIN

8-4 Do clinicians verify each client's identity and current diet orders at the start of each facility session? ☐ Yes ☐ No

IF YES, EXPLAIN

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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