

For virtual care practices and platforms, including telemedicine, teletherapy, remote patient monitoring, and prescribing platforms. Complete with CWCO-SUP-CORE, ACORD 125, and CWCO-SUP-CYBER. In-person clinics use their HLTH-family form.

## 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

|                                                  |                                |                         |
|--------------------------------------------------|--------------------------------|-------------------------|
| PRIMARY CONTACT / TITLE                          | PHONE                          | EMAIL                   |
| <input type="text"/>                             | <input type="text"/>           | <input type="text"/>    |
| CLINICIANS (PHYSICIANS / NPS / PAS / THERAPISTS) | STATES WHERE PATIENTS ARE SEEN | VIRTUAL VISITS PER YEAR |
| <input type="text"/>                             | <input type="text"/>           | <input type="text"/>    |

## 2 SERVICES

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

- ☐ Urgent care / primary care    ☐ Behavioral health / therapy    ☐ Psychiatry    ☐ Weight loss / GLP-1    ☐ Dermatology  
☐ Remote patient monitoring    ☐ Specialty consults    ☐ Direct-to-consumer platform

2-1 Are controlled substances prescribed through telehealth? ☐ Yes ☐ No  
 IF YES, EXPLAIN

2-2 Does the business operate a platform connecting patients with independent clinicians? ☐ Yes ☐ No  
 IF YES, EXPLAIN

2-3 Are any patients under 18? ☐ Yes ☐ No  
 IF YES, EXPLAIN

2-4 Are AI tools used in triage, diagnosis, or documentation? ☐ Yes ☐ No  
 IF YES, EXPLAIN

## 3 EXPOSURE & RISK QUESTIONS — PRESCRIBING, LICENSURE & REMOTE DIAGNOSIS

Federal permission to prescribe controlled substances by telehealth without an in-person visit runs through December 31, 2026, with a permanent DEA rule under review since August 2026. Medicare's telehealth rules briefly lapsed in late 2025. Licensure in the patient's state and knowing when a screen isn't enough are core defenses.

3-1 Is every clinician licensed in each state where their patients are located at the time of the visit? ☐ Yes ☐ No  
 IF NO, EXPLAIN

3-2 Is the patient's identity verified at every visit? ☐ Yes ☐ No  
 IF NO, EXPLAIN

3-3 Is the patient's physical location confirmed at every visit? ☐ Yes ☐ No  
 IF NO, EXPLAIN

3-4 If yes to 2-1, is there a written plan to comply with DEA rules when the current flexibilities end? ☐ Yes ☐ No  
 IF NO, EXPLAIN

3-5 If yes to 2-1, are state prescription monitoring databases checked before prescribing? ☐ Yes ☐ No  
 IF NO, EXPLAIN

3-6 Are there written criteria for referring patients to in-person or emergency care? ☐ Yes ☐ No  
 IF NO, EXPLAIN

3-7 Is informed consent for telehealth documented for every patient? ☐ Yes ☐ No  
 IF NO, EXPLAIN

3-8 Is there a protocol for patients in crisis, including suicide risk? ☐ Yes ☐ No  
IF NO, EXPLAIN

3-9 If yes to 2-4, does a clinician review every AI output before it affects care? ☐ Yes ☐ No  
IF NO, EXPLAIN

#### 4 PRIVACY, PLATFORM & CLINICIANS

4-1 Is the video and messaging platform HIPAA-compliant? ☐ Yes ☐ No  
IF NO, EXPLAIN

4-2 Are business associate agreements signed with every technology vendor? ☐ Yes ☐ No  
IF NO, EXPLAIN

4-3 Is multi-factor authentication required for all clinician and staff access? ☐ Yes ☐ No  
IF NO, EXPLAIN

4-4 Is there a backup plan when the platform or connection fails mid-visit? ☐ Yes ☐ No  
IF NO, EXPLAIN

4-5 If yes to 2-2, are independent clinicians credentialed before seeing patients? ☐ Yes ☐ No  
IF NO, EXPLAIN

4-6 If yes to 2-2, must independent clinicians carry their own malpractice coverage? ☐ Yes ☐ No  
IF NO, EXPLAIN

#### 5 COVERAGE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

| MEDICAL MALPRACTICE LIMIT (\$) | CYBER LIMIT (\$)     | RETROACTIVE DATE     | CURRENT CARRIER / PREMIUM |
|--------------------------------|----------------------|----------------------|---------------------------|
| <input type="text"/>           | <input type="text"/> | <input type="text"/> | <input type="text"/>      |

5-1 Has a malpractice claim or licensing complaint been made in the past 5 years? ☐ Yes ☐ No  
IF YES, EXPLAIN

5-2 Has there been a data breach or privacy complaint in the past 5 years? ☐ Yes ☐ No  
IF YES, EXPLAIN

5-3 Has coverage been declined, cancelled, or non-renewed in the past 3 years? ☐ Yes ☐ No  
IF YES, EXPLAIN

#### 6 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                 |
| <input type="text"/>                              | <input type="text"/>                | <input type="text"/> |
| PRODUCER — CORY WASHINGTON & CO. LLC              | PRODUCER SIGNATURE (TYPE FULL NAME) | DATE                 |
| <input type="text"/>                              | <input type="text"/>                | <input type="text"/> |