Covers urgent care centers, walk-in clinics, and retail clinics. Freestanding emergency departments require separate underwriting. Complete with ACORD 125 and 126. Attach a provider roster and staffing model.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS

BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE

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

PRIMARY CONTACT / TITLE	PHONE	EMAIL

ACCREDITATION (UCA / JOINT COMMISSION)	LOCATIONS

2 OPERATIONS

VISITS PER YEAR	PHYSICIANS	NPS / PAS	PEDIATRIC VISITS (%)

2-1 Are there shifts with no physician on site (APP-only staffing)? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the center perform X-rays read on site before discharge? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the center perform procedures (laceration repair, fracture reduction, IV therapy)? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — TIME-CRITICAL DIAGNOSES & TRANSFERS

Urgent care's most severe claims involve walk-in patients with heart attacks, strokes, sepsis, or appendicitis who were sent home — often from centers staffed only by NPs or PAs. Triage protocols and fast transfer to an emergency department are the core defenses.

3-1 Are patients triaged at arrival with written criteria for immediate ER transfer? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are ECGs performed and read promptly for every patient with chest pain? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Is a validated stroke screening tool used for patients with neurological symptoms? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Are sepsis screening criteria used for patients with fever or infection? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Is there a written transfer protocol with the nearest ER, including when to call 911? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 If yes to 2-1, is a physician available by phone to consult on every APP-only shift? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Are discharge instructions written, with return precautions for worsening symptoms? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Has the center had a claim alleging a missed heart attack, stroke, sepsis, or failure to transfer? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — IMAGING READS, CREDENTIALING & DATA

4-1 If yes to 2-2, are all X-rays over-read by a radiologist? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 2-2, are over-read discrepancies communicated to patients with documentation? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are pending test results tracked and reviewed after patients leave? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are licenses and certifications verified with the issuing board at hire and at each renewal? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Is every employee and contractor screened against the OIG exclusion list at hire and monthly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Are criminal background checks completed before staff have patient contact? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Has a HIPAA security risk analysis been completed and updated within the last 12 months? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Is multi-factor authentication required for email, remote access, and the EHR? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Is patient data encrypted on laptops, mobile devices, and in transmission? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 Are backups kept offline or immutable, with restoration tested? ☐ Yes ☐ No
IF YES, EXPLAIN

4-11 Are website tracking tools (pixels, analytics) reviewed so patient information isn't shared with vendors? ☐ Yes ☐ No
IF YES, EXPLAIN

5 REVENUE

ANNUAL GROSS REVENUE ($)	TOTAL PAYROLL ($)	OCCUPATIONAL MEDICINE (% OF REVENUE)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

MEDICAL PROFESSIONAL LIABILITY CARRIER / LIMITS	RETRO DATE / TAIL COVERAGE	CYBER COVERAGE (Y / N)

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

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

6-2 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

7 RISK MANAGEMENT

7-1 Is there a peer review program for charts and adverse outcomes? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are crash carts, AEDs, and emergency drugs checked daily? ☐ Yes ☐ No

IF YES, 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, 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