



**ARCH SPECIALTY INSURANCE COMPANY**  
(A Missouri Corporation)

**ARCH EXPRESS MISCELLANEOUS PRO  
ERRORS AND OMISSIONS LIABILITY POLICY SUPPLEMENTAL APPLICATION**

**BILLING SERVICES**

**Instructions for Completing This Supplemental Application**

**This Supplemental Application is in addition to the Policy Application. Please read this Supplemental Application carefully, fully answer all questions, and submit all requested information. Attach additional pages if more space is required to answer a question or respond to any information request. As used herein, "Applicant" means the Organization specified in item 1 below.**

1. Name of Applicant (Named Organization):

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2. Estimate the percentage of business derived / referred from the following services which the Applicant performs on behalf of healthcare providers:

- \_\_\_\_\_ % Coding of claims
- \_\_\_\_\_ % Accounts receivable
- \_\_\_\_\_ % Processing of claims
- \_\_\_\_\_ % Debt collection
- \_\_\_\_\_ % Other, Please describe:

3. Is the Applicant's compensation related to the dollar amount billed or collected?    Yes    No  
If Yes, please explain:

4. Is the Applicant currently in compliance with existing statutes and regulations and have they always been in compliance with existing statutes and regulations?      Yes      No

If No, please explain:

5. Does the Applicant have written policies and procedures for standards of conduct?      Yes      No

a. Does the Applicant have a compliance officer and compliance committee?      Yes      No

b. Does the Applicant conduct training and education for all their employees?      Yes      No

c. Does the Applicant have documented standards that are enforced?      Yes      No

d. Does the Applicant conduct internal monitoring and auditing?      Yes      No

6. Does the Applicant utilize contracts containing indemnification/hold-harmless clauses running in their favor?      Yes      No

7. What percentage of the Applicant's billings are for Medicare / Medicaid? \_\_\_\_\_%

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_  
(CEO, President or Principal)