Covers licensed acupuncturists and acupuncture / Oriental medicine clinics, including cupping, moxibustion, and herbal medicine. Physical therapists who dry needle use CWCO-SUP-PT. Complete with ACORD 125 and 126.

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

ACUPUNCTURE LICENSE NO(S). / STATES | NCCAOM CERTIFICATION (Y / N)

2 OPERATIONS

ACUPUNCTURISTS | TREATMENTS PER YEAR | LOCATIONS

Services (check all that apply):
☐ Acupuncture ☐ Electroacupuncture ☐ Cupping ☐ Moxibustion ☐ Gua sha ☐ Herbal medicine (dispensed)
☐ Fertility / prenatal ☐ Cosmetic acupuncture

2-1 Is moxibustion or fire cupping used? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the practice dispense or sell herbal products? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the practice treat pregnant patients? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — PNEUMOTHORAX, BURNS & INFECTION CONTROL

Needling at chest, shoulder, and upper-back points can puncture a lung — rare, but described in litigation reviews as avoidable and essentially indefensible. Moxibustion and fire cupping add burn risk, and sterile technique is the infection-control baseline.

3-1 Are written depth and angle limits followed for points over the thorax and supraclavicular region? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Does every patient sign an informed consent naming pneumothorax, burns, and infection as risks? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Are patients monitored throughout treatment, never left alone with needles in place without a call bell? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Are only single-use sterile needles used and disposed of in sharps containers? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 If yes to 2-1, are moxa and fire kept a safe distance from skin? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 If yes to 2-1, is fire-safety equipment (extinguisher or water) kept in each treatment room? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Are needles counted in and out to avoid leaving any in place? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Has the practice had a pneumothorax, burn, infection, or retained-needle claim in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — HERBS, PREGNANCY, CREDENTIALING & DATA

4-1 If yes to 2-2, are herbs sourced from suppliers that test for heavy metals and contaminants? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 2-2, are patients' medications reviewed for herb-drug interactions? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 2-3, are points contraindicated in pregnancy avoided under a written protocol? ☐ 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 ($)	HERBAL PRODUCT SALES ($)	TOTAL PAYROLL ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL LIABILITY CARRIER / LIMITS	PRODUCTS LIABILITY (HERBS) (Y / N)	GL CARRIER / LIMITS

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 Are treatment notes documented for every visit, including points used? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are chaperones offered for treatments requiring undressing? ☐ 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