

For Ayurvedic wellness centers, Panchakarma programs, and Ayurvedic practitioners. Colon hydrotherapy uses CWCO-SUP-COLONHYDRO, detox spas use CWCO-SUP-DETOXSPA, and massage businesses use CWCO-SUP-MASSAGE. Complete with ACORD 125, 126, and 140. Attach the client intake form, the signed service agreement or disclosure, practitioner training and licenses, a list of herbs and products sold with their suppliers, and five years of loss runs.

1 APPLICANT / BUSINESS INFORMATION

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

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

PRIMARY CONTACT / TITLE	PHONE	EMAIL

LEAD PRACTITIONER / TRAINING (E.G., NAMA LEVEL)	LICENSED PROVIDER ON STAFF (MD, ND, LAC, RN)

2 OPERATIONS

Services (check all that apply):

☐ Consultations ☐ Abhyanga (oil massage) ☐ Shirodhara ☐ Swedana (steam) ☐ Basti (enemas) ☐ Virechana (purgation)
☐ Nasya (nasal therapy) ☐ Yoga or meditation ☐ Cooking or diet programs

Program format (check all that apply):

☐ Single sessions ☐ Multi-day Panchakarma (day visits) ☐ Residential Panchakarma (overnight) ☐ Retreats at other venues

Volume:

Client visits per year Panchakarma programs per year Practitioners Massage therapists

2-1 Does the center sell or dispense herbal formulas? ☐ Yes ☐ No

IF YES, EXPLAIN

2-2 Does the center make or blend any formulas or oils itself? ☐ Yes ☐ No

IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — SCOPE OF PRACTICE & HERBS

No U.S. state licenses Ayurveda, so practitioners must stay outside the practice of medicine. FDA has found lead, mercury, and arsenic in imported ayurvedic products, with blood lead levels up to 21 times the threshold in adult users.

3-1 Does every client sign a disclosure that the practitioner is not a licensed physician? ☐ Yes ☐ No

IF NO, EXPLAIN

3-2 Do practitioners avoid diagnosing or claiming to treat diseases? ☐ Yes ☐ No

IF NO, EXPLAIN

3-3 Does any marketing claim services or products treat or cure a disease? ☐ Yes ☐ No

IF YES, EXPLAIN

3-4 Are clients told to consult their doctor before starting herbs? ☐ Yes ☐ No

IF NO, EXPLAIN

3-5 Are clients asked about prescription medications before herbs are recommended? ☐ Yes ☐ No

IF NO, EXPLAIN

3-6 Are any herbs or formulas imported directly from outside the U.S.? ☐ Yes ☐ No

IF YES, EXPLAIN

3-7 Are products tested for heavy metals by a third-party lab? ☐ Yes ☐ No

IF NO, EXPLAIN

3-8 Are any rasa shastra (mineral or metal-based) preparations used or sold? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Do suppliers carry products liability insurance naming the applicant? ☐ Yes ☐ No
IF NO, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — TREATMENTS & PANCHAKARMA

4-1 Does every client complete a written health intake before treatment? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Are clients with heart disease, pregnancy, or other conditions screened out of cleansing therapies? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Do all staff giving hands-on bodywork hold a massage license where required? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Are basti, virechana, or nasya given only under a licensed provider's supervision? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Is oil temperature checked before shirodhara and abhyanga? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Are steam boxes or tents set with time and temperature limits? ☐ Yes ☐ No
IF NO, EXPLAIN

4-7 Are floors in oil treatment rooms non-slip? ☐ Yes ☐ No
IF NO, EXPLAIN

4-8 Are clients escorted when walking after oil treatments? ☐ Yes ☐ No
IF NO, EXPLAIN

4-9 Are clients on residential programs checked on daily by staff? ☐ Yes ☐ No
IF NO, EXPLAIN

4-10 Are oil-soaked linens laundered or stored to prevent spontaneous combustion? ☐ Yes ☐ No
IF NO, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	TREATMENT REVENUE (\$)	HERB / PRODUCT SALES (\$)	TOTAL ANNUAL PAYROLL (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL LIABILITY CARRIER / LIMITS	GL / PRODUCTS CARRIER / LIMITS	EXPIRATION DATE

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

6-1 Has a client reported illness or a reaction after taking herbs? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has a regulator or licensing board contacted the applicant about its practice? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Has any coverage been declined, cancelled, or non-renewed? ☐ Yes ☐ No
IF YES, EXPLAIN

6-4 Is the applicant aware of any incident or circumstance that could give rise to a claim? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT & SAFETY

7-1 Are treatment notes kept for every client visit? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Are staff CPR and first-aid certified? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Is there a written procedure for referring clients to a physician? ☐ Yes ☐ No
IF NO, 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, 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
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE