

For body contouring and body sculpting clinics offering non-surgical and minimally invasive fat reduction and skin tightening. Surgical liposuction under general anesthesia uses CWCO-SUP-PLASTICSURG. Complete with ACORD 125, 126, and 140. Attach the medical director agreement, a list of devices with FDA clearance numbers, operator training records, sample consent forms, and five years of loss runs.

1 APPLICANT / BUSINESS INFORMATION

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

Entity type:
☐ Sole proprietor ☐ Professional corporation ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

Ownership:
☐ Physician-owned ☐ Non-physician owned with medical director ☐ Franchise

MEDICAL DIRECTOR / SPECIALTY	FRANCHISOR (IF ANY)

2 OPERATIONS

Treatments offered (check all that apply):
☐ Cryolipolysis ☐ Radiofrequency ☐ Laser lipolysis ☐ HIFU ☐ Electromagnetic muscle stimulation ☐ Ultrasonic cavitation
☐ Injectable fat dissolvers ☐ Minimally invasive liposuction (local) ☐ Weight-loss medications

Volume:
 Treatments per year Devices Device operators Licensed providers (MD, PA, NP, RN)

2-1 Is any device leased, refurbished, or bought outside the manufacturer's network? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Are prepaid treatment packages sold? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — OPERATORS & SUPERVISION

A 2023 study found 81% of Chicago-area medical spas had no on-site physician and nonphysicians performed most procedures. In laser injury lawsuits, burns are the most common injury, and nonphysicians were 38% of operators.

3-1 Does every device operator hold the license your state requires for that device? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Has every operator completed the manufacturer's training for each device used? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Does a physician, PA, or NP examine each client before the first treatment? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Is the medical director on site at least weekly? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-5 Are written treatment protocols signed by the medical director? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-6 Are injectables and prescription weight-loss drugs given only by licensed providers? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-7 Are compounded weight-loss drugs used? ☐ Yes ☐ No
 IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — DEVICES & CLIENT SAFETY

Supermodel Linda Evangelista sued CoolSculpting's maker for \$50 million over paradoxical adipose hyperplasia, a known side effect where treated fat grows instead of shrinking.

4-1 Is every device FDA-cleared for the way it is used? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Are devices serviced on the manufacturer's schedule? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Are clients screened for pacemakers, metal implants, and pregnancy? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Do consent forms disclose PAH, burns, and nerve pain? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Are before-and-after photos taken for every treatment area? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Are clients followed up after treatment to check for burns or PAH? ☐ Yes ☐ No
IF NO, EXPLAIN

4-7 Does any marketing promise specific inches or pounds lost? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Are paid influencers used in marketing? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	DEVICE TREATMENT REVENUE (\$)	WEIGHT-LOSS PROGRAM REVENUE (\$)	TOTAL ANNUAL PAYROLL (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL LIABILITY CARRIER / LIMITS	GL CARRIER / LIMITS	EXPIRATION DATE

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

6-1 Has a client reported a burn, PAH, or other injury after treatment? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Does the current policy name every device and treatment as covered? ☐ Yes ☐ No
IF NO, 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 records kept for every session? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Is there a written plan for handling client complaints and refunds?

☐ Yes ☐ No

IF NO, EXPLAIN

7-3 Are staff CPR certified?

☐ 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