

For colon hydrotherapy centers and spas or clinics that offer colonics. Massage and day spas use CWCO-SUP-MASSAGE, recovery studios use CWCO-SUP-RECOV, and physician-led integrative practices use CWCO-SUP-FUNCMED. Complete with ACORD 125, 126, and 140. Attach the client intake and health questionnaire, the consent form, technician certifications, the cleaning and disinfection procedure, 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

SUPERVISING PHYSICIAN / MEDICAL DIRECTOR (IF ANY)	STATE COLON HYDROTHERAPY LICENSE NO. (IF REQUIRED)

2 OPERATIONS

Equipment used (check all that apply):
☐ Closed system (technician-operated) ☐ Open system (client self-administered) ☐ Gravity-fed ☐ Pressure-controlled

EQUIPMENT MAKE / MODEL	FDA 510(K) NUMBER	NUMBER OF UNITS

Other services (check all that apply):
☐ Enemas (including coffee) ☐ Implants (probiotic or herbal) ☐ Supplement sales ☐ Detox or cleanse programs ☐ Massage
☐ IV therapy ☐ Infrared sauna ☐ Ionic foot baths

Volume:
 Colonic sessions per year Technicians Other employees Locations

3 EXPOSURE & RISK QUESTIONS — CLIENT SCREENING & SCOPE

In a Florida suit, a client needed two surgeries and over \$500,000 in care after a perforated bowel; he alleged the session began before his health questionnaire was finished and that contraindications required a physician referral. FDA clears colonic irrigation systems as prescription devices for medically indicated cleansing.

3-1 Does every client complete a written health questionnaire before the first session?	☐ Yes ☐ No
IF NO, EXPLAIN	
3-2 Does a technician review the questionnaire with the client before starting?	☐ Yes ☐ No
IF NO, EXPLAIN	
3-3 Is there a written list of contraindications (e.g., Crohn's, colitis, diverticulitis, recent bowel surgery, heart or kidney disease, pregnancy)?	☐ Yes ☐ No
IF NO, EXPLAIN	
3-4 Are clients with contraindications required to get physician clearance?	☐ Yes ☐ No
IF NO, EXPLAIN	
3-5 Does every client sign a written informed consent?	☐ Yes ☐ No
IF NO, EXPLAIN	
3-6 Are sessions given under a physician's order or supervision?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-7 Does any marketing claim colonics treat or cure a disease?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-8 Are clients under 18 served?	☐ Yes ☐ No
IF YES, EXPLAIN	

4 EXPOSURE & RISK QUESTIONS — TECHNICIANS, EQUIPMENT & INFECTION CONTROL

Perforation, fluid and electrolyte imbalance, and infection from contaminated equipment are the main injuries reported after colonics.

4-1	Are all technicians certified by I-ACT or a similar body?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-2	Do technicians hold any required state license?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-3	Does a technician stay with the client for the entire closed-system session?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-4	Are water pressure limits set and monitored on every session?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-5	Is water temperature monitored on every session?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-6	Are speculums, nozzles, and tubing single-use and disposable?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-7	Does the equipment have backflow prevention?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-8	Is incoming water filtered and sterilized (e.g., UV)?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-9	Is equipment disinfected between clients under a written procedure?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-10	Is equipment serviced on the manufacturer's schedule?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-11	Are clients draped during every session?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-12	Can clients request a same-gender technician?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-13	Are all staff background-checked before hire?	☐ Yes ☐ No
IF NO, EXPLAIN		

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	COLONIC REVENUE (\$)	SUPPLEMENT / 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 CARRIER / LIMITS	EXPIRATION DATE

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

6-1 Has a client needed emergency or hospital care after a session? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Does the current policy name colon hydrotherapy as a covered service? ☐ Yes ☐ No
IF NO, EXPLAIN

6-3 Has a client complained of inappropriate touching or conduct? ☐ Yes ☐ No
IF YES, EXPLAIN

6-4 Has any coverage been declined, cancelled, or non-renewed? ☐ Yes ☐ No
IF YES, EXPLAIN

6-5 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 Is there a written emergency plan for a client who becomes ill during a session? ☐ Yes ☐ No
IF NO, EXPLAIN

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

7-3 Are session notes kept for every client visit? ☐ 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