

For studios whose main service is cold therapy — whole-body cryotherapy, localized cryotherapy, and cold plunge — often with compression, sauna, and red-light recovery. Multi-service recovery studios use CWCO-SUP-RECOV, float centers use CWCO-SUP-FLOAT, and medical hyperbaric centers use CWCO-SUP-HBOT. Complete with ACORD 125, 126, and 140. Attach the equipment list, client waiver and health screening form, nitrogen handling procedures, and five years of loss runs.

1 APPLICANT / BUSINESS INFORMATION

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

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

PRIMARY CONTACT / TITLE	PHONE	EMAIL

1-1 Is the studio a franchise location? ☐ Yes ☐ No
 IF YES, EXPLAIN

2 OPERATIONS

EQUIPMENT (MAKE / MODEL)	TYPE	QUANTITY	YEAR BOUGHT

Services offered (check all that apply):
☐ Nitrogen cryotherapy chamber ☐ Electric cryotherapy chamber ☐ Localized cryotherapy ☐ Cold plunge ☐ Infrared sauna
☐ Compression ☐ Red-light therapy ☐ Cryo facials

Staff and volume:
 Employees Sessions per year Members

2-1 Are any services performed or supervised by a licensed health professional? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Does marketing say cryotherapy treats or prevents a medical condition? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — NITROGEN & CHAMBER SAFETY

In April 2025, a gym employee in Paris died and a client was left critically ill after a suspected nitrogen leak from a chamber repaired that day. Nitrogen has no color or smell and displaces oxygen, so alarms and ventilation matter more than anything else.

3-1 Does the studio use liquid nitrogen? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 If yes to 3-1, is an oxygen monitor with an audible alarm installed in every room where nitrogen is used or stored? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 If yes to 3-1, are treatment and tank rooms mechanically ventilated? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Are nitrogen tanks changed only by trained staff following the supplier's procedures? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-5 Is the chamber serviced only by the manufacturer or an authorized technician? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-6	Is the chamber checked for leaks before reuse after any repair?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-7	Is a staff member in direct view of every client for the full session?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-8	Are clients' heads kept above the nitrogen level in partial-body chambers?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-9	Are staff forbidden to use the chamber alone or after hours?	☐ Yes ☐ No
IF NO, EXPLAIN		

4 EXPOSURE & RISK QUESTIONS — CLIENTS, COLD PLUNGE & OTHER SERVICES

4-1	Does every client complete a health screening for heart conditions, blood pressure, pregnancy, and cold sensitivity?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-2	Must clients with listed conditions bring physician clearance before a session?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-3	Are session times capped by written protocol?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-4	Must clients wear dry socks, gloves, and ear protection in the chamber?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-5	Does every client sign a waiver?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-6	Are minors served?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-7	Do cold plunges have handrails?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-8	Is cold plunge water sanitized and tested on a written schedule?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-9	Is an AED on site with staff trained to use it?	☐ Yes ☐ No
IF NO, EXPLAIN		

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	CRYOTHERAPY REVENUE (\$)	PRODUCT SALES (\$)	TOTAL ANNUAL PAYROLL (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL / PROFESSIONAL CARRIER / LIMITS

PROPERTY CARRIER / LIMIT

EXPIRATION DATE

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

6-1 Has any client or employee suffered frostbite, fainting, or a breathing emergency? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Does the current GL policy exclude professional, health, or cryotherapy services? ☐ 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 staff trained on each device, nitrogen safety, and emergency response before working alone? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Are oxygen monitors tested and calibrated on the maker's schedule? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Are device maintenance and session logs kept? ☐ 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