

For wellness detox spas and cleanse retreats. Not for medical detox from drugs or alcohol. Colonic-focused centers use CWCO-SUP-COLONHYDRO, sauna and lymphatic studios use CWCO-SUP-INFRAHYMPH, and Ayurvedic centers use CWCO-SUP-AYURVEDA. Complete with ACORD 125, 126, and 140. Attach the program descriptions, client intake and waiver, staff licenses, a list of supplements and products used, and five years of loss runs.

1 APPLICANT / BUSINESS INFORMATION

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

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

PRIMARY CONTACT / TITLE	PHONE	EMAIL

MEDICAL DIRECTOR / SUPERVISING PROVIDER (IF ANY)	PROVIDER LICENSE TYPE AND NUMBER

2 OPERATIONS

Services (check all that apply):

☐ Juice cleanses	☐ Water or extended fasting	☐ Body wraps	☐ Sauna or steam	☐ Ionic foot baths	☐ Coffee enemas
☐ Colonics	☐ Herbal or supplement protocols	☐ IV therapy	☐ Massage	☐ Nutrition coaching	☐ Fitness classes

Program format (check all that apply):

☐ Single services	☐ Multi-day day programs	☐ Residential (overnight) programs	☐ At-home cleanse kits
--	---	---	---

Volume:

Client visits per year	Residential guests per year	Longest program (days)	Beds	Licensed providers
Other employees				

3 EXPOSURE & RISK QUESTIONS — FASTING, CLEANSSES & SCREENING

A Texas man died in 2005 after two weeks of complete fasting and two more of severe restriction at a fasting retreat; his family alleged the unlicensed operators failed to screen him, monitor him, or get him to a hospital. The suit settled before trial.

3-1 Does every client complete a written health questionnaire before starting a program?	☐ Yes ☐ No
IF NO, EXPLAIN	
3-2 Are clients with diabetes, heart or kidney disease, eating disorders, or pregnancy screened out of fasting?	☐ Yes ☐ No
IF NO, EXPLAIN	
3-3 Must clients on prescription medications get physician clearance?	☐ Yes ☐ No
IF NO, EXPLAIN	
3-4 Does any program include water-only fasting longer than 3 days?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-5 Are fasting clients' vital signs checked daily?	☐ Yes ☐ No
IF NO, EXPLAIN	
3-6 Is there a written procedure for sending a client to a hospital?	☐ Yes ☐ No
IF NO, EXPLAIN	
3-7 Do any staff present themselves as doctors without a medical license?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-8 Does any marketing claim programs remove toxins, cure disease, or cause weight loss?	☐ Yes ☐ No
IF YES, EXPLAIN	

4 EXPOSURE & RISK QUESTIONS — TREATMENTS, PRODUCTS & RESIDENTIAL STAYS

The FTC has settled with a detox tea seller over unsupported weight-loss and disease claims, and FDA has found heavy metals in some imported herbal products.

4-1 Are body wraps and saunas limited by time and temperature? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Do staff check on clients during wraps and sauna sessions? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Is enema water or coffee temperature checked before use? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Are supplements and herbs bought only from U.S. suppliers with third-party testing? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Do suppliers carry products liability insurance naming the applicant? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Does the spa sell its own private-label cleanse products? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Is IV therapy given only by licensed nurses under a physician's order? ☐ Yes ☐ No
IF NO, EXPLAIN

4-8 Is a staff member on site overnight during residential programs? ☐ Yes ☐ No
IF NO, EXPLAIN

4-9 Are residential guests checked on at least twice a day? ☐ Yes ☐ No
IF NO, EXPLAIN

4-10 Are juices and meals prepared in an inspected commercial kitchen? ☐ Yes ☐ No
IF NO, EXPLAIN

4-11 Are pools, hiking, or other outdoor activities offered? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	RESIDENTIAL PROGRAM REVENUE (\$)	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 needed emergency or hospital care during or after a program? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has a regulator, licensing board, or the FTC contacted the applicant? ☐ 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 Do all clients sign a waiver and informed consent? ☐ Yes ☐ No
IF NO, EXPLAIN

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

7-3 Is an AED on site? ☐ 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