Covers registered dietitians, licensed nutritionists, and nutrition coaching practices, including telehealth and corporate wellness. Complete with ACORD 125.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME | DBA | FEIN | YEARS IN BUSINESS

BUSINESS ADDRESS | CITY / STATE / ZIP | WEBSITE

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

PRIMARY CONTACT / TITLE | PHONE | EMAIL

CREDENTIALS (RD/RDN, LDN, CNS, OTHER) | STATES WHERE CLIENTS ARE SEEN

2 OPERATIONS

PRACTITIONERS | CLIENTS PER YEAR | TELEHEALTH (%)

2-1 Does the practice treat clients with eating disorders? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the practice sell or recommend specific supplements? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the practice run weight-loss programs, including with GLP-1 medications prescribed by others? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — MEDICALLY VULNERABLE CLIENTS & SCOPE

Nutrition advice can harm clients with eating disorders, diabetes, kidney disease, or food allergies. Several states restrict medical nutrition therapy to licensed dietitians, so practicing within licensed scope is the first defense.

3-1 Is medical nutrition therapy provided only by practitioners licensed for it in the client's state? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are clients screened at intake for medical conditions, medications, and allergies? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Is care coordinated with the client's physician for diabetes, kidney disease, or other medical conditions? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 If yes to 2-1, is care provided as part of a treatment team with medical and mental-health providers? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 If yes to 2-1, are clients referred for higher-level care when medical warning signs appear? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Has a client claimed harm from nutrition advice, a supplement, or a program in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — SUPPLEMENTS, WEIGHT LOSS, CREDENTIALING & DATA

4-1 If yes to 2-2, are supplements sourced from manufacturers with third-party testing? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 2-3, are medication questions referred to the prescriber rather than answered by the practice? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are marketing claims (weight loss, disease outcomes) reviewed for accuracy? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are licenses and certifications verified with the issuing board at hire and at each renewal? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Is every employee and contractor screened against the OIG exclusion list at hire and monthly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Are criminal background checks completed before staff have patient contact? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Has a HIPAA security risk analysis been completed and updated within the last 12 months? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Is multi-factor authentication required for email, remote access, and the EHR? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Is patient data encrypted on laptops, mobile devices, and in transmission? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 Are backups kept offline or immutable, with restoration tested? ☐ Yes ☐ No
IF YES, EXPLAIN

4-11 Are website tracking tools (pixels, analytics) reviewed so patient information isn't shared with vendors? ☐ Yes ☐ No
IF YES, EXPLAIN

5 REVENUE

ANNUAL GROSS REVENUE ($)	SUPPLEMENT / PRODUCT SALES ($)	TOTAL PAYROLL ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL LIABILITY CARRIER / LIMITS	PRODUCTS LIABILITY (Y / N)	CYBER COVERAGE (Y / N)

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

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

6-2 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT

7-1 Are session notes and nutrition plans documented for every client? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are corporate wellness contracts reviewed for insurance and indemnity requirements? ☐ Yes ☐ No

IF YES, 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, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE