DOULA & BIRTH WORKER SUPPLEMENTAL

For birth, postpartum, and full-spectrum doulas, doula collectives and agencies, childbirth educators, non-licensed lactation counselors, and placenta encapsulators. Licensed midwives and birth centers are underwritten separately; obstetric practices use CWCO-SUP-OBSTET. Complete with ACORD 125/126. Attach the client contract and scope-of-services statement, each doula's training or certification and CPR card, any Medicaid or health plan contract, and five years of loss runs.

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 ☐ Nonprofit

PRIMARY CONTACT / TITLE | PHONE | EMAIL

CERTIFYING BODY (DONA, CAPPA, STATE, OTHER) | MEDICAID / HEALTH PLAN PROVIDER NUMBER (IF ANY)

2 OPERATIONS

DESCRIBE THE SUPPORT PROVIDED BEFORE, DURING, AND AFTER BIRTH, AND WHERE BIRTHS TAKE PLACE

Services (check all that apply):
☐ Birth / labor support ☐ Postpartum daytime support ☐ Overnight newborn care ☐ Childbirth education classes ☐ Lactation counseling
☐ Placenta encapsulation ☐ Bereavement / loss support ☐ Abortion or miscarriage support

BIRTH SETTING	% OF BIRTHS ATTENDED

Birth settings: hospital; freestanding birth center; home birth with a licensed midwife; home birth without a licensed midwife or physician (freebirth).

Volume (last 12 months):
☐ Births attended ☐ Postpartum families ☐ Overnight shifts ☐ Doulas (incl. owner) ☐ Contract doulas

2-1 Does the applicant bill Medicaid or a health plan for doula services? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 If yes to 2-1, does the applicant meet the plan's insurance limit (often $1M / $3M)? ☐ Yes ☐ No
IF NO, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — BIRTHS, SCOPE & CLINICAL BOUNDARIES

Doulas are non-clinical. A 2026 UK coroner's report found a doula following the birth plan was seen as a buffer that delayed transfer, and an Australian doula faced an inquest after a 2025 freebirth death.

3-1 Does the applicant attend any births with no licensed midwife or physician present? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Do doulas ever perform clinical tasks (checking dilation, fetal heart tones, blood pressure, or blood loss)? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Does the client contract state in writing that the doula provides no medical care? ☐ Yes ☐ No
IF NO, EXPLAIN

This supplemental is an intake document. It does not replace any carrier application and affords no coverage.

3-4 Is there a written policy requiring the doula to call 911 or urge transfer when warning signs appear? ☐ Yes ☐ No
IF NO, EXPLAIN

3-5 Do doulas give advice about declining tests, medications, or medical recommendations? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Do all doulas hold current adult and infant CPR certification? ☐ Yes ☐ No
IF NO, EXPLAIN

3-7 Do doulas drive clients to the hospital or birth center? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Are doulas background-checked before working with families? ☐ Yes ☐ No
IF NO, EXPLAIN

3-9 Has a hospital or birth center restricted a doula's access because of conduct? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — PLACENTA, POSTPARTUM & NEWBORN CARE

CDC traced an Oregon newborn's recurrent group B strep infection to the mother's placenta capsules; no standards exist for processing placentas. Overnight newborn care adds sleep-safety and caregiving claims.

4-1 Does the applicant encapsulate placentas or make placenta products? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 4-1, is every placenta steamed or heated to a set temperature before dehydrating? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Are placentas processed in a dedicated, sanitized space rather than clients' kitchens? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Are clients with a positive group B strep test or infection declined or warned in writing? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Is each placenta labeled and tracked so it cannot be mixed up with another client's? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Do postpartum doulas care for newborns while parents sleep? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 If yes to 4-6, are doulas trained in safe infant sleep? ☐ Yes ☐ No
IF NO, EXPLAIN

4-8 Do postpartum doulas care for siblings or other children in the home? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Are doulas trained to recognize postpartum depression and refer? ☐ Yes ☐ No
IF NO, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL GROSS REVENUE ($)	MEDICAID / HEALTH PLAN REVENUE ($)	TOTAL ANNUAL PAYROLL ($)	PAID TO CONTRACT DOULAS ($)

5-1 Are doulas who work under the applicant's name paid as independent contractors? ☐ Yes ☐ No
IF YES, EXPLAIN

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6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL / GL CARRIER	LIMITS PER CLAIM / AGGREGATE	ABUSE & MOLESTATION LIMIT

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

6-1 Has a mother or baby been seriously injured or died at a birth a doula attended? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has a client claimed illness from a placenta product? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the past 5 years? ☐ 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 Is a written scope-of-services statement signed by every client? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Are notes kept for every prenatal visit, birth, and postpartum visit? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Do contract doulas carry their own liability insurance? ☐ 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