Covers licensed estheticians, skincare studios, facial bars, and waxing studios. Practices with a medical director or physician-delegated services use CWCO-SUP-MEDSPA; lash services use CWCO-SUP-LASH. Complete with ACORD 125 and 126. Attach the service menu and a blank client intake / consent form.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA / STUDIO NAME	FEIN	YEARS IN BUSINESS

STUDIO ADDRESS	CITY / STATE / ZIP	WEBSITE / BOOKING PAGE

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

PRIMARY CONTACT / TITLE	PHONE	EMAIL

ESTABLISHMENT LICENSE NO.	OWNER'S ESTHETICIAN LICENSE NO.	LICENSE TYPE (ESTHETICIAN / MASTER / COSMETOLOGIST)

2 OPERATIONS

SERVICE	% OF ANNUAL REVENUE

Services: facials; superficial chemical peels; microdermabrasion / hydrodermabrasion; dermaplaning; microneedling / nano-needling; waxing and sugaring; brow shaping and threading; LED / light therapy; radio frequency, ultrasound, or other devices; body treatments and wraps; makeup; retail skincare; private-label products; other.

NUMBER OF ESTHETICIANS	TREATMENT ROOMS	CLIENTS PER WEEK	HOURS OF OPERATION

2-1 Does any physician, nurse, or medical director supervise, delegate, or perform services at the studio? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes, the practice is usually rated as a medical spa. Complete CWCO-SUP-MEDSPA instead of, or in addition to, this form.

2-2 Do any estheticians rent rooms or suites, or work as independent contractors? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the applicant provide services off site (events, bridal, hotels, clients' homes)? ☐ Yes ☐ No
IF YES, EXPLAIN

2-4 Does the applicant teach classes or continuing education, or sell training in techniques? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — SCOPE OF PRACTICE

Esthetician scope varies by state, and many states bar estheticians from services that reach below the epidermis (e.g., microneedling, medium or deep peels, energy devices). Professional liability for estheticians generally responds only to services within the license.

3-1 Has the applicant confirmed in writing, from the state board, that every service on the menu is within esthetician scope in its state? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Is microneedling or nano-needling performed? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 If yes to 3-2, is it within the practitioner's state scope of practice, using a device and needle depth state rules allow (describe in the explanation)? ☐ Yes ☐ No
IF YES, EXPLAIN

MICRONEEDLING DEVICE (MAKE / MODEL)

MAXIMUM NEEDLE DEPTH (MM)

3-4 Are chemical peels limited to superficial (epidermis-only) strengths allowed by the state board? ☐ Yes ☐ No
IF YES, EXPLAIN

STRONGEST PEEL USED (ACID, % AND PH)

PEELS PER MONTH

3-5 Is dermaplaning performed, and is it within the state's scope for estheticians with any required training? ☐ Yes ☐ No
IF YES, EXPLAIN

Devices used (check all that apply):

☐ LED ☐ Microcurrent ☐ Radio frequency ☐ Ultrasound / HIFU ☐ IPL / laser ☐ Plasma pen ☐ Hydrodermabrasion
☐ None of these

3-6 Are any prescription-strength products, injectables, or medical-grade devices used at the studio? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Are advanced-training certificates kept on file for every esthetician performing each advanced service? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — TREATMENT INJURY & INFECTION CONTROL

4-1 Does every client complete a health intake before treatment, covering isotretinoin (Accutane) and retinoid use, pregnancy, allergies, and skin conditions? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Is a patch test done before first peels, new products, and for clients with a sensitivity history? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Is wax temperature tested on the esthetician's own skin before use, and is double-dipping prohibited? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Is written informed consent obtained for peels, dermaplaning, and advanced services, with before-and-after photos kept? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are single-use items discarded and all tools disinfected with an EPA-registered disinfectant between clients? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Has any client claimed a burn, scarring, hyperpigmentation, infection, or allergic reaction after a service? ☐ Yes ☐ No
IF YES, EXPLAIN

5 EXPOSURE & RISK QUESTIONS — SKINCARE PRODUCTS & PRIVATE LABEL

Under MoCRA (2022), the company named on a cosmetic's label is its "responsible person" and must report serious adverse events to FDA within 15 business days. Small businesses may be exempt from registration and listing, but not from adverse-event reporting or safety substantiation.

5-1 Does the studio sell skincare products at retail? ☐ Yes ☐ No
IF YES, EXPLAIN

5-2 Does the studio sell products under its own brand or private label? ☐ Yes ☐ No
IF YES, EXPLAIN

5-3 If yes, does the label carry the required U.S. contact, and is there a process for receiving and reporting serious adverse events? ☐ Yes ☐ No
IF YES, EXPLAIN

5-4 Does the studio make, mix, or repackage any products itself? ☐ Yes ☐ No
IF YES, EXPLAIN

5-5 Do product suppliers and private-label manufacturers name the applicant as an additional insured on their product liability? ☐ Yes ☐ No
IF YES, EXPLAIN

6 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL ($)	NUMBER OF W-2 EMPLOYEES	NUMBER OF ROOM RENTERS / 1099

PROJECTED ANNUAL GROSS REVENUE ($)	PRIOR YEAR ACTUAL REVENUE ($)	ANNUAL PRODUCT SALES ($)

7 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 3-5 years.

CURRENT / EXPIRING GL CARRIER	PROFESSIONAL LIABILITY CARRIER / LIMITS	SERVICES EXCLUDED ON CURRENT POLICY

7-1 Has any carrier declined, cancelled, non-renewed, or excluded any service for this operation in the last 3-5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

7-2 Has the applicant or any esthetician received a state board complaint or citation? ☐ Yes ☐ No
IF YES, EXPLAIN

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

7-3 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

8 RISK MANAGEMENT & SAFETY

8-1 Are client records (intake, consent, treatment notes, photos) kept securely for at least the period the state requires? ☐ Yes ☐ No
IF YES, EXPLAIN

8-2 Is there a written procedure for a client reaction during service, including when to refer to a physician? ☐ Yes ☐ No
IF YES, EXPLAIN

8-3 Are wax heaters, steamers, and devices turned off and unplugged at the end of each day? ☐ Yes ☐ No
IF YES, EXPLAIN

9 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