

For float centers offering sensory-deprivation tanks, pods, cabins, and float pools, alone or with massage, sauna, and other services. Multi-service recovery studios use CWCO-SUP-RECOV and cryotherapy studios use CWCO-SUP-CRYO. Complete with ACORD 125, 126, and 140. Attach the equipment list, client waiver and health screening form, the water treatment log, the emergency procedure, and five years of loss runs.

1 APPLICANT / BUSINESS INFORMATION

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

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

PRIMARY CONTACT / TITLE	PHONE	EMAIL

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

2 OPERATIONS

FLOAT UNIT (MAKE / MODEL)	TYPE (TANK, POD, CABIN, POOL)	QUANTITY	YEAR INSTALLED

Staff and volume:
 Employees Floats per year Members Hours open per week

Other services (check all that apply):
☐ Massage ☐ Infrared sauna ☐ Cold plunge ☐ Red-light therapy ☐ Couples floats ☐ Prenatal floats

2-1 Does marketing say floating treats a medical or mental health condition? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — UNATTENDED FLOATS & EMERGENCY RESPONSE

A 71-year-old woman on her first visit to a Texas float spa was found in distress after being left alone; the employee called the owner before 911, and she later died. The spa's website had said drowning was not possible.

3-1 Is a staff member on site for every float? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Is there a way for clients to call for help from inside every float room? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Do staff check on clients who do not respond at the end of a session within 5 minutes? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Can staff open every float room and unit from outside? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-5 Are staff told in writing to call 911 first in any emergency? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-6 Are all staff certified in CPR and first aid? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-7 Is an AED on site? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-8 Does any website or marketing say drowning or injury is impossible? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — SCREENING, WATER & FACILITY

4-1 Does every client complete a health screening covering seizures, heart conditions, and recent alcohol or drug use? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Are clients who appear impaired refused service? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Does every client sign a waiver? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Are minors allowed to float? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Is float water filtered and sanitized after every session? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Is water tested and logged on a written schedule? ☐ Yes ☐ No
IF NO, EXPLAIN

4-7 Are float rooms inspected by the local health department? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Are float room floors non-slip? ☐ Yes ☐ No
IF NO, EXPLAIN

4-9 Are grab bars installed at every unit entry and shower? ☐ Yes ☐ No
IF NO, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	MEMBERSHIP REVENUE (\$)	MASSAGE / OTHER SERVICE REVENUE (\$)	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 a client had a medical emergency, near-drowning, or fall at the center? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has a client reported a skin or eye infection after a float? ☐ 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 new clients given a full orientation before their first float?	☐ Yes ☐ No
IF NO, EXPLAIN		
7-2	Are emergency drills held with staff at least twice a year?	☐ Yes ☐ No
IF NO, EXPLAIN		
7-3	Are float units maintained on the manufacturer's schedule with 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