

For functional, integrative, and longevity medicine practices, including membership and cash-pay clinics. IV-only clinics use CWCO-SUP-IVHYDRATION, weight-loss clinics use CWCO-SUP-WEIGHTLOSS, and conventional primary care uses CWCO-SUP-MEDCLINIC. Complete with ACORD 125 and the carrier's medical professional application. Attach a provider roster with licenses, the informed consent forms for hormones, peptides, and IV therapy, a list of compounding pharmacies used, and five years of loss runs.

1 APPLICANT / BUSINESS INFORMATION

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

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

PRIMARY CONTACT / TITLE	PHONE	EMAIL

MEDICAL DIRECTOR (NAME / LICENSE)	STATES WHERE PATIENTS ARE TREATED

1-1 Is the clinic owned in whole or part by someone who is not a licensed physician? ☐ Yes ☐ No
 IF YES, EXPLAIN

2 OPERATIONS

DESCRIBE THE CLINIC'S APPROACH, MAIN CONDITIONS TREATED, AND TYPICAL PATIENT

Providers and staff:
☐ Physicians (MD / DO) ☐ Nurse practitioners / PAs ☐ Naturopathic doctors ☐ Chiropractors ☐ Health coaches
☐ Nurses / medical assistants

Payment model (check all that apply):
☐ Cash pay per visit ☐ Membership / subscription ☐ Accepts health insurance ☐ Medicare / Medicaid

Services offered (check all that apply):
☐ Hormone therapy ☐ Hormone pellets ☐ Peptide therapy ☐ GLP-1 weight loss ☐ IV nutrient therapy ☐ Chelation
☐ Ozone / hyperbaric ☐ Stem cell / exosome ☐ Specialty lab testing ☐ Supplement sales ☐ Telehealth

PATIENT VISITS PER YEAR	ACTIVE MEMBERS	TELEHEALTH SHARE OF VISITS (%)

3 EXPOSURE & RISK QUESTIONS — TREATMENTS & PRESCRIBING

Most popular peptides cannot yet be lawfully compounded while FDA rulemaking is pending, and gray-market vials have been found contaminated and under-dosed. Compounded hormones are not FDA approved, and one study found side effects in 58% of users versus 15% on approved therapy. Many malpractice policies exclude compounded substances.

3-1 Does the clinic prescribe compounded hormones? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 Does the clinic insert hormone pellets? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-3 Does the clinic prescribe or dispense peptides (e.g., BPC-157, TB-500)? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-4 Are any peptides or other drugs bought from research-use-only or non-pharmacy suppliers? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-5 Does the clinic prescribe compounded semaglutide or tirzepatide? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-6 Are all compounded drugs obtained from state-licensed 503A or FDA-registered 503B pharmacies? ☐ Yes ☐ No
IF NO, EXPLAIN

3-7 Does the clinic give IV therapies (vitamins, NAD+, high-dose vitamin C)? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Does the clinic give chelation therapy? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Does the clinic offer stem cell, exosome, or ozone treatments? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Does the clinic treat patients under 18? ☐ Yes ☐ No
IF YES, EXPLAIN

3-11 Do patients sign written consent stating a treatment is off-label or not FDA approved? ☐ Yes ☐ No
IF NO, EXPLAIN

3-12 Are baseline labs done before starting hormones or peptides? ☐ Yes ☐ No
IF NO, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — TESTING, SUPPLEMENTS, STAFF & MARKETING

A Rhode Island integrative physician's license was suspended in 2021 after chelating a 2-year-old based on a "provoked" urine metals test the board called misleading. Board findings like this can later be used as evidence in malpractice suits.

4-1 Does the clinic order specialty tests not used in conventional care (e.g., provoked urine metals, food sensitivity panels)? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Does the clinic sell supplements in the office or online? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 4-2, are any supplements sold under the clinic's own label? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 If yes to 4-3, does the supplement maker carry products liability insurance naming the clinic? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Do health coaches or other unlicensed staff give patients diet, supplement, or treatment plans? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Do nurse practitioners or PAs work under a written supervision or collaboration agreement? ☐ Yes ☐ No
IF NO, EXPLAIN

4-7 Is every telehealth provider licensed in each state where patients are located? ☐ Yes ☐ No
IF NO, EXPLAIN

4-8 Does marketing claim the clinic can cure, reverse, or prevent disease? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Does the clinic ever advise patients to stop conventional treatment such as chemotherapy or prescribed medication? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 Do membership agreements explain what is and is not included and how to cancel? ☐ Yes ☐ No
IF NO, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	MEMBERSHIP REVENUE (\$)	SUPPLEMENT / PRODUCT SALES (\$)	TOTAL ANNUAL PAYROLL (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

MALPRACTICE CARRIER / LIMITS

RETROACTIVE DATE

EXPIRATION DATE

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DATE OF CLAIM	PROVIDER / DESCRIPTION	TOTAL INCURRED (\$)	OPEN / CLOSED

6-1 Does the current malpractice policy exclude compounded drugs, peptides, or experimental treatments? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has any provider been the subject of a licensing board complaint or action in the past 10 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Has the clinic received an FDA, FTC, or attorney general inquiry? ☐ Yes ☐ No
IF YES, EXPLAIN

6-4 Has any coverage been declined, cancelled, or non-renewed? ☐ Yes ☐ No
IF YES, EXPLAIN

6-5 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 written protocols used for each hormone, peptide, and IV therapy offered? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Is emergency equipment for allergic reactions (epinephrine, oxygen) kept where IVs and injections are given? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Is marketing reviewed by counsel or a compliance consultant before release? ☐ 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

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PRODUCER — CORY WASHINGTON & CO. LLC

PRODUCER SIGNATURE (TYPE FULL NAME)

DATE

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