HOLISTIC HEALTH PRACTITIONER SUPPLEMENTAL

Hub form for practitioners and wellness practices offering several complementary modalities. If one modality is most of the work, use its own form instead: CWCO-SUP-NATUROPATH, -TRADNATURO, -REIKI, -DOULA, -WELLCOACH, -HYPNO, -HERBAL, -SOUNDBREATH, -AYURVEDA, or -MASSAGE. If a modality on one of those forms is a significant part of the practice, complete that form as well. Complete with ACORD 125/126. Attach the client intake and consent forms, any written disclosure statement, a certificate or transcript for each modality offered, 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

STATE LICENSES HELD (LMT, RN, LAC, ETC.)	PROFESSIONAL MEMBERSHIPS / CERTIFYING BODIES

2 OPERATIONS

DESCRIBE THE PRACTICE, THE CLIENTS SERVED, AND HOW A TYPICAL SESSION WORKS

MODALITY OFFERED	TRAINING / CERTIFICATION	TRAINING HOURS	% OF REVENUE

List every modality offered, even occasionally. Holistic policies generally insure only the modalities listed on the policy, so an unlisted service may not be covered.

Where services are given (check all that apply):
☐ Own studio or office ☐ Rented room in another practice ☐ Clients' homes ☐ Retreats or events ☐ Online / phone
☐ Hospital or clinic setting

Size:
_____ Practitioners (incl. owner) _____ Independent contractors _____ Client sessions per week _____ Group classes per month

2-1 Do any practitioners work under the applicant's name without being on its payroll? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 If yes to 2-1, does each contractor carry their own liability insurance? ☐ Yes ☐ No
IF NO, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — SCOPE, DISCLOSURE & MODALITIES

Unlicensed practitioners stay legal by not diagnosing or treating disease, and California requires a signed written disclosure before services. Holistic policies insure only listed modalities; an unlisted service can be denied.

3-1 Does every client sign a written disclosure that the practitioner is not a licensed physician? ☐ Yes ☐ No
IF NO, EXPLAIN

3-2 Does the disclosure describe each service, its theory, and the practitioner's training? ☐ Yes ☐ No
IF NO, EXPLAIN

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

3-3 Do practitioners ever name a disease or condition the client has? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Does any marketing say a service treats, cures, or prevents a disease? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Are clients told in writing to keep seeing their own doctor? ☐ Yes ☐ No
IF NO, EXPLAIN

3-6 Do practitioners ever advise clients to stop or change a prescribed medication? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Are clients with serious conditions (cancer, pregnancy, heart disease) screened at intake? ☐ Yes ☐ No
IF NO, EXPLAIN

3-8 Are psychic readings, mediumship, or fortune telling offered? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Is every modality listed in Section 2 named on the current insurance policy? ☐ Yes ☐ No
IF NO, EXPLAIN

3-10 Does each practitioner hold training or certification for every modality they offer? ☐ Yes ☐ No
IF NO, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — TOUCH, PRODUCTS & CLIENT CONDUCT

Hands-on and one-on-one sessions draw sexual misconduct allegations; an Atlanta energy healer was accused by three women in 2023. Oils, heat, candles, and products sold add burn, reaction, and products claims.

4-1 Do any services involve touching the client? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 4-1, does each practitioner who touches clients hold a massage or other state license? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Is written consent obtained before any touch? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Do clients undress for any service? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are practitioners background-checked before working with clients? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Are minors seen? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 If yes to 4-6, must a parent or guardian be present for every session with a minor? ☐ Yes ☐ No
IF NO, EXPLAIN

4-8 Are candles, hot stones, heated oils, or steam used in sessions? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Are essential oils applied to skin or diffused in session rooms? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 Does the applicant sell herbs, supplements, oils, or other products? ☐ Yes ☐ No
IF YES, EXPLAIN

4-11 Does the applicant make, blend, or relabel any product it sells? (If yes, also complete CWCO-SUP-HERBAL.) ☐ Yes ☐ No
IF YES, EXPLAIN

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5 PAYROLL, SALES & REVENUE

ANNUAL GROSS REVENUE ($)	PRODUCT SALES ($)	TOTAL ANNUAL PAYROLL ($)	PAID TO 1099 PRACTITIONERS ($)

5-1 Are any practitioners paid as independent contractors? ☐ Yes ☐ No

IF YES, EXPLAIN

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL / GL CARRIER	LIMITS PER CLAIM / AGGREGATE	SEXUAL MISCONDUCT LIMIT

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

6-1 Has a client complained to a licensing board, attorney general, or police about a practitioner? ☐ Yes ☐ No

IF YES, EXPLAIN

6-2 Has a client alleged inappropriate touching or sexual misconduct? ☐ 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 Are intake forms updated with each client's health history at least yearly? ☐ Yes ☐ No

IF NO, EXPLAIN

7-2 Are session notes kept for every client visit? ☐ Yes ☐ No

IF NO, EXPLAIN

7-3 Is the modality list reviewed with the insurer whenever a new service is added? ☐ Yes ☐ No

IF NO, EXPLAIN

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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