

For medical-grade hyperbaric oxygen centers using hard-sided chambers and 100% oxygen, including wound-care, hospital-affiliated, and freestanding wellness centers. Recovery studios using only mild soft-sided chambers use CWCO-SUP-RECOV. Complete with ACORD 125 and 140 and the carrier's medical professional application. Attach the chamber schedule, fire safety and emergency procedures, the staff roster with certifications, accreditation documents, 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 ☐ Professional corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

MEDICAL DIRECTOR (NAME / SPECIALTY)	ACCREDITATION (UHMS OR OTHER)

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

2 OPERATIONS

CHAMBER MAKE / MODEL	TYPE (MONO / MULTI)	YEAR BUILT	MAX PRESSURE (ATA)	GAS (O2 / AIR)

Staff and volume:
 Physicians Certified hyperbaric technologists Nurses Treatments per year Patients per year

Conditions treated (check all that apply):
☐ Diabetic and chronic wounds ☐ Radiation injury ☐ Carbon monoxide poisoning ☐ Decompression sickness ☐ Autism / ADHD
☐ Long COVID / fatigue ☐ Concussion / TBI ☐ Anti-aging / wellness ☐ Sports recovery

2-1 Are more than 25% of treatments for conditions not on the UHMS approved list? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Does the center treat children under 18? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-3 Does the center bill Medicare or health insurance? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — FIRE & CHAMBER SAFETY

In January 2025, a 5-year-old boy died when a chamber caught fire at a Michigan center; the CEO, safety director, and another manager were charged with murder, and the chamber operator with manslaughter, for disregarding fire safety standards. He was being treated for ADHD and sleep apnea, which are not approved uses.

3-1 Does the facility meet NFPA 99 Chapter 14 for hyperbaric facilities? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Is there a designated hyperbaric safety director? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Is every patient checked for prohibited items (lighters, electronics, oils, synthetic clothing) before each treatment? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4	Is a written pre-dive safety checklist completed and signed for every treatment?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-5	Is a certified operator at the chamber controls for the entire treatment?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-6	Is a physician on site or immediately available during every treatment?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-7	Are chambers serviced by the manufacturer or an authorized technician on the manufacturer's schedule?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-8	Are any chambers used, refurbished, or bought without manufacturer support?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-9	Are oxygen supply systems and bulk tanks inspected and maintained under a written schedule?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-10	Are fire drills for chamber emergencies held at least quarterly?	☐ Yes ☐ No
IF NO, EXPLAIN		

4 EXPOSURE & RISK QUESTIONS — PATIENT SELECTION & TREATMENT

4-1	Does a physician evaluate every patient before the first treatment?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-2	Are patients screened for collapsed lung, ear problems, seizures, and claustrophobia?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-3	Do patients sign consent describing fire, ear, and seizure risks?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-4	If off-label conditions are treated, does consent state the use is not FDA cleared?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-5	Are parents or caregivers allowed inside a chamber with a child?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-6	Are blood sugar checks done before treatment for diabetic patients?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-7	Does marketing promote HBOT for autism, Alzheimer's, or other unapproved conditions?	☐ Yes ☐ No
IF YES, EXPLAIN		

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	INSURANCE / MEDICARE REVENUE (\$)	CASH-PAY WELLNESS REVENUE (\$)	TOTAL ANNUAL PAYROLL (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

MALPRACTICE / GL CARRIER / LIMITS

PROPERTY CARRIER / LIMIT

EXPIRATION DATE

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

6-1 Has a chamber fire, flash, or oxygen incident ever occurred? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has a patient had a seizure, ruptured eardrum, or lung injury during treatment? ☐ 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 Do all operators hold a hyperbaric technologist certification (CHT or equivalent)? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Is a fire suppression system installed in or around each chamber as the manufacturer requires? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Are treatment records audited for accuracy each quarter? ☐ 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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