For clinical and consulting hypnotherapists, hypnosis practices, hypnosis trainers, and stage or entertainment hypnotists. Psychologists, counselors, and other licensed clinicians who use hypnosis use their own professional forms. Complete with ACORD 125/126. Attach the client intake and consent form, any state registration (required in Washington and Connecticut), training certificates, the session recording policy, 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 HYPNOTHERAPIST REGISTRATION (IF ANY)	CERTIFYING BODY (NGH, ACHE, IMDHA, OTHER)

2 OPERATIONS

DESCRIBE THE HYPNOSIS SERVICES, THE ISSUES CLIENTS COME IN FOR, AND HOW SESSIONS ARE RUN

SERVICE	% OF SESSIONS

Services: smoking cessation; weight; stress, anxiety, or sleep; performance or sports; pain management; habits or phobias; age or past-life regression; hypnosis training; stage or entertainment shows.

Delivery (check all that apply):
☐ In-office one-on-one ☐ Online / video ☐ Group sessions ☐ Recorded audio programs ☐ Stage shows or events
☐ Medical or dental office referrals

Volume (last 12 months):
☐ Client sessions ☐ Hypnotherapists ☐ Students trained ☐ Stage shows

3 EXPOSURE & RISK QUESTIONS — SCOPE, REGRESSION & VULNERABLE CLIENTS

Most states do not license hypnotherapy, but hypnosis aimed at mental or emotional disorders can be the practice of psychology or counseling. Washington and Connecticut require registration before practicing for a fee.

3-1 Does the applicant practice in Washington or Connecticut? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 If yes to 3-1, is every hypnotherapist registered with the state? ☐ Yes ☐ No
IF NO, EXPLAIN

3-3 Are clients seen for diagnosed anxiety, depression, PTSD, or other mental health conditions? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 If yes to 3-3, is there a written referral from the client's licensed provider? ☐ Yes ☐ No
IF NO, EXPLAIN

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

3-5 Is hypnosis used for pain without a referral from the client's physician or dentist? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Is age regression, past-life regression, or memory recovery offered? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Are clients ever told hypnosis has uncovered abuse or other past events? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Are clients screened at intake for psychosis, seizures, or recent psychiatric hospitalization? ☐ Yes ☐ No
IF NO, EXPLAIN

3-9 Are minors seen? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Does every client sign a disclosure that the hypnotherapist is not a licensed mental health provider? ☐ Yes ☐ No
IF NO, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — CLIENT BOUNDARIES, RECORDING & STAGE HYPNOSIS

A Michigan hypnotherapist was convicted in 2024 of sexually assaulting patients in sessions and sentenced to 15 years; victims testified they were incapacitated under hypnosis. Similar charges have been filed in Utah and New Jersey.

4-1 Are sessions with clients in trance video or audio recorded? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Is touch ever used during a session (induction, anchoring, or deepening)? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Do clients ever remove clothing during a session? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 May a client bring a companion into the session room? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Are hypnotherapists background-checked before seeing clients? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Are sessions held in the hypnotherapist's home? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Does the applicant perform stage or entertainment hypnosis? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 If yes to 4-7, do volunteers sign a release before going on stage? ☐ Yes ☐ No
IF NO, EXPLAIN

4-9 Are stage volunteers under 18 or visibly intoxicated turned away? ☐ Yes ☐ No
IF NO, EXPLAIN

4-10 Are recorded hypnosis audio programs sold to the public? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL GROSS REVENUE ($)	STAGE / EVENT REVENUE ($)	TRAINING / AUDIO SALES ($)	TOTAL ANNUAL PAYROLL ($)

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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 alleged inappropriate touch or sexual misconduct during a session? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has a client or family claimed a session caused or worsened a mental health condition? ☐ 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 Is a written informed consent signed before the first session? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Are session notes kept for every client? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Are hypnotherapists required to complete continuing education? ☐ 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