IV HYDRATION & WELLNESS CLINIC SUPPLEMENTAL

Covers IV hydration and wellness clinics, including mobile and in-home IV services and IV services at events. Aesthetic practices use CWCO-SUP-MEDSPA. Complete with ACORD 125 and 126. Attach standing orders, the supervision agreement, and the IV formulary.

1 APPLICANT / PRACTICE INFORMATION

LEGAL NAME OF PRACTICE	DBA	FEIN	YEARS IN BUSINESS

PRACTICE ADDRESS	CITY / STATE / ZIP	WEBSITE

Entity type:

☐ Sole proprietor ☐ LLC ☐ Professional corporation (PC) ☐ Medical corporation ☐ MSO-managed practice

PRIMARY CONTACT / TITLE	PHONE	EMAIL

MEDICAL DIRECTOR NAME	MEDICAL DIRECTOR LICENSE NO. AND STATE(S)	MEDICAL DIRECTOR SPECIALTY

2 OPERATIONS

Services offered (check all that apply):

☐ Hydration drips ☐ Vitamin / nutrient infusions ☐ NAD+ ☐ IM injections (B12, etc.) ☐ Mobile / in-home IV ☐ IV at events

☐ Ketamine infusions ☐ Peptides ☐ Other

INFUSIONS PER MONTH	LOCATIONS	MOBILE TEAMS	NURSES / CLINICIANS

2-1 Does the clinic administer ketamine or any controlled substance? ☐ Yes ☐ No

IF YES, EXPLAIN

2-2 Does the clinic provide IV services at events or festivals? ☐ Yes ☐ No

IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — ORDERING, ADMINISTRATION & EMERGENCIES

Texas's Jenifer's Law (effective September 2025) followed a 2023 death after an elective IV at a spa, where an unlicensed person gave the infusion without adequate physician oversight. It limits administration to RNs, APRNs, PAs, and physicians and requires an order and a supervision agreement.

3-1 Is every infusion ordered by a physician, or a delegated NP or PA, after an individual assessment of the patient? ☐ Yes ☐ No

IF YES, EXPLAIN

3-2 Are IVs started and monitored only by RNs, NPs, PAs, or physicians? ☐ Yes ☐ No

IF YES, EXPLAIN

3-3 Is there a written supervision or delegation agreement with the medical director? ☐ Yes ☐ No

IF YES, EXPLAIN

3-4 Are patients screened for kidney and heart conditions, pregnancy, and medications before every infusion? ☐ Yes ☐ No

IF YES, EXPLAIN

3-5 Are vital signs taken before the infusion and monitored throughout it? ☐ Yes ☐ No

IF YES, EXPLAIN

3-6 Does a clinician stay with or in sight of every patient for the whole infusion? ☐ Yes ☐ No

IF YES, EXPLAIN

3-7 Is emergency equipment (epinephrine, oxygen, AED) present wherever IVs are given, including mobile visits? ☐ Yes ☐ No

IF YES, EXPLAIN

3-8 Is at least one ACLS-certified clinician present during all infusion hours? ☐ Yes ☐ No

IF YES, EXPLAIN

3-9 Does consent disclose that the therapy is elective, its risks, and who will administer it? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Has any patient had an infiltration injury, infection, allergic reaction, hospital transfer, or death? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — STERILE PRODUCTS, SOURCING & INFECTION CONTROL

4-1 Are IV solutions and additives bought only from manufacturers or FDA-registered 503B outsourcing facilities? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Is any mixing on site limited to USP <797> immediate-use rules? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are lot numbers and expiration dates recorded for every bag and additive given? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are products stored at required temperatures, with temperature logs? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are single-use supplies used and sharps and medical waste handled under a written plan? ☐ Yes ☐ No
IF YES, EXPLAIN

5 EXPOSURE & RISK QUESTIONS — MOBILE & EVENT SERVICES

5-1 If mobile services are offered, are clinicians' vehicles insured for business use? ☐ Yes ☐ No
IF YES, EXPLAIN

5-2 Is there a safety protocol for clinicians visiting homes and hotels (check-ins, refusal rights)? ☐ Yes ☐ No
IF YES, EXPLAIN

5-3 If yes to 2-2, is a physician or NP available by phone during every event? ☐ Yes ☐ No
IF YES, EXPLAIN

5-4 If yes to 2-2, are patients screened for intoxication before infusions at events? ☐ Yes ☐ No
IF YES, EXPLAIN

6 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL ($)	PROJECTED ANNUAL GROSS REVENUE ($)	MOBILE / EVENT REVENUE ($)

7 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years for GL and professional liability.

PROFESSIONAL LIABILITY CARRIER / LIMITS	CLAIMS-MADE OR OCCURRENCE	RETROACTIVE DATE

7-1 Has any carrier declined, cancelled, non-renewed, or excluded any procedure in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Has any practitioner had a license complaint, board action, or DEA action? ☐ Yes ☐ No

IF YES, EXPLAIN

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

7-3 Is the applicant aware of any incident, complication, or complaint not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No

IF YES, EXPLAIN

8 RISK MANAGEMENT

8-1 Are standing orders and protocols reviewed and re-signed by the medical director at least yearly? ☐ Yes ☐ No

IF YES, EXPLAIN

8-2 Are patient records kept in a HIPAA-compliant system with multi-factor authentication? ☐ Yes ☐ No

IF YES, EXPLAIN

9 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, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE