

For infrared sauna studios, including private-suite studios and infrared fitness studios where members exercise in the sauna. Lymphatic and post-operative massage uses CWCO-SUP-POSTOPLYMPH and general recovery studios use CWCO-SUP-RECOV. Complete with ACORD 125, 126, and 140. Attach the member waiver and health questionnaire, sauna specifications and listing certificates, the electrical inspection, any franchise agreement, and five years of loss runs.

1 APPLICANT / BUSINESS INFORMATION

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

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

PRIMARY CONTACT / TITLE	PHONE	EMAIL

Franchise or independent:
☐ Independent ☐ Franchise

FRANCHISOR (IF ANY)	STUDIO SQUARE FOOTAGE

2 OPERATIONS

Equipment and services (check all that apply):
☐ Private infrared sauna suites ☐ Shared or group saunas ☐ Workouts inside the sauna ☐ Sauna pods ☐ Sauna blankets
☐ Red light therapy ☐ Cold plunge ☐ Showers ☐ Retail products

Volume:
 Sauna units Sessions per year Members Employees

SAUNA MAKE / MODEL	MAXIMUM TEMPERATURE SETTING (°F)	MAXIMUM SESSION LENGTH (MIN.)

2-1 Is the studio open to members when no staff are on site? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Are clients under 18 allowed to use the saunas? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — EQUIPMENT & FIRE

Sauna recalls have cited overheating blankets (32 burn injuries), heaters that may not be grounded, and uncertified cords that could catch fire. A 2026 suit alleges exposed heating plates burned a man over 21% of his body.

3-1 Are all sauna heaters UL or ETL listed? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Was sauna wiring installed by a licensed electrician on dedicated circuits? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Are heating elements guarded so clients cannot touch them? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Do saunas shut off automatically at a set time? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-5 Are saunas inspected and serviced on a written schedule? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-6 Are sauna blankets or pods checked against recall lists? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-7 Is the studio sprinklered? ☐ Yes ☐ No
IF NO, EXPLAIN

3-8 Are smoke detectors installed in or next to each sauna room? ☐ Yes ☐ No
IF NO, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — CLIENT SAFETY & HEAT ILLNESS

4-1 Can every sauna be opened from inside without a lock or zipper? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Does every sauna have an emergency call button? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Do staff check on clients during every session? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Are clients screened for pregnancy, heart conditions, and medications before first use? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Are clients who appear intoxicated turned away? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Is drinking water provided before and after sessions? ☐ Yes ☐ No
IF NO, EXPLAIN

4-7 Are workout intensity limits set for exercise inside saunas? ☐ Yes ☐ No
IF NO, EXPLAIN

4-8 Are saunas and shared surfaces disinfected between clients? ☐ Yes ☐ No
IF NO, EXPLAIN

4-9 Does any marketing claim saunas treat a disease or cause weight loss? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	MEMBERSHIP REVENUE (\$)	RETAIL SALES (\$)	TOTAL ANNUAL PAYROLL (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL / PROFESSIONAL CARRIER / LIMITS	PROPERTY CARRIER / LIMIT	EXPIRATION DATE

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

6-1 Has a client been burned or fainted in a sauna? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has there been a fire or electrical incident at the studio? ☐ 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 members sign a waiver and health questionnaire?

☐ Yes ☐ No

IF NO, EXPLAIN

7-2 Are staff CPR and first-aid certified?

☐ Yes ☐ No

IF NO, EXPLAIN

7-3 Is an AED on site?

☐ 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