

For clinics offering ketamine (IV, injection, lozenge, or Spravato), ketamine-assisted psychotherapy, at-home telehealth ketamine, or state-licensed psilocybin services. General medical clinics use CWCO-SUP-MEDCLINIC. Complete with ACORD 125 and the carrier's medical professional application. Attach the provider roster with licenses and DEA registrations, screening and consent forms, monitoring protocols, and five years of loss runs.

1 APPLICANT / BUSINESS INFORMATION

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

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

PRIMARY CONTACT / TITLE	PHONE	EMAIL

MEDICAL DIRECTOR (NAME / SPECIALTY)	DEA REGISTRATION NUMBER(S)	STATES WHERE PATIENTS ARE TREATED

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

2 OPERATIONS

Services offered (check all that apply):
☐ IV ketamine infusion ☐ IM or lozenge ketamine in clinic ☐ Spravato (esketamine) ☐ At-home ketamine (telehealth)
☐ Ketamine-assisted psychotherapy ☐ Psilocybin services (state licensed) ☐ Other psychedelic therapy

Providers and staff:
☐ Physicians ☐ Anesthesia providers (CRNA / MD) ☐ NPs / PAs ☐ Therapists ☐ Facilitators / guides
☐ Nurses

SESSIONS / INFUSIONS PER YEAR	AT-HOME PATIENTS PER YEAR	CONDITIONS MOST OFTEN TREATED

2-1 Does the clinic bill health insurance, Medicare, or Medicaid? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — SCREENING, DOSING & MONITORING

Ketamine is FDA approved only as an anesthetic, and FDA has warned that compounded and at-home ketamine is risky without monitoring: one at-home patient's blood level was about double anesthetic levels. Spravato requires two hours of observation after each dose.

3-1 Is every patient screened for psychosis, uncontrolled blood pressure, and substance use before treatment? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Is every patient screened for suicide risk before each treatment course? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Do patients sign written consent stating ketamine is not FDA approved for psychiatric use? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Are vital signs and oxygen saturation monitored throughout each in-clinic session? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-5 Is a provider certified in advanced life support on site during every session? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-6 Are airway equipment, oxygen, and reversal medications kept in every treatment room? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-7	Must patients be driven home by another adult after every session?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-8	If at-home ketamine is prescribed, is a sitter required during each dose?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-9	If at-home ketamine is prescribed, is the amount dispensed limited to one course at a time?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-10	Is any ketamine compounded rather than a commercially manufactured product?	☐ Yes ☐ No
IF YES, EXPLAIN		

4 EXPOSURE & RISK QUESTIONS — CONTROLLED SUBSTANCES, CONDUCT & MARKETING

In 2024, federal prosecutors charged ketamine clinic physicians with giving ketamine under an absent doctor's DEA registration. Patients in altered states are vulnerable, so chaperone and conduct rules matter for abuse claims.

4-1	Is ketamine stored in a locked safe with a perpetual inventory log?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-2	Is every dose given under the DEA registration of a prescriber who is present or supervising?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-3	Does every telehealth patient have an in-person or DEA-compliant exam before a controlled substance is prescribed?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-4	Is there a written chaperone policy for sessions with patients under the influence?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-5	Are sessions ever conducted with one staff member alone with a patient?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-6	Are all staff background-checked before hire?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-7	Does marketing describe ketamine or psilocybin as a cure or proven treatment?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-8	Does marketing publish success rates or patient testimonials?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-9	If psilocybin services are offered, is there a written plan for clients who become agitated or want to leave?	☐ Yes ☐ No
IF NO, EXPLAIN		

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	TELEHEALTH / AT-HOME REVENUE (\$)	PSILOCYBIN REVENUE (\$)	TOTAL ANNUAL PAYROLL (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

MALPRACTICE CARRIER / LIMITS	RETROACTIVE DATE	EXPIRATION DATE

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

6-1 Has a patient died, attempted suicide, or been hospitalized during or within 72 hours of treatment? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has any provider faced a board complaint, DEA action, or abuse allegation? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Does the current malpractice policy exclude ketamine, psychedelics, or abuse and molestation? ☐ Yes ☐ No
IF YES, EXPLAIN

6-4 Has any coverage been declined, cancelled, or non-renewed? ☐ Yes ☐ No
IF YES, EXPLAIN

6-5 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 written dosing and monitoring protocols reviewed by the medical director each year? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Are emergency drills for respiratory depression and psychiatric crisis held at least yearly? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Is marketing reviewed by counsel before release? ☐ 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