

For lymphatic drainage studios and post-operative massage providers, including mobile, hotel, and recovery house visits. Infrared sauna studios use CWCO-SUP-IRSAUNA, general massage uses CWCO-SUP-MASSAGE, and estheticians use CWCO-SUP-ESTHETIC. Complete with ACORD 125, 126, and 140. Attach the client intake and consent, the surgeon clearance form, staff licenses and lymphatic certifications, any surgeon referral agreements, 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

OWNER'S LICENSE TYPE AND NUMBER	SUPERVISING PHYSICIAN OR NURSE (IF ANY)

2 OPERATIONS

Services (check all that apply):
☐ Manual lymphatic drainage ☐ Post-op massage (liposuction / BBL) ☐ Post-op massage (other surgery) ☐ Pressotherapy / compression boots
☐ Cavitation or radiofrequency ☐ Wood therapy or cupping ☐ Compression garment fitting ☐ Ultrasound for fibrosis

Where services are given (check all that apply):
☐ Own studio ☐ Surgeon's office ☐ Recovery house ☐ Hotel ☐ Client's home

Volume:
 Sessions per year Post-op clients per year Therapists Surgeons who refer clients

2-1 Does the applicant own or operate a recovery house? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Are referral fees exchanged with any surgeon? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — LICENSING & SCOPE

Florida suspended a massage therapist's license for draining fluid from post-operative clients' open wounds during lymphatic massage. Regulators said that work requires physician or nurse supervision.

3-1 Does every therapist hold a massage, nursing, or other state license? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Have therapists completed certified lymphatic training (e.g., Vodder or Leduc)? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Do staff avoid touching open incisions? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Do staff avoid handling or removing surgical drains? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-5 Do staff avoid draining seromas or other fluid by needle or incision? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-6 Does any marketing or social media show therapists working on open wounds? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-7 Does any marketing claim lymphatic drainage treats a disease or causes weight loss? ☐ Yes ☐ No
 IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — POST-OPERATIVE CLIENTS

Surgeons warn that firm massage over grafted fat after a BBL can lower fat survival, and post-operative clients carry risks of infection, seroma, and blood clots.

4-1 Do post-op clients need written clearance from their surgeon before the first session? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Is there a minimum number of days after surgery before treatment begins? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Do therapists avoid deep pressure over fat-grafted areas? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Are clients screened for blood clot symptoms before every session? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Are clients with fever, redness, or discharge referred back to their surgeon? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Are clients given written warning signs to watch for between sessions? ☐ Yes ☐ No
IF NO, EXPLAIN

4-7 Are gloves worn and tools disinfected between clients? ☐ Yes ☐ No
IF NO, EXPLAIN

4-8 Do mobile therapists work alone in clients' homes or hotel rooms? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Are all staff background-checked before hire? ☐ Yes ☐ No
IF NO, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	POST-OP REVENUE (\$)	GARMENT / PRODUCT SALES (\$)	TOTAL ANNUAL PAYROLL (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL LIABILITY CARRIER / LIMITS	GL CARRIER / LIMITS	EXPIRATION DATE

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

6-1 Has a client reported infection, a blood clot, or a damaged surgical result after treatment? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Does the current policy name post-operative massage as a covered service? ☐ Yes ☐ No
IF NO, EXPLAIN

6-3 Has a licensing board contacted any therapist? ☐ 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	Do all clients sign an informed consent?	☐ Yes ☐ No
IF NO, EXPLAIN		
7-2	Are session notes kept for every visit?	☐ Yes ☐ No
IF NO, EXPLAIN		
7-3	Are staff CPR and first-aid certified?	☐ 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