Covers licensed massage therapists and small massage practices, including mobile and in-home massage. Day spas use the Spa & Massage Therapy Business form; medically supervised practices use CWCO-SUP-MEDSPA. Complete with ACORD 125 and 126. Attach the client intake and consent form.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME | DBA / PRACTICE NAME | FEIN | YEARS IN PRACTICE

PRACTICE ADDRESS | CITY / STATE / ZIP | WEBSITE / BOOKING PAGE

Entity type:
☐ Sole proprietor ☐ LLC ☐ Corporation ☐ Franchise location

PRIMARY CONTACT / TITLE | PHONE | EMAIL

MASSAGE LICENSE NO. AND STATE | ESTABLISHMENT LICENSE NO. (IF REQUIRED)

Practice setting (check all that apply):
☐ Own studio or office ☐ Mobile / in-home ☐ Chiropractic or medical office ☐ Rented room in spa or salon ☐ Corporate / chair massage
☐ Sports events

2 OPERATIONS

Modalities offered (check all that apply):
☐ Swedish / relaxation ☐ Deep tissue ☐ Sports ☐ Prenatal ☐ Hot stone ☐ Cupping ☐ Lymphatic drainage
☐ Myofascial / trigger point ☐ Reflexology ☐ Thai / assisted stretching ☐ Instrument-assisted / gua sha ☐ CBD or topical products
☐ Couples massage

NUMBER OF THERAPISTS | SESSIONS PER WEEK | % OF CLIENTS REFERRED BY PROVIDERS | HOURS OF OPERATION

2-1 Does the applicant employ other therapists, or rent rooms to them? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the applicant bill health insurance, workers' comp, or auto insurers for massage? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the applicant treat clients under 18? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — BOUNDARIES, CONSENT & MISCONDUCT ALLEGATIONS

Sexual misconduct allegations are the most serious claim in massage. Many policies exclude or tightly cap them, and defense costs alone can reach $50,000-$200,000. Franchise suits have alleged negligent hiring and ignored complaints.

3-1 Is every therapist background-checked (criminal and sex-offender registry) before hire or room rental? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Is every therapist's license, and any board discipline, verified with the state before they start and at renewal? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Is there a written draping policy, and do clients consent in writing before work on sensitive areas (glutes, inner thigh, chest, abdomen)? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Are clients told in writing they can stop or change the session at any time? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Is there a written complaint procedure that includes removing the therapist from sessions pending review and reporting to the board or police when required? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 If yes to 2-3, is a parent or guardian present in the room for every session with a minor? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Has any client or employee alleged inappropriate touching, comments, or conduct? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — TREATMENT INJURY & CONTRAINDICATIONS

4-1 Does every client complete a written health intake (blood clots, pregnancy, recent surgery, blood thinners, allergies) updated at least yearly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are clients with contraindications referred for medical clearance before treatment? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are hot stones heated in a thermostatic heater and checked for temperature before touching skin? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Is cupping done without open flame, with clients told about marks and bruising in writing? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are clients told about nut oils or other common allergens in massage oils and lotions before use? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Are any CBD or topical products bought only from suppliers that provide third-party lab testing? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Are tables and chairs rated for client weight and inspected regularly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Has a client claimed a bruise, burn, nerve injury, fall from a table, or allergic reaction? ☐ Yes ☐ No
IF YES, EXPLAIN

5 EXPOSURE & RISK QUESTIONS — MOBILE WORK & SHARED SPACES

5-1 For in-home massage, are new clients screened before the first visit, and does someone know the therapist's location? ☐ Yes ☐ No
IF YES, EXPLAIN

5-2 Are portable tables and equipment carried and set up safely, with the client's floor and furnishings protected? ☐ Yes ☐ No
IF YES, EXPLAIN

5-3 When renting a room in a spa, salon, or clinic, does the applicant carry its own coverage and name the host as additional insured? ☐ Yes ☐ No
IF YES, EXPLAIN

EQUIPMENT VALUE ($)

MILES DRIVEN PER WEEK FOR BUSINESS

6 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL ($)

NUMBER OF EMPLOYEES

ROOM RENT INCOME ($)

PROJECTED ANNUAL GROSS REVENUE ($)

PRIOR YEAR ACTUAL REVENUE ($)

INSURANCE-BILLED REVENUE ($)

7 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL LIABILITY CARRIER / LIMITS	ABUSE & MOLESTATION LIMIT	SERVICES EXCLUDED ON CURRENT POLICY

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

IF YES, EXPLAIN

7-2 Has the applicant or any therapist received a board complaint or discipline? ☐ Yes ☐ No

IF YES, EXPLAIN

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

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

IF YES, EXPLAIN

8 RISK MANAGEMENT & SAFETY

8-1 Are session notes (SOAP notes) kept for every client and stored securely? ☐ Yes ☐ No

IF YES, EXPLAIN

8-2 Are linens laundered after every client and tables disinfected between sessions? ☐ 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