

Covers medical spas and aesthetic practices offering injectables, lasers, energy-based devices, and other medical aesthetic treatments. Surgical practices use CWCO-SUP-DERMSURG; IV therapy CWCO-SUP-IVHYDRATION; weight-loss programs CWCO-SUP-WEIGHTLOSS. Complete with ACORD 125 and 126. Attach the medical director agreement and delegation protocols.

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

1-1 Is the practice owned in whole or part by non-physicians (including through a management services organization)? ☐ Yes ☐ No
IF YES, EXPLAIN

1-2 If yes to 1-1, has counsel confirmed the structure complies with the state's corporate practice of medicine rules? ☐ Yes ☐ No
IF YES, EXPLAIN

2 OPERATIONS

SERVICE	% OF REVENUE	PERFORMED BY (MD / NP / PA / RN / AESTHETICIAN)

Services: neurotoxins; dermal fillers; laser and IPL; RF microneedling; PRP treatments; chemical peels; body contouring; hormone therapy; retail skincare; other.

TREATMENTS PER MONTH	NUMBER OF INJECTORS	NUMBER OF LOCATIONS

2-1 Is the medical director on site during treatment hours? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the practice offer IV therapy or weight-loss medications (GLP-1s)? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to 2-2, also complete CWCO-SUP-IVHYDRATION and/or CWCO-SUP-WEIGHTLOSS.

3 EXPOSURE & RISK QUESTIONS — INJECTABLES, PRODUCT SOURCING & INFECTION CONTROL

CDC linked counterfeit or mishandled Botox to botulism-like illness in 22 people across 11 states in 2024, and HIV to 'vampire facials' at an unlicensed spa. FDA supply-chain enforcement now reaches individual med spas.

- 3-1 Are neurotoxins and fillers purchased only from the manufacturer or an authorized distributor? ☐ Yes ☐ No
IF YES, EXPLAIN
- 3-2 Are lot numbers and expiration dates recorded in the chart for every injectable given? ☐ Yes ☐ No
IF NO, EXPLAIN
- 3-3 Are all vials labeled, dated when opened, and used within the manufacturer's time limits? ☐ Yes ☐ No
IF YES, EXPLAIN
- 3-4 Does the practice offer treatments that use the patient's blood (PRP, microneedling with PRP)? ☐ Yes ☐ No
IF YES, EXPLAIN
- 3-5 If yes to 3-4, are blood-handling steps done with single-use devices under a written bloodborne-pathogen protocol? ☐ Yes ☐ No
IF NO, EXPLAIN
- 3-6 Is hyaluronidase kept on site wherever fillers are injected? ☐ Yes ☐ No
IF YES, EXPLAIN
- 3-7 Is there a written protocol for recognizing and treating vascular occlusion? ☐ Yes ☐ No
IF NO, EXPLAIN
- 3-8 Is there a written protocol for managing and reporting adverse events? ☐ Yes ☐ No
IF NO, EXPLAIN
- 3-9 Has any patient had vascular occlusion, blindness, infection, botulism-like illness, or burns after treatment? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — MEDICAL DIRECTION, DELEGATION & SCOPE

- 4-1 Is there a written delegation agreement for every non-physician who performs medical procedures? ☐ Yes ☐ No
IF NO, EXPLAIN
- 4-2 Does every patient receive a good-faith exam by a physician, NP, or PA before the first treatment? ☐ Yes ☐ No
IF YES, EXPLAIN
- 4-3 Is every practitioner licensed in this state for each procedure they perform? ☐ Yes ☐ No
IF YES, EXPLAIN
- 4-4 Are new injectors and laser operators proctored before treating patients on their own? ☐ Yes ☐ No
IF YES, EXPLAIN
- 4-5 Is informed consent specific to each procedure, including realistic outcomes and complications, signed before treatment? ☐ Yes ☐ No
IF NO, EXPLAIN
- 4-6 Does the practice offer ablative laser, deep chemical peels, or body contouring that breaks the skin? ☐ Yes ☐ No
IF YES, EXPLAIN
- 4-7 Does each injector and laser operator carry individual professional liability? ☐ Yes ☐ No
IF YES, EXPLAIN
- 4-8 Does the medical director's malpractice policy cover supervision of non-physician staff? ☐ Yes ☐ No
IF NO, EXPLAIN

5 EXPOSURE & RISK QUESTIONS — DEVICES, EMERGENCIES & RECORDS

5-1 Are lasers and energy devices serviced on the manufacturer's schedule, with records kept? ☐ Yes ☐ No
IF YES, EXPLAIN

5-2 Is emergency equipment (epinephrine, oxygen, AED) on site? ☐ Yes ☐ No
IF YES, EXPLAIN

5-3 Are staff trained to use the emergency equipment, with drills at least yearly? ☐ Yes ☐ No
IF NO, EXPLAIN

5-4 Does the practice sell retail skincare or supplements? ☐ Yes ☐ No
IF YES, EXPLAIN

5-5 Are patient records and photos kept in a HIPAA-compliant system with multi-factor authentication? ☐ Yes ☐ No
IF NO, EXPLAIN

6 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$)	PROJECTED ANNUAL GROSS REVENUE (\$)	PRIOR YEAR 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 scope-of-practice reviews done at least yearly to confirm each person works within their license? ☐ Yes ☐ No
IF YES, EXPLAIN

8-2 Are all required state inspections, device registrations, and facility permits current? ☐ Yes ☐ No
IF NO, 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, 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