For licensed naturopathic doctors (ND / NMD) and naturopathic clinics. Traditional (unlicensed) naturopaths use CWCO-SUP-TRADNATURO. Multi-modality holistic practices use CWCO-SUP-HOLISTIC; practitioners who make or blend their own herbal products also complete CWCO-SUP-HERBAL. Complete with ACORD 125/126. Attach every practitioner's state ND license, the IV and injection protocols, the intake and consent forms, a list of compounding pharmacies and suppliers, and five years of loss runs.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME | DBA | FEIN | YEARS IN BUSINESS

BUSINESS ADDRESS | CITY / STATE / ZIP | WEBSITE

Entity type:
☐ Sole proprietor ☐ Professional corporation ☐ LLC ☐ Corporation ☐ Integrative clinic with MDs / DOs

PRIMARY CONTACT / TITLE | PHONE | EMAIL

STATE ND LICENSE NUMBER(S) / STATE(S) | DEA REGISTRATION (IF ANY) | BOARD EXAM (NPLEX) PASSED?

2 OPERATIONS

PRACTITIONER NAME	CREDENTIAL (ND, NMD, OTHER)	LICENSED IN WHICH STATE?	YEARS IN PRACTICE

Services (check all that apply):
☐ Consultations / nutrition ☐ Herbal medicine ☐ Homeopathy ☐ Lab ordering / testing ☐ Prescription drugs ☐ IV nutrient therapy
☐ Injections (B12, trigger point, prolotherapy) ☐ Ozone or chelation therapy ☐ Minor office procedures ☐ Hydrotherapy / physical medicine
☐ Telehealth

Volume (last 12 months):
____ Patient visits ____ IV infusions ____ Injections ____ Practitioners ____ Locations

2-1 Does any practitioner see patients (including by telehealth) in a state where they are not licensed? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the clinic serve as any patient's primary care provider? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — IV, INJECTION & COMPOUNDED THERAPIES

In 2017 a 30-year-old woman died after a licensed California ND began an IV turmeric infusion for eczema; she became unresponsive after about 5 mL. Experts suspected an allergic reaction.

3-1 Does each practitioner giving IVs or injections have that procedure within their state scope? ☐ Yes ☐ No
IF NO, EXPLAIN

3-2 Are IV infusions given only to patients examined that day by the ordering practitioner? ☐ Yes ☐ No
IF NO, EXPLAIN

3-3 Are botanical or curcumin products given by IV? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Are all injectable products bought from FDA-registered 503B outsourcing facilities? ☐ Yes ☐ No
IF NO, EXPLAIN

3-5 Is a test dose or slow start used for every first-time infusion? ☐ Yes ☐ No
IF NO, EXPLAIN

This supplemental is an intake document. It does not replace any carrier application and affords no coverage.

3-6 Is epinephrine on site and in date wherever IVs or injections are given? ☐ Yes ☐ No
IF NO, EXPLAIN

3-7 Is a staff member trained in CPR present during every infusion? ☐ Yes ☐ No
IF NO, EXPLAIN

3-8 Are any infusions given in patients' homes, at events, or in mobile units? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Are ozone, chelation, or hydrogen peroxide therapies offered? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Has any patient been taken to an emergency room after a treatment in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — SCOPE, DIAGNOSIS & REFERRAL

About 25 jurisdictions license NDs, each with its own limits on prescribing, labs, and procedures. Care outside the state's scope, or a missed referral, drives the costliest claims.

4-1 Do practitioners prescribe any prescription drug? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 4-1, are prescriptions limited to the drugs the state formulary allows? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Are abnormal lab results reviewed and acted on within a set time? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Does the clinic treat patients with cancer? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 If yes to 4-4, is each cancer patient's oncologist informed of the naturopathic care? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Do practitioners ever advise a patient to decline or delay conventional treatment? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Are referral criteria for urgent symptoms written down? ☐ Yes ☐ No
IF NO, EXPLAIN

4-8 Are children treated? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Does the clinic dispense or sell supplements to patients? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 Does marketing describe outcomes for specific diseases? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL GROSS REVENUE ($)	IV / INJECTION REVENUE ($)	SUPPLEMENT / DISPENSARY SALES ($)	TOTAL ANNUAL PAYROLL ($)

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6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

MALPRACTICE CARRIER / LIMITS	RETROACTIVE DATE	PRODUCTS LIABILITY LIMIT

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

6-1 Has any practitioner's license been disciplined, restricted, or placed on probation? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has any patient died or been hospitalized after a clinic treatment? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the past 5 years? ☐ 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 Is a written informed consent signed before every IV, injection, or procedure? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Are emergency drills for allergic reactions held at least yearly? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Are lot numbers recorded for every injectable product given? ☐ 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