

Covers optical shops and opticians — fitting and dispensing eyeglasses, lens labs, contact lens dispensing where permitted, frame and sunglass retail, and repairs. Practices performing eye exams use CWCO-SUP-OPTOMETRY. Complete with ACORD 125 and 140. Attach optician licenses and a list of locations.

1 APPLICANT / BUSINESS INFORMATION

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

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

PRIMARY CONTACT / TITLE	PHONE	EMAIL

OPTICIAN LICENSE NO(S). / ABO-NCLE CERTIFICATION	NUMBER OF LOCATIONS

2 OPERATIONS

REVENUE SOURCE	% OF REVENUE

Revenue sources: prescription eyeglasses; contact lenses; frames only; sunglasses / non-Rx; safety eyewear; repairs and adjustments; online sales; vision plan billing.

Services (check all):

- ☐ In-store lens edging / lab ☐ Outside lab ☐ Contact lens fitting ☐ Pediatric eyewear ☐ Safety / sports eyewear
☐ Online ordering / shipping ☐ Affiliated optometrist on site

Size:

Opticians Other employees Pairs dispensed per year Frame inventory value (\$)

3 EXPOSURE & RISK QUESTIONS — PRESCRIPTIONS, LENSES & FITTING

An online contact lens seller paid \$3.5 million in 2022 after DOJ alleged it sold lenses without proper prescription verification and swapped in its own brand.

3-1 Does the shop dispense only from a valid, unexpired prescription kept on file?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-2 Is every finished pair checked against the prescription by a licensed optician before release?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-3 Are all lenses impact-resistance tested or certified as required by FDA?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-4 Does the shop sell contact lenses?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-5 Are contact lens prescriptions verified with the prescriber before sale?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-6 Has a customer claimed injury, a fall, or an accident caused by wrong or defective glasses?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-7 Does the shop measure or adjust prescriptions without a licensed prescriber?	☐ Yes ☐ No
IF YES, EXPLAIN	

4 EXPOSURE & RISK QUESTIONS — STORE, LAB & CUSTOMER PROPERTY

The FTC warned 37 eyewear prescribers about withholding prescriptions or tying them to purchases; violations can carry penalties of up to \$50,120 each.

4-1 Is an optometrist or ophthalmologist employed, leased, or sharing the space? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Does the shop require purchases or fees before releasing a patient's prescription? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Does the in-store lab use edgers, chemicals, or tint baths? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Has a customer claimed their own frames were damaged in repair? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Has the shop been audited by a vision plan or required to repay claims? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Does the shop sell or ship eyewear across state lines? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Are cameras and locked displays used for high-value designer frames? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	NUMBER OF EMPLOYEES	LICENSED OPTICIANS
ANNUAL SALES (\$, ILLUSTRATIVE)	VISION PLAN REVENUE (\$)	ONLINE SALES (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

CURRENT CARRIER	LIMIT / DEDUCTIBLE	EXPIRATION DATE

6-1 Has any carrier declined, cancelled, or non-renewed coverage for this business in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has a professional liability or board complaint been made against an optician? ☐ Yes ☐ No
IF YES, EXPLAIN

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

6-3 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

7 RISK MANAGEMENT

7-1

Are prescriptions, measurements, and verification records kept for each order?

☐ Yes ☐ No

IF YES, EXPLAIN

7-2

Is customer health and vision plan data protected under a written privacy policy?

☐ Yes ☐ No

IF YES, EXPLAIN

7-3

Are lab staff trained on machine guarding, chemicals, and eye protection?

☐ Yes ☐ No

IF YES, 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, 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