Covers Pilates studios, including reformer, mat, and clinical Pilates. Yoga studios use CWCO-SUP-YOGA. Complete with ACORD 125 and 126.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME | DBA | FEIN | YEARS IN BUSINESS

BUSINESS ADDRESS | CITY / STATE / ZIP | WEBSITE

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

PRIMARY CONTACT / TITLE | PHONE | EMAIL

FRANCHISE BRAND (IF ANY) | INSTRUCTORS (COUNT)

2 OPERATIONS

REFORMERS | OTHER APPARATUS (TOWERS, CHAIRS, BARRELS) | STUDENTS PER WEEK | MAX CLASS SIZE

2-1 Does the studio serve clients who are post-surgical, injured, or referred by a physical therapist? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the studio offer prenatal or postnatal classes? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the studio use equipment bought used or made by a non-commercial manufacturer? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — SPRINGS, STRAPS & APPARATUS

Reformers and other Pilates apparatus hold springs under tension: a spring that detaches or breaks, or a carriage that moves unexpectedly, can cause serious injury. Manufacturer inspection and spring-replacement schedules are the core defense.

3-1 Are springs, straps, ropes, and footbars inspected before every class? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are springs replaced on the manufacturer's schedule, with dates logged? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Is equipment professionally serviced at least yearly? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Are instructors trained to set springs and check clients' setup before each exercise? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 If yes to 2-3, has used or non-commercial equipment been inspected by a qualified technician? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Has a client been injured by equipment failure? ☐ Yes ☐ No
IF YES, EXPLAIN

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

4 EXPOSURE & RISK QUESTIONS — CLINICAL CLIENTS, INSTRUCTORS & CLASSES

4-1 Does every client complete a health history before the first session? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Does every client sign a waiver before the first session? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 2-1, are clinical clients cleared by their physician or therapist in writing? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are instructors comprehensively certified (apparatus, not mat only) before teaching reformer? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Do instructors ask consent before hands-on cueing? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 If yes to 2-2, are instructors trained in prenatal modifications? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL & RECEIPTS

TOTAL ANNUAL PAYROLL ($)	CLASS / MEMBERSHIP RECEIPTS ($)	PRIVATE SESSION RECEIPTS ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL / PROFESSIONAL CARRIER / LIMITS	EQUIPMENT / PROPERTY COVERAGE	ABUSE & MOLESTATION (Y / N)

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

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

6-2 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 Is an AED on site with a CPR-certified instructor at each class? ☐ Yes ☐ No
IF YES, EXPLAIN

7-2 Are equipment maintenance logs kept for at least 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

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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