

For plastic surgery practices and cosmetic surgery centers, including office-based surgical suites. Non-surgical body contouring uses CWCO-SUP-BODYCONTOUR. Complete with ACORD 125, 126, and 140 and the carrier's medical professional application. Attach each surgeon's CV and board certification, the facility accreditation certificate, the state office surgery registration, sample consent forms, and five years of loss runs.

1 APPLICANT / BUSINESS INFORMATION

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

Entity type:
☐ Sole proprietor ☐ Professional corporation ☐ LLC ☐ Corporation ☐ MSO-affiliated

PRIMARY CONTACT / TITLE	PHONE	EMAIL

Where surgery is performed (check all that apply):
☐ Hospital ☐ Ambulatory surgery center ☐ Office-based surgical suite ☐ Outside the U.S.

FACILITY ACCREDITATION (AAAASF, AAAHC, JOINT COMMISSION)	STATE OFFICE SURGERY REGISTRATION NO.

2 OPERATIONS

Procedures performed (check all that apply):
☐ Gluteal fat grafting (BBL) ☐ Liposuction ☐ Abdominoplasty ☐ Breast surgery ☐ Facelift / eyelids ☐ Rhinoplasty
☐ Body lift after weight loss ☐ Reconstructive surgery ☐ Injectables / lasers

Volume:
 Surgeons Surgical cases per year BBL cases per year CRNAs / anesthesiologists Nurses
 Overnight beds

2-1 Do any surgeons lack board certification by the American Board of Plastic Surgery? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Does each surgeon hold hospital privileges for the procedures performed in the office? ☐ Yes ☐ No
 IF NO, EXPLAIN

2-3 Are surgeons paid by the number of cases performed? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — SURGEONS, ANESTHESIA & BBL

A 2024 Florida House analysis counted 25 BBL deaths in South Florida from 2010 to 2022, 23 at high-volume budget clinics. Florida now requires ultrasound-guided fat injection, one patient per surgeon at a time, and minimum malpractice limits for BBL offices.

3-1 Does the surgeon personally perform all fat harvesting and injection? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Is ultrasound guidance used for every gluteal fat injection? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Is fat injected only above the muscle (subcutaneous)? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Does any surgeon operate on more than one patient at a time? ☐ Yes ☐ No
 IF YES, EXPLAIN

MAXIMUM CASES PER SURGEON PER DAY	MAXIMUM LIPOSUCTION VOLUME (CC)

3-5	Is anesthesia given only by an anesthesiologist or CRNA?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-6	Are combined procedures limited to a set maximum operating time?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-7	Is every patient risk-scored for blood clots before surgery?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-8	Do higher-risk patients receive blood clot prevention?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-9	Is there a maximum BMI for elective cosmetic surgery?	☐ Yes ☐ No
IF NO, EXPLAIN		

4 EXPOSURE & RISK QUESTIONS — FACILITY, RECOVERY & MARKETING

Florida health officials linked 15 drug-resistant infections to Miami-area cosmetic clinics in 2024. National chains have been criticized for marketing liposuction as lunchtime fat removal with next-day recovery.

4-1	Is there a written transfer agreement with a nearby hospital?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-2	Are all clinical staff ACLS certified?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-3	Are surgical site infections tracked in a written log?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-4	Are controlled substances kept in a locked inventory with a daily count?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-5	Does the practice refer patients to recovery houses?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-6	Are patients seen in person by the surgeon before the day of surgery?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-7	Do patients travel from out of state or abroad for surgery?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-8	Does the practice compensate anyone for social media posts about its surgery?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-9	Is written consent obtained before patient photos are used in marketing?	☐ Yes ☐ No
IF NO, EXPLAIN		

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	SURGICAL REVENUE (\$)	NON-SURGICAL REVENUE (\$)	TOTAL ANNUAL PAYROLL (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years for every surgeon and the entity.

MALPRACTICE CARRIER / LIMITS PER SURGEON	ENTITY COVERAGE LIMITS	RETROACTIVE DATE

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

6-1 Has a patient died within 30 days of surgery at the practice? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has any surgeon faced a medical board complaint? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Has any coverage been declined, cancelled, or non-renewed? ☐ 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 Are adverse events reviewed in a formal peer review? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Are procedure-specific consent forms used? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Are emergency drills run at least yearly? ☐ 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