

Covers non-medical recovery and wellness studios offering cryotherapy, infrared sauna, cold plunge, compression, red-light, float, stretch, and mild hyperbaric services. IV hydration, injections, and other medical services require a separate medical spa or IV clinic application. Complete with ACORD 125/126. Attach the client intake and waiver form, contraindication screening questions, and equipment list with manufacturers.

## 1 APPLICANT / BUSINESS INFORMATION

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| LEGAL BUSINESS NAME  | DBA / STUDIO NAME    | FEIN                 | YEARS IN BUSINESS    |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| STUDIO ADDRESS       | CITY / STATE / ZIP   | WEBSITE              |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |

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

|                         |                      |                      |
|-------------------------|----------------------|----------------------|
| PRIMARY CONTACT / TITLE | PHONE                | EMAIL                |
| <input type="text"/>    | <input type="text"/> | <input type="text"/> |

1-1 Is the studio a franchise location, and does the franchise agreement set insurance requirements? ☐ Yes ☐ No  
 IF YES, EXPLAIN

## 2 OPERATIONS

DESCRIPTION OF OPERATIONS (SERVICES OFFERED, TYPICAL CLIENTS, MEMBERSHIP MODEL, STAFFING)

| SERVICE | % OF ANNUAL REVENUE | SESSIONS / MONTH |
|---------|---------------------|------------------|
|         |                     |                  |
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Services: whole-body cryotherapy (nitrogen); whole-body cryotherapy (electric); localized cryo / cryo facial; infrared sauna; cold plunge / contrast; compression therapy; red-light / photobiomodulation; float tank; assisted stretch / percussion; mild hyperbaric chamber; other.

2-1 Are any services performed or supervised by a licensed health professional (RN, PT, chiropractor, physician)? ☐ Yes ☐ No  
 IF YES, EXPLAIN

2-2 Does the studio offer IV drips, injections, or any service requiring a prescription or medical director? ☐ Yes ☐ No  
 IF YES, EXPLAIN

Medical services are a separate operation — complete a separate medical spa or IV clinic application.

2-3 Does marketing describe services as treating, curing, or preventing any disease or medical condition? ☐ Yes ☐ No  
 IF YES, EXPLAIN

2-4 Does the studio sell supplements, topical products, or private-label goods? ☐ Yes ☐ No  
 IF YES, EXPLAIN

### 3 EXPOSURE & RISK QUESTIONS — CRYOTHERAPY & COLD EXPOSURE

The FDA has not cleared whole-body cryotherapy for any condition and warns of asphyxiation from nitrogen vapor, frostbite, burns, and eye injury. A Nevada cryotherapy salon manager died inside a nitrogen-cooled chamber in 2015.

- 3-1 Does the studio operate a nitrogen-cooled whole-body cryotherapy chamber or cabin? ☐ Yes ☐ No  
IF YES, EXPLAIN
- 3-2 Is an oxygen-level monitor with an audible alarm installed in every room where nitrogen is used or stored? ☐ Yes ☐ No  
IF YES, EXPLAIN
- 3-3 Are liquid nitrogen tanks stored and changed by trained staff following the supplier's handling procedures? ☐ Yes ☐ No  
IF YES, EXPLAIN
- 3-4 Is a staff member present and in direct view of every client for the full cryotherapy session? ☐ Yes ☐ No  
IF YES, EXPLAIN
- 3-5 Are session times capped and clients required to wear dry socks, gloves, and ear protection, with jewelry and wet clothing removed? ☐ Yes ☐ No  
IF YES, EXPLAIN
- 3-6 Are cold plunge water temperatures, session times, and supervision set by written protocol? ☐ Yes ☐ No  
IF YES, EXPLAIN
- 3-7 Is cold plunge and float tank water sanitized and tested on a documented schedule meeting local health code? ☐ Yes ☐ No  
IF YES, EXPLAIN

### 4 EXPOSURE & RISK QUESTIONS — HEAT, HYPERBARIC & DEVICES

In 2025 a 5-year-old was killed when a 100%-oxygen hyperbaric chamber ignited at a Michigan facility; investigators cited a missing grounding strap, skipped maintenance, and no annual inspections.

- 4-1 Are infrared saunas commercially rated, with timers, temperature limits, and an emergency release from inside? ☐ Yes ☐ No  
IF YES, EXPLAIN
- 4-2 Are clients checked on during heat sessions and given water, with a written policy for dizziness or fainting? ☐ Yes ☐ No  
IF YES, EXPLAIN
- 4-3 Does the studio operate a hyperbaric chamber, and if so, is it a mild soft-sided chamber using room air rather than concentrated oxygen? ☐ Yes ☐ No  
IF YES, EXPLAIN
- 4-4 If a hyperbaric chamber is operated, are operators trained by the manufacturer and are ignition sources and static controlled? ☐ Yes ☐ No  
IF YES, EXPLAIN
- 4-5 Are all devices used only within manufacturer instructions and serviced on the manufacturer's schedule, with logs kept? ☐ Yes ☐ No  
IF YES, EXPLAIN
- 4-6 Are any devices imported, refurbished, or bought second-hand without manufacturer support? ☐ Yes ☐ No  
IF YES, EXPLAIN

### 5 EXPOSURE & RISK QUESTIONS — CLIENT SCREENING & STAFF

Whether these services count as professional services varies by carrier. A 2026 federal case involved a GL insurer invoking its professional services exclusion against a cryotherapy injury suit.

- 5-1 Does every client complete a written health screening for contraindications (heart conditions, pregnancy, blood pressure, Raynaud's, cold sensitivity) before first use? ☐ Yes ☐ No  
IF YES, EXPLAIN
- 5-2 Are clients with listed contraindications required to provide physician clearance or refused service? ☐ Yes ☐ No  
IF YES, EXPLAIN
- 5-3 Does every client sign a waiver, with minors allowed only with a parent present and signing? ☐ Yes ☐ No  
IF YES, EXPLAIN
- 5-4 Are staff trained on each device, emergency response, and CPR/AED before working alone? ☐ Yes ☐ No  
IF YES, EXPLAIN

5-5 Is an AED on site and staff trained to use it? ☐ Yes ☐ No  
IF YES, EXPLAIN

5-6 In the past 5 years, has any client suffered frostbite, a burn, fainting, cardiac event, or other injury during a session? ☐ Yes ☐ No  
IF YES, EXPLAIN

## 6 PAYROLL, SALES & REVENUE

|                                                   |                                       |                                  |
|---------------------------------------------------|---------------------------------------|----------------------------------|
| TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)           | NUMBER OF EMPLOYEES                   | NUMBER OF LICENSED PRACTITIONERS |
| <input type="text"/>                              | <input type="text"/>                  | <input type="text"/>             |
| PROJECTED ANNUAL GROSS REVENUE (\$, ILLUSTRATIVE) | PRIOR YEAR REVENUE (\$, ILLUSTRATIVE) | ACTIVE MEMBERS                   |
| <input type="text"/>                              | <input type="text"/>                  | <input type="text"/>             |

## 7 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years for GL and professional liability.

|                      |                                        |                      |
|----------------------|----------------------------------------|----------------------|
| CURRENT GL CARRIER   | CURRENT PROFESSIONAL LIABILITY CARRIER | CURRENT LIMITS       |
| <input type="text"/> | <input type="text"/>                   | <input type="text"/> |

7-1 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the last 5 years? ☐ Yes ☐ No  
IF YES, EXPLAIN

7-2 Does the current GL policy contain a professional services, health services, or abuse exclusion? ☐ Yes ☐ No  
IF YES, EXPLAIN

7-3 Does the GL or PL policy name each service the studio offers in its description of operations? ☐ Yes ☐ No  
IF YES, EXPLAIN

| DATE OF LOSS         | DESCRIPTION          | TOTAL INCURRED (\$, ILLUSTRATIVE) | OPEN / CLOSED        |
|----------------------|----------------------|-----------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>              | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/>              | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/>              | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/>              | <input type="text"/> |

7-4 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

## 8 RISK MANAGEMENT & SAFETY

8-1 Is there a written emergency plan for fainting, cardiac events, frostbite, and nitrogen or oxygen alarms, with 911 activation? ☐ Yes ☐ No  
IF YES, EXPLAIN

8-2 Are session records (client, device, settings, duration, staff) kept for every visit? ☐ Yes ☐ No  
IF YES, EXPLAIN

8-3 Is marketing reviewed to avoid medical claims the studio cannot support? ☐ Yes ☐ No  
IF YES, EXPLAIN

8-4 Are private treatment rooms subject to a chaperone, door-window, or camera policy to protect clients and staff? ☐ Yes ☐ No  
IF YES, EXPLAIN

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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        |
| <div></div>                                       | <div></div>                         | <div></div> |
| PRODUCER — CORY WASHINGTON & CO. LLC              | PRODUCER SIGNATURE (TYPE FULL NAME) | DATE        |
| <div></div>                                       | <div></div>                         | <div></div> |