

For clinics offering PRP, bone marrow or fat-derived cell procedures, umbilical cord and amniotic products, exosomes, prolotherapy, and related regenerative treatments. Functional medicine clinics use CWCO-SUP-FUNCMED and med spas use CWCO-SUP-MEDSPA. Complete with ACORD 125 and the carrier's medical professional application. Attach the provider roster, consent forms, a list of every biologic product used with its supplier, and five years of loss runs.

1 APPLICANT / BUSINESS INFORMATION

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

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

PRIMARY CONTACT / TITLE	PHONE	EMAIL

MEDICAL DIRECTOR (NAME / SPECIALTY)	STATES WHERE PROCEDURES ARE PERFORMED

1-1 Is the clinic owned in whole or part by someone who is not a licensed physician? ☐ Yes ☐ No
 IF YES, EXPLAIN

2 OPERATIONS

Treatments offered (check all that apply):
☐ Platelet-rich plasma (PRP) ☐ Bone marrow aspirate ☐ Fat-derived (adipose) cells ☐ Umbilical cord / amniotic products ☐ Exosomes
☐ Prolotherapy ☐ Shockwave ☐ IV or systemic cell infusions

Uses (check all that apply):
☐ Joints and orthopedics ☐ Spine and back pain ☐ Sports injuries ☐ Hair restoration ☐ Skin and aesthetics ☐ Sexual wellness
☐ Neurologic or chronic disease ☐ Anti-aging / longevity

Providers and volume:
 Physicians NPs / PAs Procedures per year Patients treated per year

2-1 Are any procedures performed under imaging guidance (ultrasound or fluoroscopy)? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Are any injections given into the spine, eye, brain, or bloodstream? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — PRODUCTS & REGULATORY STATUS

FDA treats most umbilical cord, amniotic, and exosome products as unapproved drugs, and in 2025 warned a maker of exosome gels without even inspecting it. Florida's 2025 law allows some unapproved stem cell uses, but federal risk remains.

3-1 Are any products used that are not FDA approved or cleared for the use being treated? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 Has every biologic supplier confirmed in writing that its product is registered with FDA as a tissue establishment? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Do suppliers carry products liability insurance naming the clinic? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Are cells processed, cultured, or expanded on site? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-5 Are any products obtained from outside the U.S.? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-6 Does the clinic send patients to treatment sites outside the U.S.? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-7 Has the clinic or a supplier received an FDA warning letter or untitled letter? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Do patients sign written consent stating the treatment is not FDA approved for their condition? ☐ Yes ☐ No
IF NO, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — PROCEDURE SAFETY & MARKETING

Patients were blinded after fat-derived cell injections into their eyes at a Florida clinic. Sterile technique, imaging, and staying within proven uses drive most procedure claims.

4-1 Are procedures performed in a room meeting sterile procedure standards? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Are bone marrow and fat harvests performed only by physicians? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Is sedation beyond local anesthesia used? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are post-procedure infections tracked and reviewed? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Are patients followed up within two weeks of each procedure? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Does marketing claim treatments can cure disease or regrow tissue? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Does the clinic sell treatment through free seminars or lunch events? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Are prices and refund terms given to patients in writing before treatment? ☐ Yes ☐ No
IF NO, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	REVENUE FROM UNAPPROVED BIOLOGICS (\$)	AVERAGE PRICE PER TREATMENT (\$)	TOTAL ANNUAL PAYROLL (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

MALPRACTICE CARRIER / LIMITS	RETROACTIVE DATE	EXPIRATION DATE

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

6-1 Does the current malpractice policy exclude experimental, investigational, or stem cell procedures? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has a patient had a serious infection, nerve injury, or vision loss after a procedure? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Has any provider faced a board complaint, FTC inquiry, or attorney general action? ☐ Yes ☐ No
IF YES, EXPLAIN

6-4 Has any coverage been declined, cancelled, or non-renewed? ☐ Yes ☐ No
IF YES, EXPLAIN

6-5 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 written protocols used for each procedure, including patient selection?

☐ Yes ☐ No

IF NO, EXPLAIN

7-2 Are product lot numbers recorded in each patient's chart?

☐ Yes ☐ No

IF NO, EXPLAIN

7-3 Is marketing reviewed by counsel before release?

☐ 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