REIKI & ENERGY HEALING SUPPLEMENTAL

For Reiki practitioners and teachers and other energy healers, including Healing Touch, therapeutic touch, polarity, and qigong healing. Multi-modality practices use CWCO-SUP-HOLISTIC; massage therapists use CWCO-SUP-MASSAGE; sound and breath sessions use CWCO-SUP-SOUNDBREATH. Complete with ACORD 125/126. Attach the client intake and consent form, each practitioner's training or attunement certificates, any massage or other license, a class syllabus if teaching, and five years of loss runs.

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 ☐ Nonprofit

PRIMARY CONTACT / TITLE | PHONE | EMAIL

REIKI LEVEL / LINEAGE (E.G., USUI MASTER) | OTHER LICENSES (LMT, RN, ETC.)

2 OPERATIONS

DESCRIBE THE ENERGY WORK OFFERED, WHERE SESSIONS TAKE PLACE, AND WHO THE CLIENTS ARE

Modalities (check all that apply):
☐ Reiki ☐ Healing Touch ☐ Therapeutic touch ☐ Polarity ☐ Qigong / pranic healing ☐ Crystal or chakra work
☐ Distance / remote sessions ☐ Intuitive or psychic readings

Settings (check all that apply):
☐ Own studio ☐ Room in a spa, salon, or wellness center ☐ Hospital, hospice, or cancer center ☐ Clients' homes ☐ Events or retreats
☐ Online

Volume:
☐ Client sessions per month ☐ Practitioners ☐ Students taught per year ☐ Classes per year

2-1 Do practitioners work as volunteers in hospitals or hospices? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — TOUCH, LICENSING & CLIENT BOUNDARIES

Florida treats paid Reiki as massage requiring a license, while New Hampshire and Utah exempt it only if it stays outside massage methods. Energy healers have faced sexual assault charges from private sessions.

3-1 Is any hands-on touch used during sessions? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 If yes to 3-1, is touch limited to light, stationary hand placement over clothing? ☐ Yes ☐ No
IF NO, EXPLAIN

3-3 Does any practitioner without a massage license work in a state that treats Reiki as massage? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Do clients remain fully clothed in every session? ☐ Yes ☐ No
IF NO, EXPLAIN

3-5 Is written consent obtained before any touch? ☐ Yes ☐ No
IF NO, EXPLAIN

3-6 Are clients told they may stop the session at any time? ☐ Yes ☐ No
IF NO, EXPLAIN

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

3-7 Are practitioners background-checked? ☐ Yes ☐ No
IF NO, EXPLAIN

3-8 Are minors seen? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 If yes to 3-8, must a parent or guardian be present? ☐ Yes ☐ No
IF NO, EXPLAIN

3-10 Does every client sign a disclosure that energy work does not replace medical care? ☐ Yes ☐ No
IF NO, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — TEACHING, ADD-ONS & CLAIMS OUTSIDE COVERAGE

Policies for energy healers insure therapeutic work by trained practitioners; readings done for entertainment are not covered. Reiki masters who certify students also take on claims tied to what students do.

4-1 Does the applicant teach Reiki or energy healing classes? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 4-1, do students practice on each other or on the public during class? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Does the applicant issue certificates that students use to start their own practices? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are any classes or sessions offered online or by distance? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are candles, incense, or open flame used in session rooms? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Are crystals placed on clients' bodies? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Are essential oils applied to clients' skin? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Does the applicant sell crystals, oils, or other products? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Do practitioners give intuitive guidance about a client's health or medical decisions? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 Does marketing say energy work treats or cures a disease? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL GROSS REVENUE ($)	TEACHING / CLASS REVENUE ($)	PRODUCT SALES ($)	TOTAL ANNUAL PAYROLL ($)

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6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL / GL CARRIER	LIMITS PER CLAIM / AGGREGATE	SEXUAL MISCONDUCT LIMIT

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

6-1 Has a client alleged inappropriate touch or sexual misconduct? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has a massage or health board contacted any practitioner about unlicensed practice? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the past 5 years? ☐ 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 session notes kept for every client? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Is there a written policy on touch, draping, and client boundaries? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Are practitioners required to complete continuing education? ☐ 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