SOUND HEALING, BREATHWORK & MEDITATION SUPPLEMENTAL

For sound bath and sound healing practitioners, breathwork facilitators, meditation teachers and studios, and workshops and retreats that combine them. Reiki practitioners use CWCO-SUP-REIKI; multi-modality practices use CWCO-SUP-HOLISTIC. Complete with ACORD 125/126. Attach the participant waiver and health screening form, facilitator training certificates, a schedule of events and retreats, any venue agreements, 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

FACILITATOR TRAINING / CERTIFICATION	OTHER LICENSES (LMT, RN, LPC, ETC.)

2 OPERATIONS

DESCRIBE THE SESSIONS OFFERED, TYPICAL GROUP SIZE, AND WHERE THEY TAKE PLACE

OFFERING	SESSIONS PER YEAR	TYPICAL GROUP SIZE	% OF REVENUE

Offerings: sound baths; private sound sessions; vibroacoustic bed sessions; breathwork (conscious connected, holotropic-style, Wim Hof-style, functional); guided meditation; workshops; multi-day retreats.

Settings (check all that apply):
☐ Own studio ☐ Yoga studios or gyms ☐ Corporate offices ☐ Outdoor or festival sites ☐ Retreat centers ☐ Online / livestream

2-1 Are sessions combined with cold plunges, ice baths, saunas, or hot tubs? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Are cacao, kambo, plant medicines, or other substances offered at any session or retreat? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — BREATHWORK & ALTERED STATES

Hyperventilation and breath-holding can cause blackout; a family sued Wim Hof for $67 million after a teen drowned in a pool. Activating breathwork is unsafe for people with heart disease, aneurysm, epilepsy, pregnancy, or psychosis.

3-1 Is any breathwork taught that uses rapid or deep breathing (hyperventilation)? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are breath holds (retention) taught after rapid breathing? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Is breathwork ever done in or near water, a pool, or a cold plunge? ☐ Yes ☐ No
IF YES, EXPLAIN

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

3-4 Are participants warned in writing never to practice breathwork in water or while driving? ☐ Yes ☐ No
IF NO, EXPLAIN

3-5 Does every participant complete a written health screening before activating breathwork? ☐ Yes ☐ No
IF NO, EXPLAIN

3-6 Are people with heart disease, epilepsy, pregnancy, or psychosis excluded or medically cleared? ☐ Yes ☐ No
IF NO, EXPLAIN

3-7 Is at least one facilitator per group trained in CPR and first aid? ☐ Yes ☐ No
IF NO, EXPLAIN

3-8 Are there enough trained assistants to watch every participant during group breathwork? ☐ Yes ☐ No
IF NO, EXPLAIN

3-9 Do facilitators use touch or bodywork to deepen a participant's release? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Are participants offered follow-up support after intense emotional experiences? ☐ Yes ☐ No
IF NO, EXPLAIN

3-11 Is breathwork taught online to participants the facilitator cannot see? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — SOUND, VIBRATION & GROUP EVENTS

Gongs commonly reach 80 to 110 dB and large gongs can exceed 120 dB. Vibroacoustic beds are unsafe with pacemakers or ICDs because of their magnets, and group retreats add premises and event claims.

4-1 Are gongs or amplified sound used? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 4-1, are sound levels kept below a set limit or measured during sessions? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Are earplugs offered at sessions with gongs or amplified sound? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Are tuning forks or singing bowls placed on participants' bodies? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are vibroacoustic beds or chairs used? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Are participants asked about pacemakers, implants, hearing aids, and seizures before sessions? ☐ Yes ☐ No
IF NO, EXPLAIN

4-7 Are candles, incense, or open flame used during group sessions? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Do group events exceed 50 participants? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Are overnight or multi-day retreats run by the applicant? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 Do venue agreements require the applicant to name the venue as additional insured? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL GROSS REVENUE ($)	RETREAT / EVENT REVENUE ($)	TOTAL ANNUAL PAYROLL ($)	PAID TO CONTRACT FACILITATORS ($)

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5-1 Are facilitators or assistants paid as independent contractors? ☐ Yes ☐ No
IF YES, EXPLAIN

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL / GL CARRIER	LIMITS PER CLAIM / AGGREGATE	ABUSE & MOLESTATION LIMIT

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

6-1 Has a participant fainted, had a seizure, or needed emergency care during a session? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has a participant claimed hearing damage or injury from sound or vibration? ☐ 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 Does every participant sign a waiver that lists breathwork and sound contraindications? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Is there a written emergency plan for each venue, including how to reach 911? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Do contract facilitators carry their own liability insurance? ☐ 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