SPA & MASSAGE THERAPY BUSINESS SUPPLEMENTAL

Covers day spas, resort and hotel spas, wellness centers, and multi-therapist massage businesses. Individual therapists use CWCO-SUP-MASSAGE; physician-supervised services use CWCO-SUP-MEDSPA. Complete with ACORD 125, 126, and 140. Attach the service menu and water-system maintenance logs.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA / SPA NAME	FEIN	YEARS IN BUSINESS

SPA ADDRESS	CITY / STATE / ZIP	WEBSITE / BOOKING PAGE

Entity type:

☐ Sole proprietor ☐ LLC ☐ Corporation ☐ Franchise ☐ Operated within a hotel or resort

PRIMARY CONTACT / TITLE	PHONE	EMAIL

ESTABLISHMENT LICENSE NO(S).	HEALTH DEPARTMENT PERMIT NO(S). FOR POOLS / HOT TUBS

2 OPERATIONS

SERVICE	% OF ANNUAL REVENUE

Services: massage; facials and esthetics; body treatments and wraps; hydrotherapy and soaking; sauna and steam; float tanks; salt rooms; nails; hair; waxing; lashes; retail; memberships; other.

Water and heat amenities (check all that apply):

☐ Hot tubs / whirlpools ☐ Soaking or plunge pools ☐ Cold plunge ☐ Steam room ☐ Dry sauna ☐ Infrared sauna ☐ Float tanks
☐ Vichy shower ☐ None

TREATMENT ROOMS	LICENSED PRACTITIONERS	GUESTS PER DAY (AVG)	HOURS OF OPERATION

2-1 Does the spa offer any service performed or supervised by a physician or nurse? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes, also complete CWCO-SUP-MEDSPA.

2-2 Are any practitioners independent contractors or room renters? ☐ Yes ☐ No

IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — HOT TUBS, POOLS, SAUNAS & WET AREAS

Hot tub water at 100–104°F is ideal for Legionella growth (CDC, 2026). A fatal Legionnaires' outbreak was traced to an unpermitted, never-inspected hot tub at a California day spa, and a gym spa faced a $2.5 million suit.

3-1 Does every hot tub and pool have a current health department permit and pass required inspections? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are disinfectant and pH levels tested and logged at least every 2 hours while hot tubs are open? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Is there a written Legionella water management plan (e.g., following ASHRAE 188 or CDC toolkit)? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Are hot tubs drained, scrubbed, and refilled on a set schedule? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Are hot tub filters cleaned or replaced as the manufacturer specifies? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Do saunas and steam rooms have temperature controls with posted time limits? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Do saunas and steam rooms have an emergency call button or door alarm? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Are wet-area floors non-slip with working drainage? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Are handrails installed at pool entries and wet-area steps? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Has a guest claimed an infection, illness, burn, heat collapse, or fall in a wet area? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — PRACTITIONERS, BOUNDARIES & MISCONDUCT

Sexual misconduct allegations are the most serious claim in massage, and many policies exclude them or cap them at $10,000–$25,000. Defense costs alone can reach $50,000–$200,000.

4-1 Is every practitioner background-checked (criminal and sex-offender registry) before starting? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Is each practitioner's license verified for every service they perform? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Is there a written draping and consent policy for massage and body treatments? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Is there a written complaint procedure that removes the practitioner from sessions pending review? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Has any guest or employee alleged inappropriate touching or conduct? ☐ Yes ☐ No
IF YES, EXPLAIN

5 EXPOSURE & RISK QUESTIONS — TREATMENTS, PRODUCTS & GUEST HEALTH

5-1 Does every guest complete a health intake covering pregnancy, heart conditions, medications, and allergies? ☐ Yes ☐ No
IF YES, EXPLAIN

5-2 Are guests with heart conditions, pregnancy, or recent alcohol use advised against hot tubs and saunas? ☐ Yes ☐ No
IF YES, EXPLAIN

5-3 Are chemical treatments (peels, waxing, lash services) done only by practitioners licensed for them? ☐ Yes ☐ No
IF YES, EXPLAIN

5-4 Does the spa sell products under its own brand? ☐ Yes ☐ No
IF YES, EXPLAIN

5-5 Is alcohol served to guests? ☐ Yes ☐ No
IF YES, EXPLAIN

6 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL ($)	PAID TO CONTRACTORS / RENTERS ($)	MEMBERSHIP REVENUE ($)

PROJECTED ANNUAL GROSS REVENUE ($)	PRIOR YEAR ACTUAL REVENUE ($)	RETAIL PRODUCT SALES ($)

7 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PROFESSIONAL LIABILITY CARRIER / LIMITS	ABUSE & MOLESTATION LIMIT	SERVICES EXCLUDED ON CURRENT POLICY

7-1 Has any carrier declined, cancelled, non-renewed, or excluded any service or amenity in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

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

7-2 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

8-1 Are linens, robes, and slippers laundered or replaced after every guest? ☐ Yes ☐ No
IF YES, EXPLAIN

8-2 Are staff trained in CPR and first aid? ☐ Yes ☐ No
IF YES, EXPLAIN

8-3 Is an AED on site and checked monthly? ☐ Yes ☐ No
IF YES, EXPLAIN

9 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

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE