TRADITIONAL NATUROPATH SUPPLEMENTAL

For traditional (unlicensed) naturopaths and natural health consultants who practice without a state naturopathic license. Licensed naturopathic doctors (ND / NMD) use CWCO-SUP-NATUROPATH; practitioners who make or blend their own products also complete CWCO-SUP-HERBAL. Complete with ACORD 125/126. Attach the client intake form and written disclosure, all diplomas and certificates (with the school's name and format), sample marketing and website pages, a list of products sold, 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

NATUROPATHIC TRAINING / SCHOOL AND FORMAT (ONLINE, RESIDENTIAL) | OTHER LICENSES HELD (LMT, RN, LAC, ETC.)

STATES WHERE CLIENTS LIVE | TITLES USED IN PRACTICE AND MARKETING

2 OPERATIONS

DESCRIBE THE SERVICES OFFERED, THE CLIENTS SERVED, AND HOW A CONSULTATION WORKS

Methods used (check all that apply):
☐ Diet and nutrition guidance ☐ Herbal recommendations ☐ Homeopathy ☐ Hydrotherapy ☐ Detox or cleansing programs
☐ Colon cleansing ☐ Iridology ☐ Muscle testing ☐ Live blood or hair analysis ☐ Lifestyle coaching

Delivery (check all that apply):
☐ In-person office ☐ Clients' homes ☐ Online / phone ☐ Group classes ☐ Retreats

Volume (last 12 months):
☐ Client consultations ☐ Practitioners ☐ States with clients ☐ Products sold (SKUs)

3 EXPOSURE & RISK QUESTIONS — LEGALITY, TITLES & DISCLOSURE

Florida, South Carolina, and Tennessee prohibit naturopathy, and about 16 states require a license. Licensing states protect titles such as ND, and New Hampshire arrested an unlicensed woman practicing as "Dr." in 2022.

3-1 Does the applicant have clients in Florida, South Carolina, or Tennessee? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Does the applicant practice in any state that requires a naturopathic license? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Does the applicant use the title "Dr.," "ND," "NMD," or "naturopathic doctor"? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Does the applicant use the word "naturopath" in a state that reserves it for licensees? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Was the naturopathic degree earned through an online or correspondence program? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Does every client sign a written disclosure that the applicant is not a licensed health care provider? ☐ Yes ☐ No
IF NO, EXPLAIN

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

3-7 Do advertisements state that the applicant is not licensed by the state? ☐ Yes ☐ No
IF NO, EXPLAIN

3-8 Does the applicant name diseases or conditions clients have? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Does the applicant order or interpret laboratory tests? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Has any state agency, board, or prosecutor contacted the applicant about unlicensed practice? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — METHODS, PRODUCTS & SERIOUSLY ILL CLIENTS

Consent is not a defense to unlicensed practice of medicine, and practitioners who treat seriously ill clients have been imprisoned. Detox protocols and products add injury and products claims.

4-1 Does the applicant work with clients who have cancer, diabetes, heart disease, or other serious illness? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 4-1, is each such client required to stay under a physician's care? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Does the applicant ever advise a client to stop or reduce a prescribed medication? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Does the applicant ever advise a client to decline surgery, chemotherapy, or other medical treatment? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are children seen? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Are pregnant clients seen? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Do any programs involve fasting, enemas, or colon cleansing? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Does the applicant sell supplements, herbs, or homeopathic remedies? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Does the applicant make, blend, or relabel any product? (If yes, also complete CWCO-SUP-HERBAL.) ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 Does any marketing claim a method treats, cures, or reverses a disease? ☐ Yes ☐ No
IF YES, EXPLAIN

4-11 Are written referral criteria used for clients with urgent or worsening symptoms? ☐ Yes ☐ No
IF NO, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL GROSS REVENUE ($)	CONSULTATION REVENUE ($)	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	PRODUCTS LIABILITY LIMIT

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

6-1 Has the applicant been charged, cited, or fined for unlicensed practice in any state? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has a client been hospitalized or died while following the applicant's program? ☐ 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 consultation notes kept for every client? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Is marketing reviewed for titles and health claims before it is published? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Has an attorney reviewed the practice against the laws of each state where clients live? ☐ 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