Covers medical weight-loss clinics and telehealth weight-loss programs, including GLP-1 and controlled-substance prescribing. Bariatric surgery practices are rated separately. Complete with ACORD 125 and 126. Attach prescribing protocols and sample advertising.

1 APPLICANT / PRACTICE INFORMATION

LEGAL NAME OF PRACTICE | DBA | FEIN | YEARS IN BUSINESS

PRACTICE ADDRESS | CITY / STATE / ZIP | WEBSITE

Entity type:

☐ Sole proprietor ☐ LLC ☐ Professional corporation (PC) ☐ Medical corporation ☐ MSO-managed practice

PRIMARY CONTACT / TITLE | PHONE | EMAIL

MEDICAL DIRECTOR NAME | MEDICAL DIRECTOR LICENSE NO. AND STATE(S) | MEDICAL DIRECTOR SPECIALTY

DEA REGISTRATION NO(S). AND STATE(S) | STATES WHERE PATIENTS ARE TREATED

2 OPERATIONS

Programs offered (check all that apply):

☐ Brand-name GLP-1s ☐ Compounded GLP-1s ☐ Phentermine or other controlled anorectics ☐ Lipotropic / B12 injections

☐ Meal replacement or supplements ☐ Telehealth-only program ☐ Bariatric surgery referral

ACTIVE PATIENTS | TELEHEALTH PATIENTS (%) | PRESCRIBERS

2-1 Does the clinic dispense medications directly to patients (in office or by mail)? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the clinic treat patients in states other than its home state? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — GLP-1 PRESCRIBING, COMPOUNDING & MARKETING

FDA sent 25 warning letters in June 2026 to telehealth companies over false or misleading marketing of compounded GLP-1s. Compounded copies are allowed only in narrow circumstances, and dosing errors with compounded products have sent patients to emergency rooms.

3-1 Does every patient receive an exam (in person or live video) by a licensed prescriber before a first prescription? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are patients screened for GLP-1 contraindications (e.g., thyroid cancer history, pancreatitis, pregnancy) before prescribing? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Does the clinic prescribe or dispense compounded GLP-1s? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 If yes to 3-3, are compounded products obtained only from licensed 503A or 503B pharmacies? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 If yes to 3-3, has counsel confirmed the clinic's use of compounded GLP-1s is currently permitted under FDA rules? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are patients given dosing instructions in both units and milliliters? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Are patients supplied with syringes that match the dosing instructions? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Are patients followed up on a written schedule for side effects and dose changes? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Is all advertising reviewed so it never calls compounded products FDA-approved or the same as brand-name drugs? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Has any patient had a serious reaction, hospitalization, or dosing error? ☐ Yes ☐ No
IF YES, EXPLAIN

3-11 Has the clinic received an FDA warning letter or FTC inquiry? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — CONTROLLED SUBSTANCES & DISPENSING

4-1 Does the clinic prescribe phentermine or other controlled weight-loss drugs? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 4-1, is every prescriber DEA-registered in each state where they prescribe? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 4-1, is the state prescription monitoring database checked before each prescription? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 If yes to 2-1, does the clinic hold any dispensing license or registration the state requires? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are controlled substances kept locked on site? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Are controlled-substance counts reconciled at least weekly? ☐ Yes ☐ No
IF YES, EXPLAIN

5 EXPOSURE & RISK QUESTIONS — TELEHEALTH, LICENSING & BILLING

5-1 If yes to 2-2, is every prescriber licensed in each patient's state? ☐ Yes ☐ No
IF YES, EXPLAIN

5-2 Are subscription and auto-renewal terms disclosed clearly, with an easy way to cancel? ☐ Yes ☐ No
IF YES, EXPLAIN

5-3 Are patient records kept in a HIPAA-compliant system with multi-factor authentication? ☐ Yes ☐ No
IF YES, EXPLAIN

5-4 Does the clinic sell supplements or meal-replacement products under its own brand? ☐ Yes ☐ No
IF YES, EXPLAIN

6 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL ($)	PROJECTED ANNUAL GROSS REVENUE ($)	MEDICATION / PRODUCT SALES ($)

7 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years for GL and professional liability.

PROFESSIONAL LIABILITY CARRIER / LIMITS	CLAIMS-MADE OR OCCURRENCE	RETROACTIVE DATE

7-1 Has any carrier declined, cancelled, non-renewed, or excluded any procedure in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Has any practitioner had a license complaint, board action, or DEA action? ☐ Yes ☐ No

IF YES, EXPLAIN

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

7-3 Is the applicant aware of any incident, complication, or complaint not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No

IF YES, EXPLAIN

8 RISK MANAGEMENT

8-1 Are prescribing protocols reviewed and signed by the medical director at least yearly? ☐ Yes ☐ No

IF YES, EXPLAIN

8-2 Is there a written protocol for managing and reporting adverse events? ☐ 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