

Covers yoga studios, including hot yoga, aerial yoga, teacher training programs, and retreats. Pilates studios use CWCO-SUP-PILATES. Complete with ACORD 125 and 126.

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			
PRIMARY CONTACT / TITLE	PHONE	EMAIL	
YOGA ALLIANCE REGISTERED SCHOOL (Y / N)	INSTRUCTORS (COUNT)		

2 OPERATIONS

STUDENTS PER WEEK	CLASSES PER WEEK	CONTRACTOR INSTRUCTORS (%)
Class types (check all that apply): ☐ Heated / hot yoga ☐ Aerial yoga ☐ Prenatal ☐ Kids yoga ☐ Teacher training ☐ Retreats and travel ☐ Sound baths / breathwork ☐ Online classes		
2-1 Does the studio offer heated classes?		☐ Yes ☐ No
IF YES, EXPLAIN		
2-2 Does the studio offer aerial yoga?		☐ Yes ☐ No
IF YES, EXPLAIN		
2-3 Does the studio run teacher trainings or retreats?		☐ Yes ☐ No
IF YES, EXPLAIN		

3 EXPOSURE & RISK QUESTIONS — ADJUSTMENTS, HEAT & CONDUCT

Hands-on adjustments can injure students or cross personal boundaries, and misconduct allegations against yoga teachers have produced major lawsuits. Heated classes add heat-illness risk.

3-1 Do instructors ask for consent before any hands-on adjustment (e.g., consent cards)?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-2 Is there a written code of conduct and a procedure for reporting misconduct?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-3 Are instructors background-checked before hire?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-4 If yes to 2-1, is room temperature monitored against a set maximum?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-5 If yes to 2-1, are students encouraged to take water and rest breaks?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-6 If yes to 2-1, are students screened for pregnancy and heart conditions before heated classes?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-7 Does every student sign a waiver before the first class?	☐ Yes ☐ No
IF YES, EXPLAIN	

3-8 Has a student claimed an injury, heat illness, or misconduct? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — AERIAL RIGS, TRAINING & RETREATS

4-1 If yes to 2-2, were aerial rigging points installed and load-rated by a qualified professional? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 2-2, are hammocks and hardware inspected before every class? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 2-3, do retreat venues and activity providers carry their own insurance? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Do contractor instructors carry their own professional liability? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are floors cleaned and dried between classes, especially after heated classes? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL & RECEIPTS

TOTAL ANNUAL PAYROLL (\$) CLASS / MEMBERSHIP RECEIPTS (\$) TEACHER TRAINING / RETREAT RECEIPTS (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL / PROFESSIONAL CARRIER / LIMITS ABUSE & MOLESTATION (Y / N) PROPERTY CARRIER

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

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

6-2 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

7 RISK MANAGEMENT

7-1 Is an AED on site with a CPR-certified instructor at each class? ☐ Yes ☐ No
IF YES, EXPLAIN

7-2 Are incident reports completed the same day? ☐ Yes ☐ No
IF YES, 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, 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