

AN UNDERWRITING PREPARATION GUIDE

MedSpa Insurance *Readiness* Review

A five-phase guide to help medical spa owners, medical directors, and operations leads align clinical reality with the heightened scrutiny of modern aesthetic-medicine underwriters.

MEDICAL PROFESSIONAL

GENERAL LIABILITY

PRODUCTS & COMPLETED OPS

CYBER & HIPAA

WORKERS COMP

EPLI

ABUSE & MISCONDUCT

EXCESS

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HOW TO USE THIS DOCUMENT

A structured intake for *medical aesthetic* underwriting.

The 2026 underwriting environment for medical spas treats nonsurgical aesthetic care as the practice of medicine. Ownership rules, supervision standards, device controls, and documented training have become the gating criteria for placement. The five phases below walk owners, medical directors, and finance leads through the materials most often requested before a quote can be issued.

01 Clinical Profile & Service Mix
Declared procedures, provider credentials, ownership structure, and medical-director governance.
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02 Coverage Architecture & State Compliance
MPL stack, GL, products, cyber, EPLI, and state-specific supervision rules.
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03 Risk Controls & Safety Hardening
Consent, charting, device protocols, infection control, and adverse-event response.
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04 Portfolio & Ancillary Exposures
IV, GLP-1, ketamine, mobile services, telehealth, retail, and intimate-area care.
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05 Loss History, Submission & Logistics
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How to send this checklist back to WHINS and start your placement intake.
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DISCLAIMER This checklist is educational only. Coverage availability, terms, conditions, and eligibility depend on underwriting review. Nothing in this document constitutes a binder, quote, or guarantee of coverage.

01 PHASE Clinical Profile & *Service Mix*

A defensible MedSpa submission starts with procedure taxonomy, not branding. Underwriters in 2026 want to see exactly what is being performed, by whom, under whose authority — before they price what insurance the operation actually needs.

WHAT TO DOCUMENT

- Service Menu & Procedure Mix**

Exact list of procedures with estimated percentage by revenue or volume — neuromodulators, fillers, peels, microneedling, laser/IPL, body contouring, and any extension services. Generic "med spa" descriptions invite carrier questions and reclassification.
- Ownership & Entity Structure**

Legal name, DBA, ownership chart, management agreements, and proof of physician ownership where required (CA, NY, others). Corporate-practice issues drive paper-director allegations and aiding-and-abetting findings.
- Medical Director Governance**

Signed medical-director agreement, scope of duties, time commitment, chart-review cadence, and emergency availability. Note whether the director also renders patient care — administrative-duty coverage does not extend to clinical acts.
- Provider Roster & Credentials**

Every rendering provider — MD, NP, PA, RN, esthetician, laser technician — with credentials, employment status (W-2 vs. 1099), board certifications, DEA where applicable, and years specifically in aesthetics.
- Device-Specific Training Evidence**

Manufacturer course certificates, injector training, laser/IPL credentialing, and competency sign-offs by procedure. Required by most med-aesthetic applications and central to defensibility after a burn or vascular event.
- Client Demographics & Modifiers**

Adult-female repeat clients are typical, but minors, elderly with comorbidities, intimate-area services, medical tourism, language-access needs, and high-frequency membership models materially shift consent and follow-up obligations.

UNDERWRITER PERSPECTIVE

Why this matters

A med spa is not a beauty-salon risk with a malpractice add-on. State boards in California, Texas, and North Carolina each treat nonsurgical aesthetic procedures as the practice of medicine, with different ownership, delegation, and supervision rules. A precisely declared service mix and clean governance can be the difference between an admitted MPL quote and a surplus-lines indication priced for the unknown.

02 PHASE Coverage Architecture & *State Compliance*

A coordinated insurance stack is the only effective defense against the multi-line exposures of medical aesthetics — from supervision claims to laser burns to a phishing event that exposes patient photographs and records.

LIABILITY STACK & REGULATORY FLOOR

- Medical Professional Liability** \$1M / \$3M starting limits for wrongful treatment, supervision, delegated care, and medical-director vicarious exposure. Confirm the professional-services definition expressly matches every line on the menu, and confirm retro-date continuity for claims-made forms.
- General Liability** \$1M / \$2M occurrence GL for premises, slip and fall, third-party property, and personal/advertising injury. Often paired with an umbrella where landlord, lender, or franchise contracts demand higher limits.
- Products & Completed Operations** Confirm products-completed ops is not impaired for retail skincare, aftercare kits, private-label, or compounded preparations. Allegations after treatment is finished frequently fall here — not under MPL.
- Cyber, Privacy & Media** \$250K to \$1M+ for PHI, payment data, ransomware, social engineering, breach response, and patient-photo exposure. HIPAA Security Rule alignment and BAAs with booking, EHR, and dispatch vendors are expected.
- Workers Comp & EPLI** Statutory WC with \$1M employer's liability for needlestick, sharps, burns, and lifting injury. EPLI of \$500K to \$1M+ for wrongful termination, harassment, and retaliation — particularly important for growing teams and PE-backed platforms.
- State Supervision & Filings** California physician-ownership and laser-supervision rules; Texas onsite-or-immediately-available delegation; North Carolina exam-before-laser-treatment and documented supervision. Multi-state platforms need a per-state matrix, not a single template.

CONTRACTUAL EXPOSURE

Why this matters

Med-spa policies often mix claims-made MPL with occurrence-based GL; that mismatch alone can produce coverage-position fights when a single event implicates supervision and premises. Carve-outs for laser, filler, biologics, weight-loss, and compounded drugs appear in plain-looking forms — the wording, not the marketing page, controls the outcome.

03 PHASE Risk Controls & *Safety Hardening*

Underwriting in 2026 is prospective, not retrospective. Documented protocols, training, device upkeep, and adverse-event discipline shift the conversation from "address and procedures" to a managed, measurable, defensible operation.

WHAT TO DOCUMENT

- Procedure-Specific Consent** Forms identifying indication, treatment, alternatives, material risks, complications, and benefits – signed and dated. Pair every form with a chart note showing the clinician actually had the discussion. "Form on file" and "documented informed decision" are different defenses.
- Standing Orders & SOPs** Physician-approved standardized procedures, contraindication screens, patch-test protocols, dosing references, and post-treatment instructions. Required by most state delegation rules and by every credible MPL underwriter.
- Charting & Photo Documentation** Redacted intake, assessment, treatment, follow-up, and adverse-event templates. Photo consent and secure photo storage. Settled rule of thumb: the chart, not the website, is what defends the clinician.
- Injection & Infection Control** CDC-aligned single-use sterile syringes and needles, no cross-patient reuse, disciplined multi-dose-vial handling, clean preparation areas, and OSHA bloodborne-pathogen exposure-control plan with HBV vaccination and training records.
- Device & Energy Protocols** Make/model schedule, FDA status where relevant, service and calibration logs, eyewear and room controls, skin-type assessment, and written escalation criteria for burns, vascular events, allergic reactions, and visual symptoms.
- Adverse-Event Communication** Prohibit personal-text management of complications and refunds. Route every adverse-event communication into the chart or a secure platform; require same-day clinician escalation for burns, vascular events, infection, syncope, or visual symptoms.

PRICING & ELIGIBILITY

Why this matters

Carriers reward operators who can prove disciplined, predictive safety. Documented consent, training, device upkeep, and adverse-event protocols unlock admitted-market access and meaningful pricing credits. Without this evidence – or with text-message complication threads in the file – the account drifts toward surplus-lines pricing and tighter exclusions.

04 PHASE Portfolio & *Ancillary Exposures*

High-performing MedSpas rarely sit on a single line of coverage. Reviewing the full portfolio together produces a stronger underwriting result and surfaces the hidden severity drivers carriers most often discover post-bind.

WHAT TO REVIEW

- IV, GLP-1 & Compounded Drugs**

Disclose IV hydration, weight-loss injections, peptide programs, hormone services, and any compounded preparations upfront. FDA has flagged dosing, storage, and adverse-event risks for compounded semaglutide and ketamine — never tuck these into "ancillary wellness."
- Ketamine & Controlled Substances**

DEA registration, storage controls, inventory logs, sourcing, refrigeration logs, and a documented adverse-event protocol. At-home use without onsite monitoring materially narrows MPL appetite and may push the risk to specialty markets.
- Abuse, Misconduct & Intimate Services**

Chaperone policy, intake screening, and dedicated abuse/molestation or sexual-misconduct sublimit where the service mix justifies it. Do not assume GL silently picks up this exposure — most forms exclude it outright.
- Mobile, Concierge & Telehealth**

HNOA endorsement for staff using personal vehicles for pickups, supplies, or aftercare visits. Multi-state telehealth follow-up requires per-state licensure review and may require professional-services definition tuning.
- Independent Contractors & 1099s**

Treatment of 1099 injectors, leased staff, and per-diem providers. Confirm vicarious-liability and contingent coverage; do not assume a contractor's own MPL extends to the entity. Independent-contractor exclusions appear quietly in many forms.
- Retail, Photos & Marketing**

Private-label or dispensed products feed products-completed ops; before/after imagery and social channels feed media liability and HIPAA exposure. Flag aggressive claims, off-label statements, and influencer arrangements before the underwriter does.

A LAYERED APPROACH

Why this matters

A fragmented program — separate brokers for MPL, GL, cyber, and WC — creates gaps in limits, coordination, and billing precisely where multi-line med-spa claims happen. Reviewing the full portfolio together lets the carrier see total risk, apply multi-policy credits, and structure excess that actually attaches over the underlying limits.

05 PHASE Loss History, Submission & *Logistics*

A clean, well-organized submission improves the odds of a favorable quote in a market that has become increasingly selective. The narrative around prior losses, board complaints, and corrective action matters as much as the loss runs themselves.

DOCUMENTS & QUESTIONS TO BE READY FOR

- Loss Runs & Board Matters** 3–5 years of currently valued loss runs (within 90 days) for MPL, GL, cyber, WC, and EPLI. Include "no loss" letters for clean years and any board complaint, demand letter, or post-event refund – neutrally summarized.
- Retro Date & Continuity** Confirm prior-acts retro dates on every claims-made form and discuss extended reporting period (ERP) terms before binding. A missing or shortened retro date silently erodes years of MPL protection.
- Trigger & Timing** What prompted the review – non-renewal, premium spike, new investor, service expansion, or claim event – and target effective date with 60–90 days of lead time for clean marketing.
- Operational Evidence Pack** Current dec pages, provider CVs and licenses, device and maintenance logs, SOPs and consent templates, HIPAA risk analysis, and landlord/franchise/MSO insurance requirement letters.

NEXT STEP

Ready for your *MedSpa* coverage review?

Send this checklist and your current declarations pages to our specialized medical-aesthetics advisory team. We coordinate underwriting across leading MPL programs – including HPSO, CM&F, ProAssurance, and selected E&S markets – to position your operation for a clean, contract-compliant program.

CALL DIRECT

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SEND DOCUMENTS

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