Complete with CWCO-SUP-CORE and ACORD 125. Covers active assailant, workplace violence, and related crisis response. Schools, churches, and venues also complete their industry supplemental.

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

NUMBER OF LOCATIONS	TOTAL EMPLOYEES	PEAK DAILY VISITORS (ALL LOCATIONS)

2 LOCATIONS & EXPOSURE

Occupancy (check all that apply):
☐ Office ☐ Retail ☐ Healthcare ☐ School / childcare ☐ House of worship ☐ Venue / entertainment
☐ Manufacturing / warehouse ☐ Hospitality ☐ Government / public service ☐ Other

LOCATION ADDRESS	OCCUPANCY	EMPLOYEES	PEAK DAILY VISITORS	OPEN TO PUBLIC (Y/N)

2-1 Does the applicant keep cash, pharmaceuticals, firearms, or other high-value items on site? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the applicant host public events or large gatherings? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Do operations involve high-conflict situations (collections, evictions, custody, social services, security)? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — WARNING SIGNS, ACCESS & RESPONSE

The FBI counted 34 active shooter incidents in 2025 — 14 at businesses — with 51 killed and 115 wounded. About two-thirds involved planning beforehand, which creates chances to spot warning signs. Threat assessment, access control, and a response plan coordinated with police are the core defenses.

3-1 Is there a threat assessment team that reviews concerning behavior? ☐ Yes ☐ No
IF NO, EXPLAIN

3-2 Can employees report threats or concerning behavior anonymously? ☐ Yes ☐ No
IF NO, EXPLAIN

3-3 Is there a written workplace violence prevention policy? ☐ Yes ☐ No
IF NO, EXPLAIN

3-4 Do employees receive active assailant response training (such as run, hide, fight) at least annually? ☐ Yes ☐ No
IF NO, EXPLAIN

3-5 Are security measures planned for high-risk terminations and discipline? ☐ Yes ☐ No
IF NO, EXPLAIN

3-6 Is there a procedure when an employee has a protective order or faces domestic violence? ☐ Yes ☐ No
IF NO, EXPLAIN

3-7 Are entrances locked or badge-controlled? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Do visitors check in and receive identification before entering? ☐ Yes ☐ No
IF NO, EXPLAIN

3-9 Are there panic buttons or a mass notification system? ☐ Yes ☐ No
IF NO, EXPLAIN

3-10 Do cameras cover entrances, parking areas, and common spaces? ☐ Yes ☐ No
IF NO, EXPLAIN

3-11 Is the emergency response plan reviewed with local law enforcement? ☐ Yes ☐ No
IF NO, EXPLAIN

3-12 Are lockdown or evacuation drills held at least annually? ☐ Yes ☐ No
IF NO, EXPLAIN

3-13 Is there a post-incident plan for counseling, family notification, and communications? ☐ Yes ☐ No
IF NO, EXPLAIN

3-14 Are armed security personnel on site? ☐ Yes ☐ No
EXPLAIN

4 COVERAGE REQUESTED & HISTORY

Coverage parts:

☐ Third-party liability ☐ Business interruption ☐ Property damage & demolition ☐ Crisis management / PR ☐ Counseling & victim services
☐ Medical & funeral expenses ☐ Threat / extortion response

LIMIT REQUESTED ($)	RETENTION ($)	CURRENT CARRIER / LIMIT

4-1 In the past 5 years, has there been an act or credible threat of violence at any location? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Is the applicant aware of any current threat, protective order, or employee concern? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Does the general liability policy exclude assault, battery, or firearms-related claims? ☐ Yes ☐ No
EXPLAIN

4-4 Has this coverage been declined, cancelled, or non-renewed? ☐ Yes ☐ No
IF YES, EXPLAIN

5 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