BAILEE & PROPERTY OF OTHERS SUPPLEMENTAL

Attach whenever the applicant takes temporary custody of property belonging to others. Complete with CWCO-SUP-CORE and ACORD 125/126. Attach CWCO-SUP-PROP for each storage location.

NAME OF APPLICANT	POLICY TERM — FROM	TO	YEARS IN BUSINESS

ADDRESS	CITY	STATE / ZIP	NUMBER OF EMPLOYEES

WEBSITE ADDRESS	ALL ADDITIONAL INTERESTS (NAME AND INTEREST)

A OPERATIONS & CUSTODY

Type of work (check all that apply):

- ☐ Dry cleaning
- ☐ Laundry
- ☐ Fur storage
- ☐ Restoration services
- ☐ Electronics repair
- ☐ Furniture repair / refinishing
- ☐ Jewelry repair
- ☐ Instrument repair
- ☐ Equipment servicing
- ☐ Warehousing for others
- ☐ Moving and storage
- ☐ Document storage
- ☐ Vehicle storage
- ☐ Art or antiques handling
- ☐ Other (describe below)

DESCRIBE THE SERVICE OR WORK PERFORMED ON CUSTOMERS' GOODS, AND THE TYPICAL FLOW OF GOODS FROM INTAKE TO RETURN

DESIRED LIMIT OF INSURANCE ($)	DESIRED DEDUCTIBLE ($)	ANNUAL GROSS RECEIPTS ($)	AVERAGE VALUE PER ORDER ($)

AVERAGE DAYS GOODS ARE ON PREMISES	MAXIMUM DAYS GOODS ARE HELD	AVERAGE TOTAL VALUE OF CUSTOMER GOODS ON PREMISES — PAST 12 MONTHS ($)	PEAK VALUE OF CUSTOMER GOODS ON PREMISES ($)

WHAT METHOD IS USED TO RECORD PROPERTY OF OTHERS IN THE APPLICANT'S CARE, CUSTODY AND CONTROL? DESCRIBE THE INTAKE TICKET, TAGGING, AND RECONCILIATION P

A1 Does the applicant pick up or deliver customers' goods in its own vehicles? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to A1, state the number of vehicles used for pickup and delivery, and attach CWCO-SUP-AUTO or CWCO-SUP-HNOA.

A2 Is a written receipt or contract issued to the customer that limits the applicant's liability? ☐ Yes ☐ No
IF YES, EXPLAIN

A3 Does the applicant ever subcontract work on customer goods to a third party? ☐ Yes ☐ No
IF YES, EXPLAIN

A4 Are safes or vaults maintained on the premises? ☐ Yes ☐ No
IF YES, EXPLAIN

A5 Are customers' goods stored below grade at any location? ☐ Yes ☐ No
IF YES, EXPLAIN

A6 Are hazardous or flammable materials used or stored at the premises? ☐ Yes ☐ No
IF YES, EXPLAIN

B LOCATION SCHEDULE & VALUES

LOC #	ADDRESS, CITY, STATE, ZIP	VALUE OF CUSTOMER GOODS AT THIS LOCATION ($)	CONSTRUCTION TYPE	YEAR BUILT	SQUARE FEET

LOC #	YEAR ROOF UPDATED	YEAR HVAC UPDATED	SPRINKLERED? (WET / DRY / NONE)	TEMP / HUMIDITY CONTROL?	RACK STORAGE?	IN-RACK SPRINKLERS?

LOC #	CENTRAL STATION FIRE ALARM?	CENTRAL STATION BURGLAR ALARM?	FENCED & GATED?	WATCHMAN SERVICE?	VIDEO SURVEILLANCE?

C PROPERTY AWAY FROM PREMISES

LOC #	ADDRESS WHERE CUSTOMER PROPERTY IS HELD OFF-PREMISES	VALUE ($)	REASON HELD THERE

TOTAL VALUE OF PROPERTY AWAY FROM PREMISES ($)

MAXIMUM VALUE IN TRANSIT AT ANY ONE TIME ($)

C1 Is customer property ever left unattended in a vehicle overnight? ☐ Yes ☐ No

IF YES, EXPLAIN

C2 Is customer property ever stored at a third-party warehouse or public storage facility? ☐ Yes ☐ No

IF YES, EXPLAIN

D PRIOR CARRIER & LOSS HISTORY

YEAR	CARRIER	PREMIUM ($)	LOSSES ($)	DESCRIPTION

D1 Has coverage been cancelled or non-renewed in the past three years? ☐ Yes ☐ No

IF YES, EXPLAIN

D2 Has there been any loss to customer property in the applicant's custody in the last five years? ☐ Yes ☐ No

IF YES, EXPLAIN

D3 Is the applicant aware of any circumstance that could give rise to a claim for damage to customer property? ☐ Yes ☐ No

IF YES, EXPLAIN

E ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — INVENTORY CONTROLS, INSURANCE REQUIREMENTS IMPOSED BY CUSTOMERS, OR PLANNED CHANGES

F REPRESENTATIONS & SIGNATURE

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. The undersigned declares that no material facts have been suppressed or misstated, and agrees to inform the insurer of any material change occurring before completion of the contract.

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