

Covers boba and bubble tea shops, including milk tea, fruit tea, slushes, toppings, light snacks, and delivery through third-party apps. Complete with ACORD 125/126/140. Attach the health permit, franchise agreement insurance requirements (if any), and a list of main ingredient suppliers.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA / SHOP NAME	FEIN	YEARS IN BUSINESS
SHOP ADDRESS	CITY / STATE / ZIP	WEBSITE / SOCIAL MEDIA	

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

HEALTH PERMIT NO.	FRANCHISE BRAND (IF ANY)

2 OPERATIONS

DESCRIPTION OF OPERATIONS (MENU, HOURS, SEATING, DELIVERY, NUMBER OF LOCATIONS)

REVENUE SOURCE	% OF ANNUAL REVENUE

Sources: milk and fruit teas; slushes and smoothies; coffee drinks; snacks and food; packaged pearls or merchandise.

Size and volume:

Locations	Drinks per day (avg)	Seats	Delivery orders (% of sales)	Closing time (latest)
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2-1 Does the franchisor or a single supplier provide the pearls, powders, and syrups? ☐ Yes ☐ No

IF YES, EXPLAIN

2-2 Is hot food prepared on site (fried snacks, waffles, rice dishes)? ☐ Yes ☐ No

IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — PEARLS, CHOKING & INGREDIENTS

Germany's federal risk assessor warned that tapioca pearls can be sucked into a child's airway through a wide straw and recommended warnings wherever bubble tea is sold. Consumer Reports found lead in every boba pearl sample it tested in 2025.

3-1 Are choking warnings posted at the counter and printed on cups or receipts for drinks with pearls or jellies? ☐ Yes ☐ No

IF YES, EXPLAIN

3-2 Do staff offer drinks without pearls for young children, or decline pearls for toddlers? ☐ Yes ☐ No

IF YES, EXPLAIN

3-3 Are supplier certificates of analysis for heavy metals (including lead) kept for pearls, powders, and syrups? ☐ Yes ☐ No

IF YES, EXPLAIN

- 3-4 If operating in California, are Proposition 65 warnings posted where required? ☐ Yes ☐ No
IF YES, EXPLAIN
- 3-5 Are cooked pearls held at safe temperatures and discarded on a written time limit? ☐ Yes ☐ No
IF YES, EXPLAIN
- 3-6 Are allergens (dairy, soy, nuts, egg, gluten) disclosed on the menu, and are non-dairy and allergen orders prepared with clean equipment? ☐ Yes ☐ No
IF YES, EXPLAIN
- 3-7 Are ingredients imported directly by the applicant rather than through a U.S. distributor? ☐ Yes ☐ No
IF YES, EXPLAIN
- 3-8 In the past 5 years, has any customer claimed choking, an allergic reaction, illness, or a foreign object in a drink? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — EQUIPMENT, STAFF & PREMISES

- 4-1 Are pearl cookers and boiling pots used only by trained staff, with burn-prevention procedures for straining and transfers? ☐ Yes ☐ No
IF YES, EXPLAIN
- 4-2 Are cup-sealing machines guarded and maintained, with staff trained to keep hands clear? ☐ Yes ☐ No
IF YES, EXPLAIN
- 4-3 Are employees under 18 kept off pearl cookers and other tasks restricted for minors under child labor law? ☐ Yes ☐ No
IF YES, EXPLAIN
- 4-4 Are floors checked and cleaned for spilled drinks and pearls throughout the day, with slip-resistant mats behind the counter? ☐ Yes ☐ No
IF YES, EXPLAIN
- 4-5 Are cash-handling and closing procedures in place for late-night hours (drop safe, two-person close)? ☐ Yes ☐ No
IF YES, EXPLAIN

5 EXPOSURE & RISK QUESTIONS — DELIVERY & THIRD-PARTY APPS

- 5-1 Are delivery drinks sealed with tamper-evident labels or stickers? ☐ Yes ☐ No
IF YES, EXPLAIN
- 5-2 Do delivery app agreements require the applicant to indemnify the platform, and has that term been reviewed? ☐ Yes ☐ No
IF YES, EXPLAIN
- 5-3 Do any employees deliver orders in their own vehicles? ☐ Yes ☐ No
IF YES, EXPLAIN

6 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	NUMBER OF EMPLOYEES	NUMBER OF EMPLOYEES UNDER 18
PROJECTED ANNUAL GROSS SALES (\$, ILLUSTRATIVE)	PRIOR YEAR SALES (\$, ILLUSTRATIVE)	DELIVERY APP SALES (\$, ILLUSTRATIVE)

7 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

CURRENT GL / PROPERTY CARRIER

CURRENT GL LIMITS

PRODUCTS AGGREGATE

7-1 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the last 5 years?

☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Has the shop been cited or closed by the health department in the past 3 years?

☐ Yes ☐ No

IF YES, EXPLAIN

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

7-3 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

8 RISK MANAGEMENT & SAFETY

8-1 Is at least one certified food protection manager on staff, with food handler cards for all employees?

☐ Yes ☐ No

IF YES, EXPLAIN

8-2 Is there a written plan to pull ingredients from service if a supplier issues a recall?

☐ Yes ☐ No

IF YES, EXPLAIN

8-3 Are refrigerator temperatures logged daily?

☐ 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