

For accident coverage a business or organization buys for the people it is responsible for. Check the programs you want in Section 2, then answer only the sections that apply. Complete with CWCO-SUP-CORE and ACORD 125, and attach the current policy and loss runs. Employee injury benefits required by law use CWCO-SUP-WC.

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

INDUSTRY / SIC CODE	OWNERS (COUNT)	FULL-TIME EMPLOYEES	PART-TIME EMPLOYEES
VOLUNTEERS (COUNT)	PARTICIPANTS / STUDENTS PER YEAR	CONTRACT DRIVERS / CONTRACTORS	EMPLOYEES LIVING OUTSIDE U.S.

2 PROGRAMS & INSURED GROUPS

Programs requested (check all that apply):

- ☐ Business travel accident ☐ Multinational travel / out-of-country medical ☐ Study abroad / educational travel ☐ Business owner's accident
☐ Felonious assault ☐ Basic AD&D (employer-paid) ☐ Voluntary AD&D (employee-paid) ☐ Participant accident
☐ Student / child care accident ☐ Volunteer accident ☐ Occupational accident (contractors) ☐ Contingent liability (contractors)
☐ First responder statutory plan

CLASS / GROUP	PERSONS	DEATH & DISMEMBERMENT (\$)	ACCIDENT MEDICAL (\$)	24-HOUR OR BUSINESS ONLY

List each class separately, such as owners, officers, employees, spouses and children traveling at company expense, volunteers, participants, students, contractors, and first responders.

GROUP	UNDER 5	5-12	13-18	19-64	65+

Headcount by age band for participants, students, and volunteers.

AGGREGATE LIMIT REQUESTED PER ACCIDENT (\$)	TRAVEL DAYS PER YEAR (ALL TRAVELERS)	MOST INSURED PEOPLE IN ONE PLACE OR VEHICLE

2-1 Is coverage requested for spouses, children, or guests who travel at the company's expense? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Should accident medical pay only after personal health insurance (excess)? ☐ Yes ☐ No
 EXPLAIN

3 EXPOSURE & RISK QUESTIONS — CONCENTRATION, AIRCRAFT & DESTINATIONS

Accident policies cap the total they will pay for one accident; a 2026 university policy, for example, pays up to \$2 million per person but \$10 million in all, and excludes aircraft the policyholder owns or leases. One crash or attack involving many insured people can exhaust that cap.

3-1

Is there a written limit on how many officers or key employees may travel on the same flight or vehicle?

☐ Yes ☐ No

IF NO, EXPLAIN

3-2

Do insured people ever gather in large numbers (conferences, retreats, company events, team travel)?

☐ Yes ☐ No

IF YES, EXPLAIN

3-3

Do insured people fly on aircraft the business owns, leases, or charters?

☐ Yes ☐ No

IF YES, EXPLAIN

3-4

Do insured people pilot aircraft or serve as crew?

☐ Yes ☐ No

IF YES, EXPLAIN

3-5

Do insured people travel to countries under a U.S. State Department Level 3 or 4 advisory?

☐ Yes ☐ No

IF YES, EXPLAIN

3-6

Is coverage needed for war, terrorism, or civil unrest?

☐ Yes ☐ No

IF YES, EXPLAIN

3-7

Does any work involve hazardous duties (offshore, oil and gas, mining, aviation, security, or military contracting)?

☐ Yes ☐ No

IF YES, EXPLAIN

3-8

Do any employees live or work outside their home country for more than 180 days a year?

☐ Yes ☐ No

IF YES, EXPLAIN

3-9

If yes to 3-8, do any countries require locally issued (admitted) policies for those employees?

☐ Yes ☐ No

IF YES, EXPLAIN

3-10

Is out-of-country medical needed for sickness as well as accidents?

☐ Yes ☐ No

IF YES, EXPLAIN

3-11

Is security or political evacuation needed, along with medical evacuation and return home?

☐ Yes ☐ No

IF YES, EXPLAIN

3-12

Are kidnapping, wrongful detention, or crisis response services needed?

☐ Yes ☐ No

IF YES, EXPLAIN

3-13

Is there a travel risk program that tracks travelers and can arrange evacuation?

☐ Yes ☐ No

IF NO, EXPLAIN

COUNTRY / REGION	TRIPS PER YEAR	AVG. DAYS PER TRIP	TRAVELERS PER TRIP	TRAVELERS' HOME COUNTRY

Complete for business travel, multinational, and study abroad programs. For study abroad, include students, faculty, chaperones, and alumni.

4 OWNERS, FELONIOUS ASSAULT & AD&D

OWNER 24-HOUR AD&D REQUESTED (\$)

EMPLOYEE ASSAULT AD&D REQUESTED (\$)

CURRENT AD&D CARRIER (IF ANY)

4-1 Do employees deal face-to-face with the public, handle cash, or work alone or at night?

☐ Yes ☐ No

IF YES, EXPLAIN

4-2 Has an employee been robbed, assaulted, or held hostage at work in the past 5 years?

☐ Yes ☐ No

IF YES, EXPLAIN

4-3 Are security measures in place (cameras, panic buttons, cash limits, guards, de-escalation training)?

☐ Yes ☐ No

IF NO, EXPLAIN

4-4 Are disability, in-hospital, or counseling benefits wanted in addition to AD&D?

☐ Yes ☐ No

IF YES, EXPLAIN

4-5 Is AD&D being moved off the group life or disability carrier?

☐ Yes ☐ No

IF YES, EXPLAIN

4-6 If voluntary AD&D is requested, will the employer handle enrollment and payroll deduction?

☐ Yes ☐ No

IF NO, EXPLAIN

5 PARTICIPANTS, STUDENTS, VOLUNTEERS & FIRST RESPONDERS

ACTIVITY / EVENT	SEASON LENGTH OR NO. OF EVENTS	PARTICIPANTS	ON / OFF PREMISES

List the sponsored activities to be covered. For schools, list sports separately.

5-1 Do activities include contact sports, water, climbing, motorsports, or overnight travel?

☐ Yes ☐ No

IF YES, EXPLAIN

5-2 Are all activities scheduled, sponsored, and supervised by the organization?

☐ Yes ☐ No

IF NO, EXPLAIN

5-3 Are waivers signed and injuries reported the same day?

☐ Yes ☐ No

IF NO, EXPLAIN

5-4 Is catastrophic accident coverage (lifetime care after severe injury) wanted?

☐ Yes ☐ No

IF YES, EXPLAIN

5-5 For child care or schools, is the program licensed by the state?

☐ Yes ☐ No

IF NO, EXPLAIN

5-6 Are any staff or volunteers not covered by workers' compensation?

☐ Yes ☐ No

IF YES, EXPLAIN

5-7 Do any volunteers serve in police, fire, construction, or emergency or medical response roles?

☐ Yes ☐ No

IF YES, EXPLAIN

5-8 For first responders, does a state law require the benefits being requested?

☐ Yes ☐ No

IF YES, EXPLAIN

6 OCCUPATIONAL ACCIDENT & CONTINGENT LIABILITY

CONTRACT DRIVERS / CONTRACTORS (COUNT)	STATES WHERE THEY WORK	OA LIMIT PER PERSON / ACCIDENT (\$)

6-1 Has worker classification been reviewed for each state where contractors work? ☐ Yes ☐ No
IF NO, EXPLAIN

6-2 Are contractors required by contract to carry occupational accident or workers' compensation? ☐ Yes ☐ No
IF NO, EXPLAIN

6-3 Do any contractors work in states where they may be treated as employees for workers' compensation? ☐ Yes ☐ No
IF YES, EXPLAIN

6-4 Is contingent liability wanted to defend and pay benefits if a contractor claims to be an employee? ☐ Yes ☐ No
EXPLAIN

6-5 Do drivers haul logs or timber, explosives, LP gas, ammonium nitrate, or nuclear waste? ☐ Yes ☐ No
IF YES, EXPLAIN

6-6 Do contractors carry passengers or riders? ☐ Yes ☐ No
IF YES, EXPLAIN

6-7 Has a contractor ever claimed to be an employee or filed for workers' compensation? ☐ Yes ☐ No
IF YES, EXPLAIN

7 COVERAGE & LOSS HISTORY

Attach the current policy and currently valued loss runs or claim summaries for the last 5 years.

CURRENT ACCIDENT CARRIER	CURRENT AGGREGATE LIMIT (\$)	EXPIRATION DATE	CURRENT PREMIUM (\$)

7-1 Has any insured person had a serious accident or death while covered, in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

7-2 Has coverage been declined, cancelled, or non-renewed in the past 3 years? ☐ 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, 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