

Covers retail butcher shops and meat markets, including deli counters, smoking and curing, and wild-game processing. USDA-inspected meat plants also complete CWCO-SUP-FOODMFG. Complete with ACORD 125, 126, and 140.

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

HEALTH / RETAIL FOOD PERMIT NO.	USDA OR STATE INSPECTION / EXEMPTION STATUS

2 OPERATIONS

RECEIPTS CATEGORY	ANNUAL AMOUNT (\$)	% OF TOTAL

Categories: food; beer and wine; liquor; catering and events; retail and merchandise; delivery; other.

Operations (check all that apply):

- ☐ Cutting retail meat ☐ Grinding ☐ Deli slicing (ready-to-eat) ☐ Sausage making ☐ Smoking or curing ☐ Wild-game processing
☐ Custom slaughter

2-1 Does the shop employ workers under 18? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Does the shop make ready-to-eat products (smoked, cured, or deli)? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — SAWS, GRINDERS & SLICERS

Band saws, grinders, and slicers are among the leading causes of amputations in meat cutting, and federal law bars workers under 18 from operating power-driven meat slicers, saws, and grinders.

3-1 Are band-saw blade guards adjusted to each cut? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 Are push plates used to feed meat into band saws? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-3 Are grinders fitted with feed-throat guards? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-4 Are stomper tools always used to push meat into grinders? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-5 Are slicer blade guards in place during use? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-6 Are slicers cleaned only when unplugged or locked out? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-7

If yes to 2-1, are workers under 18 kept from operating or cleaning power-driven saws, grinders, and slicers?

☐ Yes ☐ No

IF YES, EXPLAIN

3-8

Are cut-resistant gloves worn for knife work and cleaning blades?

☐ Yes ☐ No

IF YES, EXPLAIN

3-9

Has an employee suffered an amputation or serious laceration in the last 5 years?

☐ Yes ☐ No

IF YES, EXPLAIN

4EXPOSURE & RISK QUESTIONS — PATHOGENS, COLD STORAGE & GAME PROCESSING

4-1

Is ground meat traceable to its source cuts and grinding date?

☐ Yes ☐ No

IF YES, EXPLAIN

4-2

If yes to 2-2, are ready-to-eat products kept separate from raw meat?

☐ Yes ☐ No

IF YES, EXPLAIN

4-3

If yes to 2-2, are deli slicers fully sanitized at least every four hours of use?

☐ Yes ☐ No

IF YES, EXPLAIN

4-4

Are cooler and case temperatures monitored with alarms and logs?

☐ Yes ☐ No

IF YES, EXPLAIN

4-5

Do walk-in coolers and freezers have inside release handles?

☐ Yes ☐ No

IF YES, EXPLAIN

4-6

Are hunters' carcasses tagged and kept separate from retail meat?

☐ Yes ☐ No

IF YES, EXPLAIN

4-7

Has a customer claimed foodborne illness from a product?

☐ Yes ☐ No

IF YES, EXPLAIN

5PAYROLL & RECEIPTS

TOTAL ANNUAL PAYROLL (\$)

ANNUAL GROSS RECEIPTS (\$)

GAME PROCESSING RECEIPTS (\$)

6PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL / PRODUCTS CARRIER / LIMITS

SPOILAGE / EQUIPMENT BREAKDOWN (Y / N)

PRODUCT RECALL (Y / N)

6-1

Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years?

☐ Yes ☐ No

IF YES, EXPLAIN

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

6-2

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

7

RISK MANAGEMENT

7-1 Are cutters trained and signed off on each machine before using it alone?

☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Is there a backup generator or plan for refrigeration during power outages?

☐ 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, 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