

For check cashers, money transmitters and their agents, and money order and currency exchange businesses. Complete with CWCO-SUP-CORE, ACORD 125, and CWCO-SUP-CRIME.
Regulatory fines and penalties are generally not insurable.

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
FINCEN REGISTRATION NUMBER	STATE LICENSES HELD	LOCATIONS

2 SERVICES & CASH EXPOSURE

Services (check all that apply):
☐ Check cashing ☐ Money transmission ☐ Money orders ☐ Currency exchange ☐ Prepaid cards ☐ Bill payment
☐ Consumer / payday loans ☐ Crypto kiosks

ANNUAL TRANSACTION VOLUME (\$)	MAXIMUM CASH AT ANY LOCATION (\$)	AVERAGE DAILY CASH ON HAND (\$)

2-1 Does the applicant have agents or subagents operating under it? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Does the applicant act as an agent of a larger money transmitter? ☐ Yes ☐ No
 EXPLAIN

2-3 Are any locations near the U.S.-Mexico border or in other high-risk areas? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — CASH SECURITY & COMPLIANCE

In December 2025, FinCEN launched a data-driven enforcement operation against more than 100 money services businesses, built on over a million cash transaction reports, and enforcement continues in 2026. Robbery, employee theft, and bad checks are the insurable losses; registration and AML compliance keep a business eligible.

3-1 Is the business registered with FinCEN, with registration renewed every two years? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Is there a written AML program with a designated compliance officer? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Is the AML program independently reviewed on a regular schedule? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Are currency transaction reports filed for cash transactions over \$10,000? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-5 Are employees trained at least annually to spot and report suspicious activity? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-6 Is cash kept in a time-lock safe? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-7 Are tellers behind bullet-resistant enclosures? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-8 Are holdup alarms monitored by a central station?	☐ Yes ☐ No	
IF NO, EXPLAIN		
3-9 Do cameras cover teller areas, entrances, and the safe?	☐ Yes ☐ No	
IF NO, EXPLAIN		
3-10 Are two employees present for opening and closing?	☐ Yes ☐ No	
IF NO, EXPLAIN		
3-11 Are deposits handled by an armored car service?	☐ Yes ☐ No	
IF NO, EXPLAIN		
3-12 Is a maximum cash limit for each location set and enforced?	☐ Yes ☐ No	
IF NO, EXPLAIN		
3-13 Are checks verified (issuer, account, identification) before cashing?	☐ Yes ☐ No	
IF NO, EXPLAIN		

4 EMPLOYEES & INTERNAL CONTROLS

4-1 Are criminal background checks completed for employees who handle cash?	☐ Yes ☐ No	
IF NO, EXPLAIN		
4-2 Are cash drawers reconciled daily by someone other than the teller?	☐ Yes ☐ No	
IF NO, EXPLAIN		
4-3 Does opening the vault require two people (dual control)?	☐ Yes ☐ No	
IF NO, EXPLAIN		
4-4 Are counterfeit-detection tools used on cash received?	☐ Yes ☐ No	
IF NO, EXPLAIN		

5 COVERAGE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

CRIME / FIDELITY LIMIT (\$)	MONEY & SECURITIES / IN-TRANSIT LIMIT (\$)	CURRENT CARRIER / PREMIUM
5-1 Has any location been robbed or burglarized in the past 5 years?	☐ Yes ☐ No	
IF YES, EXPLAIN		
5-2 Has an employee theft or shortage been discovered in the past 5 years?	☐ Yes ☐ No	
IF YES, EXPLAIN		
5-3 Has a regulator issued a penalty, consent order, or examination finding?	☐ Yes ☐ No	
IF YES, EXPLAIN		
5-4 Has coverage been declined, cancelled, or non-renewed in the past 3 years?	☐ Yes ☐ No	
IF YES, EXPLAIN		

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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