Complete ONE form for the whole account, with CWCO-SUP-CORE, ACORD 125, and ACORD 140. List every building in Section 3 by location and building number (1-1, 1-2, 2-1) and use those numbers wherever a question asks which locations. Vacant buildings also complete CWCO-SUP-VAC.

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

NUMBER OF LOCATIONS	INSPECTION CONTACT / PHONE	PROPERTY MANAGER (IF ANY)

2 COVERAGE & PROGRAM

Coverage requested (check all that apply):
☐ Building ☐ Business personal property ☐ Business income / extra expense ☐ Equipment breakdown ☐ Ordinance or law
☐ Wind / hail ☐ Flood ☐ Earthquake ☐ Spoilage ☐ Utility service interruption

VALUATION (REPLACEMENT COST / ACV / AGREED)	COINSURANCE %	ALL-OTHER-PERIL DEDUCTIBLE ($)	WIND / HAIL DEDUCTIBLE ($ OR %)

ORDINANCE OR LAW — A: UNDAMAGED PORTION (Y / N)	B: DEMOLITION COST ($)	C: INCREASED COST OF CONSTRUCTION ($)

FLOOD LIMIT / DEDUCTIBLE	EARTHQUAKE LIMIT / DEDUCTIBLE	SPOILAGE ($)

UTILITY SERVICE INTERRUPTION ($)	OUTDOOR PROPERTY & SIGNS ($)	TENANT IMPROVEMENTS & BETTERMENTS ($)

3 SCHEDULE OF LOCATIONS

Use one row per building, numbered location-building (1-1, 1-2 for two buildings at Location 1; 2-1 for Location 2), with the same number in all four tables. Values should reflect today's replacement cost. Alarm: F = fire, B = burglar. Attach a separate schedule for more than 12 buildings.

LOC / BLDG #	ADDRESS, CITY, COUNTY, STATE, ZIP	OCCUPANCY	CONSTRUCTION (ISO)	YEAR BUILT	STORIES	SQ. FT.

LOC / BLDG #	BUILDING ($)	CONTENTS / BPP ($)	BUSINESS INCOME / EE ($)	RENTAL VALUE ($)	TOTAL INSURED VALUE ($)

TOTAL INSURED VALUE — ALL LOCATIONS ($)	DATE VALUES LAST APPRAISED	SOURCE OF VALUES (APPRAISAL, VALUATION TOOL, ESTIMATE)

LOC / BLDG #	% SPRINKLERED	CENTRAL ALARM (F / B)	PROT. CLASS	HYDRANT FT. / STATION MI.	ROOF YEAR / COVERING / SHAPE	ELECTRICAL YR.	PLUMBING YR.

LOC / BLDG #	FEMA FLOOD ZONE	MILES TO COAST	WILDFIRE ZONE (Y/N, SCORE)	DEFENSIBLE SPACE (FT.)	SEISMIC (RETROFIT / SOFT STORY)

4 EXPOSURE & RISK QUESTIONS — VALUATION, BUILDING SYSTEMS & CATASTROPHE

Commercial property results improved in 2025 despite the California wildfires and severe storms, and pricing is softening. Underwriters still focus on whether values reflect today's rebuilding cost, whether electrical and plumbing systems are updated, and each location's flood, wildfire, wind, and earthquake exposure. Where asked, list the location / building numbers.

4-1 Are values at every location based on a replacement-cost appraisal or valuation tool completed in the past 3 years? ☐ Yes ☐ No

IF NO, EXPLAIN

4-2 Is the business income limit based on a completed business income worksheet? ☐ Yes ☐ No

IF NO, EXPLAIN

Present at any location (list location / building numbers in 4-3):

☐ Aluminum branch wiring ☐ Knob-and-tube wiring ☐ Federal Pacific or Zinsco panels ☐ Fuses ☐ Polybutylene plumbing

☐ Galvanized steel supply lines ☐ EIFS stucco ☐ Wood shake roof ☐ Asbestos-containing materials ☐ None of these

4-3 Is any condition checked above present at any location? (list location / building numbers) ☐ Yes ☐ No

IF YES, EXPLAIN

4-4 Is there known water intrusion or a leak at any location? ☐ Yes ☐ No

IF YES, EXPLAIN

4-5 Is there deferred maintenance at any location? ☐ Yes ☐ No

IF YES, EXPLAIN

4-6 Is there an open building code violation at any location? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Is renovation or construction planned at any location during the policy period? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 In earthquake-exposed states, is any building a soft-story design (open parking or retail beneath upper floors)? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 In earthquake-exposed states, is every frame building bolted to its foundation or seismically retrofitted? ☐ Yes ☐ No
IF NO, EXPLAIN

4-10 Is defensible space maintained around every building in a wildfire zone? ☐ Yes ☐ No
IF NO, EXPLAIN

Wind and hail mitigation at coastal or hail-exposed locations (check all that apply):

☐ Hurricane straps / clips ☐ Impact-resistant glazing ☐ Impact-rated roof ☐ Secondary water barrier ☐ Storm shutters ☐ None
☐ Not applicable

LOCATIONS / BUILDINGS WITH THE MITIGATION CHECKED ABOVE

5 FIRE PROTECTION, ROOF, HOUSEKEEPING & EQUIPMENT

Answer for every location; where a question asks, list the location / building numbers.

SPRINKLER TYPE (WET / DRY / PRE-ACTION / ESFR), WATER SUPPLY (CITY / TANK / FIRE PUMP), AND DATE OF LAST SPRINKLER INSPECTION, BY LOCATION

5-1 Are sprinklers at every sprinklered location inspected and tested at least annually under NFPA 25? ☐ Yes ☐ No
IF NO, EXPLAIN

5-2 Are sprinkler water-flow alarms monitored by a central station at every sprinklered location? ☐ Yes ☐ No
IF NO, EXPLAIN

5-3 Are smoke alarms installed throughout every building? ☐ Yes ☐ No
IF NO, EXPLAIN

5-4 Are fire extinguishers inspected and tagged annually at every location? ☐ Yes ☐ No
IF NO, EXPLAIN

5-5 Has every roof been inspected by a qualified roofer in the past 3 years? ☐ Yes ☐ No
IF NO, EXPLAIN

5-6 Are solar panels or other equipment mounted on any roof? (list location / building numbers) ☐ Yes ☐ No
IF YES, EXPLAIN

5-7 If yes to 5-6, was the equipment installed by a licensed contractor with permits? ☐ Yes ☐ No
IF NO, EXPLAIN

5-8 Is any building attached to, or within 10 feet of, another building? ☐ Yes ☐ No
IF YES, EXPLAIN

NEAREST BUILDING (FT.) & ADJACENT OCCUPANCIES, BY LOCATION

5-9 Do fire walls separate tenants in every multi-tenant building? ☐ Yes ☐ No
IF NO, EXPLAIN

5-10 Does the public have access to any roof? ☐ Yes ☐ No
IF YES, EXPLAIN

5-11 Are flammable liquids or large amounts of combustible material stored inside any building? ☐ Yes ☐ No
IF YES, EXPLAIN

5-12 If yes to 5-11, are they kept in approved cabinets or rooms? ☐ Yes ☐ No
IF NO, EXPLAIN

5-13 Is a hot work permit program used for welding, cutting, or torch work at every location? ☐ Yes ☐ No
IF NO, EXPLAIN

5-14 Is smoking prohibited inside every building? ☐ Yes ☐ No
IF NO, EXPLAIN

5-15 Are lithium-ion batteries, e-bikes, scooters, or electric vehicles charged or stored inside any building? ☐ Yes ☐ No
IF YES, EXPLAIN

5-16 Is there electric vehicle charging equipment at any location? ☐ Yes ☐ No
IF YES, EXPLAIN

5-17 Has every building's electrical system had an infrared (thermographic) scan in the past 3 years? ☐ Yes ☐ No
IF NO, EXPLAIN

5-18 Are there boilers, pressure vessels, or large mechanical or refrigeration systems at any location? ☐ Yes ☐ No
IF YES, EXPLAIN

BOILERS / PRESSURE VESSELS (COUNT, AGE, LOCATIONS) | **BACKUP GENERATORS (LOCATIONS, KW)** | **CRITICAL EQUIPMENT & REPLACEMENT LEAD TIME**

6 OCCUPANCY & TENANTS

OPERATIONS AND EVERY TENANT OCCUPANCY, BY LOCATION

COMMERCIAL SQ. FT. (MIXED-USE) | **RESIDENTIAL SQ. FT. (MIXED-USE)**

TOTAL RESIDENTIAL UNITS | **TOTAL COMMERCIAL TENANTS** | **OVERALL % OCCUPIED** | **% STUDENT / SUBSIDIZED UNITS**

6-1 Is there restaurant or commercial cooking at any location? (list location / building numbers) ☐ Yes ☐ No
IF YES, EXPLAIN

HOOD SUPPRESSION SYSTEM TYPE(S) | **DATE OF LAST SEMI-ANNUAL HOOD SERVICE**

6-2 Do commercial tenants provide certificates of insurance naming the owner as additional insured? ☐ Yes ☐ No
IF NO, EXPLAIN

6-3 Are any units or buildings vacant or unoccupied? (If a whole building, complete CWCO-SUP-VAC) ☐ Yes ☐ No
IF YES, EXPLAIN

6-4 Are armed security guards on the premises at any location? ☐ Yes ☐ No
IF YES, EXPLAIN

6-5 Are tenants allowed to keep dogs at any location? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to 6-5: signing this supplemental confirms that no dog with a history of biting or aggression lives at any building, and that leases prohibit such dogs.

7 INTERESTS & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

7-1 Does the applicant own every building listed? (If not, list the location / building numbers that are leased) ☐ Yes ☐ No

IF NO, EXPLAIN

7-2 For leased locations, does the lease require the applicant to insure the building? ☐ Yes ☐ No

IF YES, EXPLAIN

LOC / BLDG #	MORTGAGEE OR LOSS PAYEE	ADDRESS	INTEREST	LOAN / REFERENCE NO.

PRIOR CARRIER / YEARS WITH CARRIER	EXPIRING PREMIUM ($)	5-YEAR LOSS RATIO (%)

7-3 Have there been any property losses at any location in the past 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

7-4 Are any claims still open? ☐ Yes ☐ No

IF YES, EXPLAIN

7-5 Have all repairs from prior losses been completed? ☐ Yes ☐ No

IF NO, EXPLAIN

LOC / BLDG #	DATE OF LOSS	CAUSE	PAID ($)	RESERVED ($)	STATUS

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