

Covers construction management firms acting as construction manager at risk (holding trade contracts under a GMP) or as agency CM / CM advisor, including program management. General contractors use CWCO-SUP-GC; owner's representatives CWCO-SUP-OWNREP; project management and cost consultants CWCO-SUP-PMCONS. Complete with ACORD 125/126. Attach standard CM agreements, the safety program, and a list of current projects.

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 ☐ Joint venture

PRIMARY CONTACT / TITLE	PHONE	EMAIL

CONTRACTOR LICENSE NUMBERS / STATES	CMAA / CCM CERTIFIED STAFF

2 OPERATIONS

DESCRIPTION OF SERVICES AND TYPICAL PROJECTS (OWNERS, PROJECT TYPES, DELIVERY METHODS)

DELIVERY ROLE	% OF REVENUE	LARGEST PROJECT (\$)

Roles: CM at risk (GMP); agency CM / CM advisor; program management; design-build lead; general contracting (hard bid); preconstruction services only.

Project types (check all):

- ☐ Schools / universities ☐ Healthcare ☐ Government / civic ☐ Commercial office ☐ Multifamily / condominium
☐ Industrial / data centers ☐ Transportation / infrastructure ☐ Tenant improvements

Volume:

Projects in progress	Annual construction volume managed (\$)	Self-performed work (%)	Subcontracts held per year
Field staff			

3 EXPOSURE & RISK QUESTIONS — SITE SAFETY & MEANS AND METHODS

An advisory CM was sued by a contractor's injured worker over its project-wide safety duties; the Indiana Supreme Court found no duty only because the contracts kept safety with the contractors and the CM's duties ran to the owner alone.

3-1 Do CM contracts state that each contractor keeps responsibility for its own site safety and means and methods? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 Does the firm write a project-wide safety plan, run safety meetings, or have authority to stop work? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-3 Has OSHA cited the firm as a controlling or creating employer in the last 5 years? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-4 Does the firm self-perform any work (general conditions, concrete, carpentry, demolition)?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-5 Are subcontractors prequalified for safety record, and are their certificates and endorsements tracked?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-6 Does the firm work in New York or other states with scaffold or labor laws imposing strict liability?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-7 Are projects insured under an owner- or contractor-controlled insurance program (OCIP/CCIP)?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-8 Has a worker been killed or seriously injured on a project the firm managed in the last 5 years?	☐ Yes ☐ No
IF YES, EXPLAIN	

4 EXPOSURE & RISK QUESTIONS — PROFESSIONAL SERVICES, GMP & SCHEDULE

A CM's procurement scheduling error left steel beams four weeks late; buying from another vendor led the owner to claim more than \$200,000 in overruns for professional negligence.

4-1 Does the firm provide preconstruction services (estimates, constructability reviews, value engineering) that owners rely on?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-2 Does the firm guarantee a maximum price, schedule, or energy performance?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-3 Does the firm approve contractor payment applications, change orders, or substantial completion?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-4 Does the firm hold design-build contracts or hire designers?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-5 Does the firm buy subcontractor default insurance or require bonds from trade contractors?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-6 Are contracts reviewed for indemnity, consequential damages waivers, and limits of liability?	☐ Yes ☐ No
IF YES, EXPLAIN	
4-7 Has an owner, contractor, or surety claimed delay, cost overrun, or defective work against the firm in the last 5 years?	☐ Yes ☐ No
IF YES, EXPLAIN	

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	NUMBER OF EMPLOYEES	FIELD VS. OFFICE PAYROLL SPLIT
GROSS RECEIPTS INCL. SUBCONTRACTS (\$, ILLUSTRATIVE)	FEE REVENUE ONLY (\$, ILLUSTRATIVE)	SUBCONTRACTED COSTS (\$, ILLUSTRATIVE)

6 PRIOR INSURANCE & LOSS HISTORY

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

CURRENT GL CARRIER

CONTRACTOR'S PROFESSIONAL CARRIER / LIMIT

BONDING COMPANY / CAPACITY

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6-1 Has any carrier declined, cancelled, or non-renewed coverage for this business in the last 5 years?

☐ Yes ☐ No

IF YES, EXPLAIN

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6-2 Has a surety paid a claim on the firm's bonds?

☐ Yes ☐ No

IF YES, EXPLAIN

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

6-3 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

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7 RISK MANAGEMENT & SAFETY

7-1 Is there a full-time safety director and a written safety program reviewed annually?

☐ Yes ☐ No

IF YES, EXPLAIN

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7-2 Are daily logs, meeting minutes, and photos kept for every project?

☐ Yes ☐ No

IF YES, EXPLAIN

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7-3 Is quality control documented with inspections before work is covered?

☐ Yes ☐ No

IF YES, EXPLAIN

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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

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PRODUCER — CORY WASHINGTON & CO. LLC

PRODUCER SIGNATURE (TYPE FULL NAME)

DATE

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