

Covers firms providing site safety managers, site safety coordinators, and construction safety staff to owners, GCs, and CMs — including licensed NYC Site Safety Managers, wrap-up safety administrators, crane and lift oversight, and construction safety audits. Plant safety managers use CWCO-SUP-SAFETYMGR. Complete with ACORD 125 and 126. Attach a standard services agreement and current project list.

## 1 APPLICANT / BUSINESS INFORMATION

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| LEGAL BUSINESS NAME  | DBA                  | FEIN                 | YEARS IN BUSINESS    |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| BUSINESS ADDRESS     | CITY / STATE / ZIP   | WEBSITE              |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |

**Entity type:**  
☐ Sole proprietor    ☐ Partnership    ☐ LLC    ☐ Corporation    ☐ Other

|                         |                      |                      |
|-------------------------|----------------------|----------------------|
| PRIMARY CONTACT / TITLE | PHONE                | EMAIL                |
| <input type="text"/>    | <input type="text"/> | <input type="text"/> |

|                                                                        |                        |
|------------------------------------------------------------------------|------------------------|
| SITE SAFETY LICENSES (E.G., NYC SSM / SSC) AND CREDENTIALS (CHST, CSP) | STATES / CITIES WORKED |
| <input type="text"/>                                                   | <input type="text"/>   |

## 2 OPERATIONS

| SERVICE | % OF REVENUE |
|---------|--------------|
|         |              |
|         |              |
|         |              |
|         |              |
|         |              |

Services: full-time site safety manager / coordinator; part-time site safety visits; wrap-up (OCIP/CCIP) safety administration; crane and hoisting oversight; construction safety audits; site safety plans; fire guard / watch services; training.

**Project types (check all):**

- ☐ High-rise (10+ stories)    ☐ Multifamily / condominium    ☐ Commercial / office    ☐ Infrastructure / transit    ☐ Demolition  
☐ Industrial / energy    ☐ Public / schools    ☐ Single-family residential

**Size:**

- Active projects     Largest project value (\$)     Licensed site safety managers     Safety staff on sites     Employees  
 Projects in New York

## 3 EXPOSURE & RISK QUESTIONS — SITE AUTHORITY, FALLS & LABOR LAW

A New York court refused to dismiss a site safety firm from a scaffold-fall suit because its safety employee could stop unsafe work, making it a possible statutory agent.

3-1 Do site safety staff have authority to stop work or remove workers from the site? ☐ Yes ☐ No  
 IF YES, EXPLAIN

3-2 Do staff inspect and sign off on scaffolds, fall protection, excavations, or cranes? ☐ Yes ☐ No  
 IF YES, EXPLAIN

3-3 Does the applicant work on projects in New York subject to Labor Law 240 and 241? ☐ Yes ☐ No  
 IF YES, EXPLAIN

3-4 Do staff serve as the licensed site safety manager or coordinator of record? ☐ Yes ☐ No  
 IF YES, EXPLAIN

3-5 Is a written log of daily inspections and corrective orders kept for every site? ☐ Yes ☐ No  
 IF YES, EXPLAIN

3-6 Has a worker been seriously injured or killed on a project the applicant staffed? ☐ Yes ☐ No  
 IF YES, EXPLAIN

3-7 Has the applicant been named in a construction injury lawsuit in the last 10 years? ☐ Yes ☐ No  
IF YES, EXPLAIN

#### 4 EXPOSURE & RISK QUESTIONS — CONTRACTS, WRAP-UPS & REGULATORS

An OSHA review judge held a builder responsible as the controlling employer of its work crews and upheld nearly \$200,000 in penalties.

4-1 Do contracts with owners or GCs require the applicant to indemnify them for their own negligence? ☐ Yes ☐ No  
IF YES, EXPLAIN

4-2 Is the applicant enrolled in owner or contractor wrap-up programs? ☐ Yes ☐ No  
IF YES, EXPLAIN

4-3 Does the current GL policy exclude New York Labor Law, residential, or wrap-up projects? ☐ Yes ☐ No  
IF YES, EXPLAIN

4-4 Has a building department or OSHA cited the applicant or its licensed staff? ☐ Yes ☐ No  
IF YES, EXPLAIN

4-5 Does the applicant provide fire guards or watch services? ☐ Yes ☐ No  
IF YES, EXPLAIN

4-6 Does the applicant prepare site safety plans filed with the building department? ☐ Yes ☐ No  
IF YES, EXPLAIN

4-7 Are subcontract safety staff used who carry their own insurance? ☐ Yes ☐ No  
IF YES, EXPLAIN

#### 5 PAYROLL, SALES & REVENUE

|                                         |                         |                              |
|-----------------------------------------|-------------------------|------------------------------|
| TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE) | SITE STAFF PAYROLL (\$) | SUBCONTRACT STAFF COSTS (\$) |
|                                         |                         |                              |
| ANNUAL REVENUE (\$, ILLUSTRATIVE)       | NEW YORK REVENUE (\$)   | WRAP-UP PROJECT REVENUE (\$) |
|                                         |                         |                              |

#### 6 PRIOR INSURANCE & LOSS HISTORY

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

|                                   |                    |                  |
|-----------------------------------|--------------------|------------------|
| CURRENT GL / PROFESSIONAL CARRIER | LIMIT / DEDUCTIBLE | RETROACTIVE DATE |
|                                   |                    |                  |

6-1 Has any carrier declined, cancelled, or non-renewed coverage for this business in the last 5 years? ☐ Yes ☐ No  
IF YES, EXPLAIN

6-2 Has a GC or owner tendered a claim to the applicant for defense or indemnity? ☐ Yes ☐ No  
IF YES, EXPLAIN

| DATE OF CLAIM | 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

**7 RISK MANAGEMENT**

|     |                                                                                    |                                                          |
|-----|------------------------------------------------------------------------------------|----------------------------------------------------------|
| 7-1 | Are written corrective orders issued and tracked until subcontractors fix hazards? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|     | IF YES, EXPLAIN                                                                    |                                                          |
| 7-2 | Are project files kept for at least the statute of repose in each state?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|     | IF YES, EXPLAIN                                                                    |                                                          |
| 7-3 | Are staff licenses and refresher training tracked and current?                     | <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
|                                                   |                                     |      |