

Covers management, strategy, operations, HR, and business consultants. IT consultants use CWCO-SUP-ITMSP; marketing agencies CWCO-SUP-MARKETING; financial advisors CWCO-SUP-FINADVISOR. Complete with ACORD 125.

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

2 OPERATIONS

CONSULTING AREA	% OF REVENUE

Areas: strategy and management; operations and process; HR and compensation; compliance and regulatory; healthcare operations; mergers and due diligence; training and coaching; other.

CLIENTS PER YEAR	LARGEST ENGAGEMENT (\$)	LARGEST CLIENT (% OF REVENUE)	CONSULTANTS

2-1 Does the firm advise on HR, compliance, healthcare, or other regulated matters? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Does the firm use subcontracted consultants? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-3 Does the firm implement its recommendations (not just advise)? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — ADVICE, PROMISED RESULTS & SCOPE

Consulting claims usually allege that advice caused a financial loss, a project missed its promised results, or work fell outside what the client believed was included. Defined scope, no guaranteed outcomes, and liability caps are the core defenses.

3-1 Does every engagement have a signed statement of work defining deliverables and exclusions? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 Does the firm avoid guaranteeing specific savings, revenue, or outcomes? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-3 Do contracts cap the firm's liability, typically at fees paid? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-4 Are key recommendations and client decisions documented in writing? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-5 If yes to 2-1, does the firm tell clients to confirm regulated advice with their own counsel? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-6	Is AI-generated analysis reviewed by a consultant before delivery?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-7	Is the applicant currently, or has it previously been, insured on a claims-made professional liability policy?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-8	Has any professional liability carrier declined, cancelled, or non-renewed the applicant?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-9	Does every professional complete the continuing education their license requires?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-10	Are client files kept under a written retention policy?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-11	Has a client disputed fees or claimed a loss from the firm's advice?	☐ Yes ☐ No
IF YES, EXPLAIN		

CURRENT PL / E&O CARRIER	RETROACTIVE DATE	LIMIT / DEDUCTIBLE

4 EXPOSURE & RISK QUESTIONS — CLIENT DATA, SUBCONTRACTORS & IMPLEMENTATION

4-1	Is client confidential data stored securely with multi-factor authentication?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-2	If yes to 2-2, do subcontractors sign confidentiality and IP-assignment agreements?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-3	If yes to 2-2, do subcontractors carry their own professional liability coverage?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-4	If yes to 2-3, are implementation milestones signed off by the client?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-5	Does the contract state who owns deliverables and pre-existing materials?	☐ Yes ☐ No
IF YES, EXPLAIN		

5 REVENUE

ANNUAL GROSS REVENUE (\$)	IMPLEMENTATION REVENUE (\$)	TOTAL PAYROLL (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL CARRIER / LIMITS

CYBER COVERAGE (Y / N)

EPLI (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 client-satisfaction issues escalated to a principal promptly?

☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are engagements closed with a written summary of work delivered?

☐ 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