

General form for specialty trade contractors without a dedicated CWCO trade form. General contractors use CWCO-SUP-CTR. Complete with ACORD 125, 126, and 130.

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

TRADE(S)	CONTRACTOR LICENSE NO(S). / STATES

2 OPERATIONS

PERIOD	DIRECT PAYROLL (\$)	EMPLOYEES	SUBCONTRACTOR COSTS (\$)	GROSS RECEIPTS (\$)

Periods: next 12 months (estimated); prior 12 months; second prior year.

TYPE OF WORK	% DIRECT	% SUBCONTRACTED

RESIDENTIAL WORK (%)	NEW CONSTRUCTION (%)	MAX WORKING HEIGHT (FT.)	LARGEST JOB (\$)

2-1 Does the applicant work on condominiums or multifamily buildings? ☐ Yes ☐ No

IF YES, EXPLAIN

2-2 Does the applicant use subcontractors? ☐ Yes ☐ No

IF YES, EXPLAIN

2-3 Does the applicant do any roofing, structural, or waterproofing work? ☐ Yes ☐ No

IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — FALLS, LADDERS & COMPLETED WORK

Falls from heights and ladders are OSHA's most-cited construction hazards, and trade contractors' completed work — water intrusion, fires from workmanship, failed installations — drives the costliest liability claims after the job ends.

3-1 Is fall protection used whenever employees work 6 feet or more above a lower level? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are ladders inspected before use and secured against slipping? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Is there a written safety program with job-site safety meetings? ☐ Yes ☐ No
IF NO, EXPLAIN

3-4 Is completed work documented with photos? ☐ Yes ☐ No
IF NO, EXPLAIN

3-5 Does the customer sign off on completed work? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are manufacturer installation instructions followed and kept on file? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Has the applicant been accused of faulty work or had a completed-operations claim? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — SUBCONTRACTORS & CONTRACTS

4-1 Are certificates of insurance collected from every subcontractor before work begins? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Is the applicant named as additional insured on subcontractors' policies, on a primary and non-contributory basis? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Does every subcontractor sign a written contract with a hold-harmless clause in the applicant's favor? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Are subcontractors required to carry workers' compensation, with proof verified? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are subcontractors' insurance limits at least equal to the applicant's? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Does the applicant use written contracts with customers that define scope and warranty? ☐ Yes ☐ No
IF NO, EXPLAIN

4-7 Does the applicant review hold-harmless clauses in contracts it signs with GCs and owners? ☐ Yes ☐ No
IF NO, EXPLAIN

5 PAYROLL & RECEIPTS SUMMARY

TOTAL ANNUAL PAYROLL (\$)	ANNUAL GROSS RECEIPTS (\$)	SUBCONTRACTOR COSTS (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL CARRIER / LIMITS

TOOLS / INLAND MARINE LIMIT

COMMERCIAL AUTO CARRIER

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 vehicles and tools secured against theft at job sites?

☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are employees trained on hazard communication for the chemicals they use?

☐ Yes ☐ No

IF NO, 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, 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