CORE SUPPLEMENTAL APPLICATION

Attach to every submission. Completed alongside ACORD 125, 126, 140 and 131 — questions already answered on those forms are not repeated here.

NAMED INSURED (AS IT WILL APPEAR ON THE POLICY)	EFFECTIVE DATE REQUESTED	SUBMISSION / QUOTE REF.

PRIMARY CONTACT	TITLE	EMAIL	PHONE

A ENTITY & OWNERSHIP SCHEDULE

List every entity, DBA and affiliate to be named on the policy. Unnamed entities are not insureds.

LEGAL ENTITY / DBA NAME	ENTITY TYPE	FEIN	% OWNED	RELATIONSHIP

YEAR CURRENT OWNERSHIP ACQUIRED THE BUSINESS	YEARS OF OWNER/PRINCIPAL INDUSTRY EXPERIENCE	NUMBER OF FULL-TIME / PART-TIME EMPLOYEES

A1 Has the applicant operated under any other name, or acquired/merged with another entity, in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

A2 Are there any subsidiaries, joint ventures, or entities in which the applicant holds an interest that are NOT listed above? ☐ Yes ☐ No

IF YES, EXPLAIN

B OPERATIONS & REVENUE ALLOCATION

Describe what the applicant actually does. Allocate 100% of projected revenue across distinct operations.

COMPLETE DESCRIPTION OF OPERATIONS (INCLUDE SERVICES PERFORMED, WHO THE CUSTOMERS ARE, AND HOW WORK IS OBTAINED)

OPERATION / SERVICE PERFORMED	% OF REVENUE	ANNUAL REVENUE ($)	IN-HOUSE OR SUBBED OUT

TOTAL PROJECTED ANNUAL REVENUE / RECEIPTS	PRIOR YEAR ACTUAL REVENUE	TOTAL ANNUAL PAYROLL

B1 Has the nature or mix of operations changed materially in the past 3 years, or is a change anticipated? ☐ Yes ☐ No

IF YES, EXPLAIN

B2 Does the applicant perform any work, or sell any product, outside the operations described above? ☐ Yes ☐ No

IF YES, EXPLAIN

C GEOGRAPHIC OPERATIONS

STATES WHERE OPERATIONS ARE PERFORMED	% OF REVENUE OUTSIDE HOME STATE	FURTHEST RADIUS FROM HQ (MILES)

C1 Does the applicant perform any work outside the United States, or export any product? ☐ Yes ☐ No

IF YES, EXPLAIN

C2 Does the applicant hold all licenses, permits and registrations required in every state of operation? ☐ Yes ☐ No

IF YES, EXPLAIN

D PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years. Summarize below and narrate any loss over $25,000.

POLICY TERM	CARRIER	LINE OF COVERAGE	ANNUAL PREMIUM	# CLAIMS	TOTAL INCURRED

NARRATIVE FOR EACH LOSS OVER $25,000 — CAUSE, CORRECTIVE ACTION TAKEN, AND CURRENT STATUS

D1 Has any carrier declined, cancelled, non-renewed, or refused to renew coverage for the applicant in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

D2 Is the applicant aware of any incident, claim, or circumstance that could reasonably result in a claim and has not been reported? ☐ Yes ☐ No

IF YES, EXPLAIN

D3 Has the applicant, or any principal, been the subject of a bankruptcy, tax lien, or judgment in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

REASON THE ACCOUNT IS BEING MARKETED (PRICING, COVERAGE GAP, SERVICE, CARRIER EXIT, NEW VENTURE, OTHER)

E SUBCONTRACTORS & CONTRACTUAL RISK TRANSFER

Complete this section if any work is performed by anyone other than a W-2 employee of the applicant.

ANNUAL COST OF SUBCONTRACTED WORK ($)	% OF TOTAL WORK SUBCONTRACTED	# OF 1099 CONTRACTORS USED ANNUALLY

E1 Are written contracts used with every subcontractor? ☐ Yes ☐ No

IF YES, EXPLAIN

E2 Do those contracts contain a hold-harmless and indemnification clause in favor of the applicant? ☐ Yes ☐ No

IF YES, EXPLAIN

E3 Are certificates of insurance collected from every subcontractor BEFORE work begins, and tracked to expiration? ☐ Yes ☐ No

IF YES, EXPLAIN

E4 Is the applicant named as an additional insured, on a primary and non-contributory basis, with waiver of subrogation? ☐ Yes ☐ No

IF YES, EXPLAIN

MINIMUM GL LIMITS REQUIRED OF SUBCONTRACTORS	MINIMUM AUTO LIMITS REQUIRED	IS SUBCONTRACTOR WC REQUIRED?

E5 Does the applicant ever work as a subcontractor for others, or sign contracts requiring it to assume another party's liability? ☐ Yes ☐ No

IF YES, EXPLAIN

F PERSONNEL, SCREENING & SAFETY CONTROLS

F1 Are criminal background checks performed on all employees prior to hire? ☐ Yes ☐ No
IF YES, EXPLAIN

F2 Are motor vehicle records pulled at hire and reviewed at least annually for anyone who drives for the business? ☐ Yes ☐ No
IF YES, EXPLAIN

F3 Is there a written safety program, and is documented safety training conducted? ☐ Yes ☐ No
IF YES, EXPLAIN

F4 Are all employees legally authorized to work in the U.S., with I-9 documentation retained? ☐ Yes ☐ No
IF YES, EXPLAIN

F5 Does the applicant use temporary staffing, leased employees, or a PEO? ☐ Yes ☐ No
IF YES, EXPLAIN

F6 Has the applicant had any EPLI claim, EEOC charge, or wage-and-hour action in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

G HIGHER-HAZARD OPERATIONS SCREENING

Check every activity the applicant performs, however incidental. Unchecked hazards that later appear can void coverage.

Check all that apply:

- ☐ Work at heights over 15 feet
- ☐ Demolition or wrecking
- ☐ Crane or rigging operations
- ☐ Confined space entry
- ☐ Work on or near water
- ☐ Drone / UAS operations
- ☐ Care or supervision of minors
- ☐ Alcohol served or sold
- ☐ Amusement devices or rides
- ☐ Hauling hazardous materials
- ☐ Storage of others' property
- ☐ Roofing (any)
- ☐ Hot work / welding / torch
- ☐ Asbestos, lead or mold work
- ☐ Electrical over 600 volts
- ☐ Underground utilities
- ☐ Firearms carried or sold
- ☐ Care of elderly or disabled
- ☐ Cannabis-related operations
- ☐ Athletic or sporting events
- ☐ Manufacturing of any product
- ☐ None of the above
- ☐ Excavation or trenching
- ☐ Scaffolding erection
- ☐ Blasting or explosives
- ☐ Structural steel erection
- ☐ Aircraft or airport operations
- ☐ Pyrotechnics or open flame
- ☐ Animals kept or handled
- ☐ Adult entertainment
- ☐ Passenger transportation
- ☐ Professional advice given for a fee

FOR EACH ITEM CHECKED ABOVE, DESCRIBE THE OPERATION, FREQUENCY, AND CONTROLS IN PLACE

H SUPPLEMENTAL MODULE TRIGGERS

Answers here determine which additional CW&Co modules must be completed. Producer completes the right-hand column.

H1 Does the applicant have ANY exposure to minors, patients, residents, students, or vulnerable persons? (triggers CWCO-SUP-ABUSE) ☐ Yes ☐ No

H2 Do employees, owners, or volunteers drive ANY vehicle — owned, hired, rented, or personal — for business? (triggers CWCO-SUP-HNOA) ☐ Yes ☐ No

H3 Is property coverage requested at any location? (triggers CWCO-SUP-PROP) ☐ Yes ☐ No

H4 Is liquor sold, served, furnished, or permitted on premises? (triggers CWCO-SUP-LIQ) ☐ Yes ☐ No

H5 Does the applicant take temporary custody of property belonging to others? (triggers CWCO-SUP-BAIL) ☐ Yes ☐ No

H6 Does the applicant manufacture products under its own name? (triggers CWCO-SUP-MFG; private-label or distribution-only exposure is captured on CWCO-SUP-DIST) ☐ Yes ☐ No

MODULE TRIGGERED	REQUIRED?	DATE SENT TO INSURED	DATE RECEIVED	PRODUCER INITIALS

I ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — FAVORABLE RISK CHARACTERISTICS, UNUSUAL EXPOSURES, OR CONTEXT FOR THE LOSS HISTORY

J REPRESENTATIONS & SIGNATURE

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.

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