COUNTERTOP & STONE FABRICATOR SUPPLEMENTAL

Covers shops fabricating and/or installing natural stone (granite, marble) and engineered/quartz stone countertops. Complete with ACORD 125/126. Attach the applicant's written silica exposure control plan and most recent air-monitoring results, if performed.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA (IF ANY)	FEIN	YEARS IN BUSINESS

SHOP ADDRESS	CITY / STATE / ZIP	WEBSITE

Entity type:

☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

STATE CONTRACTOR LICENSE NUMBER(S)	STATES OF OPERATION

2 OPERATIONS

DESCRIPTION OF OPERATIONS (MATERIALS FABRICATED, SHOP VS. ON-SITE INSTALLATION SPLIT, RESIDENTIAL VS. COMMERCIAL MIX)

MATERIAL TYPE	% OF ANNUAL REVENUE	APPROX. SILICA CONTENT (IF KNOWN)

Materials: natural granite (~25-30% crystalline silica); natural marble/limestone (low silica); engineered quartz/composite stone (40-95% crystalline silica); porcelain/sintered slab; solid surface (non-silica); other.

% FABRICATION PERFORMED IN-SHOP	% WORK PERFORMED ON-SITE AT CUSTOMER LOCATION	% RESIDENTIAL VS. COMMERCIAL

2-1 Does the applicant fabricate countertops (cutting, edging, polishing)? ☐ Yes ☐ No

IF YES, EXPLAIN

2-2 Does the applicant install countertops? ☐ Yes ☐ No

IF YES, EXPLAIN

2-3 Does the applicant subcontract any fabrication or installation work? ☐ Yes ☐ No

IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — RESPIRABLE CRYSTALLINE SILICA

These questions track OSHA's Respirable Crystalline Silica standards (29 CFR 1910.1053 shop / 29 CFR 1926.1153 on-site) and the documented silicosis risk specific to engineered stone.

3-1 Is wet-cutting (continuous water delivery) used for all saw and grinder work, consistent with OSHA Table 1? ☐ Yes ☐ No
IF YES, EXPLAIN

Wet methods reduce airborne respirable crystalline silica by 90-97% compared to dry cutting.

3-2 Is any dry cutting, dry grinding, or dry polishing performed under any circumstances? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Is local exhaust ventilation (LEV) installed at fixed fabrication stations (saws, CNC routers, edge polishers)? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Does the applicant follow OSHA Table 1 exactly for all listed tasks (specified wet method, water flow rate, tool type)? ☐ Yes ☐ No
IF YES, EXPLAIN

Exact Table 1 compliance is a safe harbor from air-monitoring requirements; partial compliance is not.

3-5 Has air monitoring for respirable crystalline silica been performed in the past 12 months? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Is a written Exposure Control Plan maintained, as required by 29 CFR 1910.1053(f) / 1926.1153(f)? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Are employees enrolled in a medical surveillance program (baseline and periodic chest X-ray/spirometry) once exposure reaches the action level? ☐ Yes ☐ No
IF YES, EXPLAIN

Respiratory protection provided to employees performing cutting, grinding, or polishing (check all that apply):
☐ None ☐ N95 disposable ☐ Half-face P100 ☐ Full-face P100 ☐ Supplied-air respirator

3-8 Are respirator-wearing employees fit-tested and medically cleared per OSHA's respiratory protection standard (29 CFR 1910.134)? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Has the applicant, or any employee, ever been diagnosed with silicosis or any other occupational lung disease? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Has the applicant received an OSHA citation related to silica exposure, PPE, or ventilation in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — FABRICATION & INSTALLATION

4-1 Does the applicant use cranes, slab dollies, or A-frame racks to move and store slabs? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 4-1, are racks and stored slabs secured against tip-over? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Is rigging or lifting equipment used to set countertops on-site? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 If yes to 4-3, is it inspected on a documented schedule? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Does the applicant perform sink or cooktop cutouts on-site in an occupied kitchen? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Does the applicant apply sealants, adhesives, or epoxy resins as part of fabrication or installation? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Is the applicant responsible for the structural adequacy of cabinetry or supports beneath installed countertops? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL ($)	NUMBER OF SHOP/FABRICATION EMPLOYEES	NUMBER OF INSTALLATION CREW EMPLOYEES

PROJECTED ANNUAL GROSS REVENUE ($)	PRIOR YEAR ACTUAL REVENUE ($)	AVERAGE JOB VALUE ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 3-5 years, including any workers' compensation occupational-disease claims.

CURRENT / EXPIRING GL CARRIER	CURRENT GL LIMITS	CURRENT WC EXPERIENCE MODIFIER

6-1 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the last 3-5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Have there been any workers' compensation claims for respiratory illness, hearing loss, or occupational disease? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Have there been any general liability claims for property damage (installed slab cracking, cabinetry damage) or on-site injury? ☐ Yes ☐ No
IF YES, EXPLAIN

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

6-4 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 & SAFETY

7-1 Is there a written safety plan addressing silica exposure, machine guarding, wet-cutting protocols, PPE, and emergency response, consistent with OSHA requirements? ☐ Yes ☐ No
IF YES, EXPLAIN

7-2 Is silica-safety training documented with dates and employee signatures? ☐ Yes ☐ No
IF YES, EXPLAIN

7-3 Has the applicant used OSHA's free On-Site Consultation Program for a hazard assessment? ☐ Yes ☐ No
IF YES, EXPLAIN

7-4 Are equipment inspection and maintenance logs kept for saws, water delivery systems, and ventilation equipment? ☐ Yes ☐ No
IF YES, EXPLAIN

7-5 Are respirator fit-test records kept for at least 3 years as recommended? ☐ 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