

For commercial dental laboratories and milling centers that fabricate restorations and appliances on a dentist's prescription. Complete with CWCO-SUP-CORE, ACORD 125, and CWCO-SUP-PRODLIAB. Dental practices use CWCO-SUP-DENTAL; clinical labs use CWCO-SUP-MEDLAB.

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
STATE LAB REGISTRATION NO(S).	CERTIFIED DENTAL TECHNICIANS (COUNT)	PRESCRIBING DENTISTS SERVED

2 OPERATIONS

Products (check all that apply):
☐ Crowns & bridges ☐ Implant restorations ☐ Dentures / partials ☐ Clear aligners ☐ Night guards / appliances ☐ Sleep apnea devices
☐ Orthodontic appliances ☐ Milling for other labs

UNITS PRODUCED PER YEAR	SHARE OF WORK OUTSOURCED (%)	ANNUAL REVENUE (\$)

2-1 Is any work sent to another lab, inside or outside the U.S., for fabrication? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Does the lab use 3D printers or CAD/CAM milling? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-3 Does the lab sell directly to patients or to non-dentist businesses (such as aligner or mouthguard sellers)? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — WHERE IT'S MADE & WHAT'S IN IT

Most U.S. dental labs are exempt from FDA registration, and imported restorations are rarely tested. States are stepping in: Oregon now requires lab registration and written disclosure of where each restoration was made and what materials it contains, with fines up to \$5,000 per violation.

3-1 If yes to 2-1, are outsourcing labs approved in writing before use? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 If yes to 2-1, do outsourcing labs carry product liability insurance naming this lab as an additional insured? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Does every case ship with a written disclosure of where it was made and the materials used? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Are only FDA-cleared materials from known manufacturers used, with lot numbers recorded per case? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-5 Is the lab registered in every state that requires it for the dentists it serves? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-6 Is every case checked against the prescription before it ships? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-7 Are incoming impressions and returned appliances disinfected before handling? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-8 Does the lab label or make claims about products (such as "metal-free" or "made in USA")? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Has a dentist or patient claimed a failed restoration, allergic reaction, or undisclosed origin? ☐ Yes ☐ No
IF YES, EXPLAIN

4 LAB SAFETY & DATA

4-1 Are beryllium-containing alloys used? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 4-1, has air sampling been done, with local exhaust and medical surveillance as OSHA requires? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Do grinding, finishing, and sandblasting stations have local exhaust ventilation? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 If yes to 2-2, are printing resins handled with gloves and ventilation, and printers vented? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Are burnout ovens, casting, and torches separated from combustibles? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Are patient scans and files protected with backups and multi-factor authentication? ☐ Yes ☐ No
IF NO, EXPLAIN

5 COVERAGE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

PRODUCTS LIABILITY LIMIT (\$)	EQUIPMENT / PROPERTY LIMIT (\$)	CURRENT CARRIER / PREMIUM

5-1 Has the lab had a product, employee illness, or data claim in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

5-2 Has coverage been declined, cancelled, or non-renewed in the past 3 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6 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