DISTRIBUTORS, WHOLESALERS & PRODUCTS SUPPLEMENTAL

Complete with CWCO-SUP-CORE and ACORD 125/126. Attach CWCO-SUP-PROP for each warehouse location. All questions must be answered; this form must be signed by an owner, officer, partner or mar

NAME OF APPLICANT	FEIN	YEARS IN BUSINESS

LOCATION / MAILING ADDRESS	CITY	STATE / ZIP	EFFECTIVE DATE

APPLICANT WEBSITE ADDRESS	PRIMARY CONTACT / TITLE	PHONE

A DESCRIPTION OF OPERATIONS

PROVIDE A FULL DESCRIPTION OF ALL WHOLESALE AND DISTRIBUTION OPERATIONS, INCLUDING ANY INSTALLATION, SERVICE OR REPAIR PERFORMED

A1 Does the applicant manufacture or assemble any products? ☐ Yes ☐ No
IF YES, EXPLAIN

A2 Is the applicant a manufacturer's representative for any products sold or distributed? ☐ Yes ☐ No
IF YES, EXPLAIN

A3 Does the applicant do any relabeling, repackaging, mixing or blending of products? ☐ Yes ☐ No
IF YES, EXPLAIN

A4 Does the applicant sell any products under its own label, or made to its own specifications? ☐ Yes ☐ No
IF YES, EXPLAIN

A5 Does the applicant hold a patent, or was it involved in the design of any product? ☐ Yes ☐ No
IF YES, EXPLAIN

A6 Does the applicant ever develop plans, designs or specifications of products for others? ☐ Yes ☐ No
IF YES, EXPLAIN

A7 Does the applicant engage in any other business venture for which coverage is not requested? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to A7, state where that venture is insured in the explanation field.

A8 Do the product manufacturers maintain websites? ☐ Yes ☐ No
IF YES, EXPLAIN

B PRODUCTS DISTRIBUTED OR SOLD

Check every product category handled, however small a share of receipts. Several of these are referral or declination classes.

Indicate which of the following the applicant distributes or sells:

- ☐ Aircraft or related products
- ☐ Alarm signaling equipment
- ☐ Anhydrous ammonia
- ☐ Antiques or art
- ☐ Blood or plasma
- ☐ Boats
- ☐ Cell phones or pagers
- ☐ Chemicals
- ☐ Collectibles / memorabilia
- ☐ Computer equipment
- ☐ Contractors equipment
- ☐ Electronic equipment
- ☐ Electronic components
- ☐ Electronic media (CDs, DVDs)
- ☐ Exercise equipment
- ☐ Explosives or fireworks
- ☐ Feed, grain or seed
- ☐ Fertilizer
- ☐ Firearms, ammunition or black powder
- ☐ Foreign products
- ☐ Fuel
- ☐ Fur apparel
- ☐ Gas-powered appliances
- ☐ Industrial valves / fittings / tubing / pipi
- ☐ Infant furniture
- ☐ Jewelry or gemstones
- ☐ Liquor sales via internet
- ☐ Medical equipment
- ☐ Museum artifacts
- ☐ Natural, artificial or liquid oil or gas
- ☐ Oriental rugs
- ☐ Pharmaceutical
- ☐ Photographic equipment
- ☐ Products for oil / gas industry
- ☐ Protective clothing
- ☐ Sporting goods / athletic equipment
- ☐ Stereo / recording equipment
- ☐ Telecommunication equipment
- ☐ Televisions
- ☐ Tires
- ☐ Tobacco
- ☐ Vitamins & health supplements
- ☐ None of the above

B1 Does the applicant directly import any products containing meat, poultry or seafood? ☐ Yes ☐ No
IF YES, EXPLAIN

B2 Does the applicant distribute oysters, clams or mussels harvested from the Gulf of Mexico? ☐ Yes ☐ No
IF YES, EXPLAIN

B3 Are any products sold intended for use in the airline or oil / gas industry? ☐ Yes ☐ No
IF YES, EXPLAIN

B4 Does the applicant sell any containers for hazardous materials? ☐ Yes ☐ No
IF YES, EXPLAIN

B5 Are all electrical and electronic products sold UL-listed? ☐ Yes ☐ No
IF YES, EXPLAIN

B6 Do the applicant's products comply with all flammability standards set by the Consumer Product Safety Commission and the Flammable Fabrics Act? ☐ Yes ☐ No
IF YES, EXPLAIN

B7 Does the applicant generate power, other than emergency back-up power, for its own use or for sale to power companies? ☐ Yes ☐ No
IF YES, EXPLAIN

C SALES & RECEIPTS BREAKDOWN

TYPE OF PRODUCT & BRAND NAME	TOTAL SALES LAST YEAR ($)	% SALES OUTSIDE U.S.	ESTIMATED SALES NEXT YEAR ($)

TOTAL ANNUAL SALES — ALL PRODUCTS ($)

% OF SALES THAT ARE RETAIL

% OF SALES THAT ARE WHOLESALE

WHO ARE THE APPLICANT'S PRIMARY CUSTOMERS? (IDENTIFY INDUSTRIES AND MAJOR ACCOUNTS)

C1 Does the applicant sell products via the internet or e-commerce? ☐ Yes ☐ No

IF YES — % OF SALES, RETAIL	IF YES — % OF SALES, WHOLESALE	E-COMMERCE PLATFORMS USED

C2 Does the applicant perform or subcontract any installation, service, repair, modification or alteration of products? ☐ Yes ☐ No

C3 Does the applicant import directly from foreign countries? ☐ Yes ☐ No

IF YES — % OF SALES FROM INSTALLATION / SERVICE	IF YES — % OF SALES IMPORTED	COUNTRIES IMPORTED FROM

C4 Does the applicant sell any used items? ☐ Yes ☐ No

C5 If used items are sold — is any refurbishing or repair done prior to resale? ☐ Yes ☐ No

IF YES, EXPLAIN

IF YES — % OF SALES FROM USED ITEMS	% OF SALES UNDER OWN LABEL / OWN SPECIFICATION	NUMBER OF DISTINCT SKUS CARRIED

PROVIDE DETAILS OF ANY PRIVATE-LABEL, OWN-SPECIFICATION, RELABELING OR REPACKAGING OPERATIONS

D RISK TRANSFER & QUALITY CONTROL

These controls determine whether the applicant is treated as a pass-through distributor or as a manufacturer.

D1 Is there a formal quality control program in place for all products? ☐ Yes ☐ No

IF YES, EXPLAIN

D2 Is there a written procedure to ensure that directly imported product conforms to U.S. standards and regulations, including labeling? ☐ Yes ☐ No

IF YES, EXPLAIN

D3 Is there a product recall program to withdraw known or suspected defective products? ☐ Yes ☐ No

IF YES, EXPLAIN

D4 Are products identified to ensure traceability to date and place of manufacturing? ☐ Yes ☐ No

IF YES, EXPLAIN

D5 Are batch or product records, serial numbers, or guarantee / warranty card copies maintained that would facilitate tracing product whereabouts? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to D5, state how long such records are maintained in the explanation field.

D6 Does the applicant verify that manufacturers carry product liability coverage? ☐ Yes ☐ No

D7 Does the applicant receive a certificate of insurance from each manufacturer? ☐ Yes ☐ No

D8 Is the applicant named as additional insured by the manufacturer(s)? ☐ Yes ☐ No

D9 Does any manufacturer provide vendor's protection for products the applicant distributes? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to D9, identify which products are covered by vendor's endorsement in the explanation field.

MINIMUM PRODUCT LIABILITY LIMITS REQUIRED OF MANUFACTURERS	ARE HOLD-HARMLESS / INDEMNITY AGREEMENTS SIGNED BY SUPPLIERS?

E STORAGE & DISTRIBUTION OPERATIONS

NUMBER OF WAREHOUSE / STORAGE LOCATIONS	TOTAL WAREHOUSE SQUARE FOOTAGE	MAXIMUM RACK STORAGE HEIGHT (FEET)	ARE LOCATIONS SPRINKLERED? (ALL / PARTIAL / NONE)

Check all storage and distribution characteristics that apply:

☐ Temperature-controlled storage	☐ Hazardous materials stored	☐ Flammable liquids stored
☐ Aerosols stored	☐ Lithium-ion battery storage	☐ Third-party logistics (3PL) used
☐ Public warehouse used	☐ Own delivery fleet	☐ Common carrier only
☐ Drop-ship direct from manufacturer	☐ Cross-dock operation	☐ Bonded warehouse
☐ Outdoor / yard storage	☐ Customer pickup at dock	☐ None of the above

E1 Does the applicant take temporary custody of property belonging to others? (if yes, attach CWCO-SUP-BAIL) ☐ Yes ☐ No

IF YES, EXPLAIN

E2 Do employees, owners, or contractors operate vehicles for delivery? (if yes, attach CWCO-SUP-HNOA) ☐ Yes ☐ No

IF YES, EXPLAIN

F CLAIMS & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years. Answer every question below regardless of loss run content.

F1 Has the applicant ever had a product recall event? ☐ Yes ☐ No

IF YES, EXPLAIN

F2 Are there any claims or legal actions pending against any active, inactive or dissolved entity in which the applicant has held a controlling interest? ☐ Yes ☐ No

IF YES, EXPLAIN

F3 Has any product been self-insured, uninsured, or excluded from any previous coverage? ☐ Yes ☐ No

IF YES, EXPLAIN

F4 Has the applicant been cited by any regulatory agency for violations arising out of business activity involving its products? ☐ Yes ☐ No

IF YES, EXPLAIN

F5 Is the applicant aware of any occurrence, fact, circumstance, incident, situation, damage or accident — including any allegation of faulty or defective products, product failure, product dispute, bodily injury or property damage — that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not? ☐ Yes ☐ No

IF YES, EXPLAIN

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

G ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — FAVORABLE CONTROLS, SUPPLIER CONCENTRATION, CERTIFICATIONS (ISO, GMP, FDA REGISTRATION), OR PLANNED CHANGES

H 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. This supplemental must be signed by a principal, partner, managing member or senior officer of the applicant.

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