DRYWALL CONTRACTOR SUPPLEMENTAL

Covers drywall hanging, taping and finishing, metal stud framing, acoustical ceilings, and plaster contractors. 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

CONTRACTOR LICENSE NO(S). / STATES	CREWS

2 OPERATIONS

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

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

RESIDENTIAL (%)	MULTIFAMILY / CONDO (%)	SUBCONTRACTED LABOR (%)	MAX CEILING HEIGHT (FT.)

2-1 Do workers use stilts? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the applicant use labor-only subcontracted crews? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the applicant purchase drywall itself (not supplied by the GC)? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — STILTS, SCAFFOLDS & LABOR CREWS

Drywall crews work from stilts, rolling scaffolds, and ladders, and scaffolds and ladders are among OSHA's most-cited construction standards. Many drywall contractors also rely on labor-only crews whose injuries fall on the contractor's policy if the crews lack their own coverage.

3-1 If yes to 2-1, are stilts used only on floors cleared of debris and openings? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are rolling scaffolds used with guardrails and locked wheels? ☐ Yes ☐ No
IF YES, EXPLAIN

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

3-4 Are drywall lifts used for ceilings rather than manual overhead lifting? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 If yes to 2-2, does every labor crew carry its own workers' compensation, verified before work? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Has a worker been seriously injured in a fall in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — PRODUCTS, MOISTURE & SUBCONTRACTORS

4-1 If yes to 2-3, is drywall bought only from established domestic or certified suppliers? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Is framing checked for moisture before drywall is hung? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Is moisture-resistant board used in wet areas as code requires? ☐ Yes ☐ No
IF YES, EXPLAIN

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

4-5 Is the applicant named as additional insured on subcontractors' policies, on a primary and non-contributory basis? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Does every subcontractor sign a written contract with a hold-harmless clause in the applicant's favor? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Are subcontractors required to carry workers' compensation, with proof verified? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Are subcontractors' insurance limits at least equal to the applicant's? ☐ Yes ☐ No
IF YES, 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	WORKERS' COMP CARRIER / MOD	UMBRELLA LIMIT

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 workers trained on stilt and scaffold safety? ☐ Yes ☐ No
IF YES, EXPLAIN

7-2 Is dust controlled during sanding with vacuum sanders or respirators? ☐ 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