

For elevator, escalator, and lift installation, modernization, maintenance, and repair contractors. Complete with CWCO-SUP-CORE, ACORD 125 and 126, and ACORD 130 for workers' compensation.

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
STATES LICENSED	LICENSED MECHANICS	UNITS UNDER MAINTENANCE CONTRACT

2 OPERATIONS

Work performed (check all that apply):

- ☐ New installation ☐ Modernization ☐ Maintenance contracts ☐ Repair / service calls ☐ Escalators / moving walks
☐ Residential & wheelchair lifts ☐ Freight elevators / dumbwaiters ☐ Inspections for others

TYPE OF WORK	% OF REVENUE

ANNUAL REVENUE (\$)	LARGEST CONTRACT (\$)	HIGHEST BUILDING WORKED (STORIES)

2-1 Does the applicant maintain units in hospitals, high-rises, transit stations, or other high-traffic sites? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Does the applicant perform code inspections or certifications for others? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-3 Is any work subcontracted? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — SHAFT SAFETY, LOCKOUT & MAINTENANCE CONTRACTS

Elevator installers and repairers have had the highest fatality risk of any construction trade, and most deaths are falls — nearly half from more than 30 feet. When passengers are hurt, liability turns on what the maintenance contract promised and what the service records show.

3-1 Is there a written fall protection program for all hoistway and shaft work? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Are electrical and mechanical energy locked out before work on any unit? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Is a permit-required confined-space program used for pits and shafts? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Are open hoistway doors barricaded whenever work is in progress? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-5

Are all mechanics licensed where the state requires?

☐ Yes ☐ No

IF NO, EXPLAIN

3-6

Have mechanics completed a formal apprenticeship or equivalent training program (such as NEIEP)?

☐ Yes ☐ No

IF NO, EXPLAIN

3-7

Do maintenance contracts define exactly what the contractor maintains and what the owner is responsible for?

☐ Yes ☐ No

IF NO, EXPLAIN

3-8

Are maintenance visits and callbacks logged by unit?

☐ Yes ☐ No

IF NO, EXPLAIN

3-9

Is emergency entrapment response available 24 hours a day?

☐ Yes ☐ No

IF NO, EXPLAIN

3-10

Are unsafe units taken out of service with written notice to the owner?

☐ Yes ☐ No

IF NO, EXPLAIN

3-11

Are required code inspections (ASME A17.1 / A17.3) scheduled and documented for maintained units?

☐ Yes ☐ No

IF NO, EXPLAIN

4

CONTRACTS & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

4-1

Are contracts reviewed by counsel for indemnity and liability-limit terms?

☐ Yes ☐ No

IF NO, EXPLAIN

4-2

Do any contracts require the applicant to indemnify owners beyond its own negligence?

☐ Yes ☐ No

IF YES, EXPLAIN

4-3

Has a passenger injury or entrapment claim been made in the past 5 years?

☐ Yes ☐ No

IF YES, EXPLAIN

4-4

Has an employee been seriously injured in the past 5 years?

☐ Yes ☐ No

IF YES, EXPLAIN

4-5

Has OSHA issued a citation in the past 5 years?

☐ Yes ☐ No

IF YES, EXPLAIN

4-6

Has coverage been declined, cancelled, or non-renewed in the past 3 years?

☐ Yes ☐ No

IF YES, EXPLAIN

DATE	TYPE (PASSENGER, WORKER, PROPERTY)	DESCRIPTION	PAID / RESERVED (\$)

5 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