

Complete with CWCO-SUP-CORE, ACORD 125 and 126, and the applicant's industry supplemental. Subcontractor contracts and certificates are covered on CWCO-SUP-CORE Section 5.

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

ANNUAL SALES / RECEIPTS (\$)

ANNUAL PAYROLL (\$)

LOCATIONS

2 EXPOSURE BASIS & OPERATIONS

| CLASS CODE | DESCRIPTION OF OPERATIONS | EXPOSURE BASIS (SALES / PAYROLL / SQ FT / UNITS) | AMOUNT |
|------------|---------------------------|--------------------------------------------------|--------|
|            |                           |                                                  |        |
|            |                           |                                                  |        |
|            |                           |                                                  |        |
|            |                           |                                                  |        |
|            |                           |                                                  |        |

EACH OCCURRENCE (\$)

GENERAL AGGREGATE (\$)

PRODUCTS-COMPLETED OPS  
AGGREGATE (\$)

PERSONAL & ADVERTISING INJURY  
(\$)

MEDICAL PAYMENTS (\$)

Where work is performed:

☐ At applicant's premises

☐ At customers' locations

☐ Both

2-1 Does the applicant make, sell, import, or distribute products? (Consider CWCO-SUP-PRODLIAB)

☐ Yes ☐ No

IF YES, EXPLAIN

2-2 Does the applicant's work continue to be used after completion (installation, construction, repair)?

☐ Yes ☐ No

IF YES, EXPLAIN

2-3 Does the applicant host or sponsor events? (Complete CWCO-SUP-EVENT)

☐ Yes ☐ No

IF YES, EXPLAIN

2-4 Is alcohol sold or served? (Complete CWCO-SUP-LIQ)

☐ Yes ☐ No

IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — CUSTOMER INJURIES & CONTRACT PROMISES

Slip, fall, and customer-injury claims have grown in number and cost over the past decade, and liability verdicts over \$10 million rose 52% in 2024. Premises care and incident documentation limit injuries and defend claims; contract promises can expand liability beyond the business's own mistakes.

|                 |                                                                                                             |                                                          |
|-----------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 3-1             | Are floors and walkways inspected on a schedule during business hours?                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF NO, EXPLAIN  |                                                                                                             |                                                          |
| 3-2             | Are those inspections logged?                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF NO, EXPLAIN  |                                                                                                             |                                                          |
| 3-3             | Is there a written procedure for spills and wet floors?                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF NO, EXPLAIN  |                                                                                                             |                                                          |
| 3-4             | Is there a snow and ice removal plan or contract?                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF NO, EXPLAIN  |                                                                                                             |                                                          |
| 3-5             | Are parking areas, walkways, and stairs well lit?                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF NO, EXPLAIN  |                                                                                                             |                                                          |
| 3-6             | Are parking areas, walkways, and stairs kept in good repair?                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF NO, EXPLAIN  |                                                                                                             |                                                          |
| 3-7             | Do cameras cover customer areas, with recordings kept at least 30 days?                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF NO, EXPLAIN  |                                                                                                             |                                                          |
| 3-8             | Is an incident report, with photos and witness names, completed for every customer injury?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF NO, EXPLAIN  |                                                                                                             |                                                          |
| 3-9             | Is security provided where assaults or crimes on the premises are a risk (bars, apartments, parking)?       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EXPLAIN         |                                                                                                             |                                                          |
| 3-10            | Are leases and customer contracts reviewed for indemnity and insurance terms before signing?                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF NO, EXPLAIN  |                                                                                                             |                                                          |
| 3-11            | Do any contracts make the applicant indemnify others beyond its own negligence?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, EXPLAIN |                                                                                                             |                                                          |
| 3-12            | Do customers or landlords require additional-insured status on a primary and non-contributory basis?        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, EXPLAIN |                                                                                                             |                                                          |
| 3-13            | When working at customers' locations, is customers' property protected (drop cloths, shutoffs, fire watch)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF NO, EXPLAIN  |                                                                                                             |                                                          |

4 LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

| DATE | TYPE (SLIP, PRODUCT, PROPERTY DAMAGE, OTHER) | DESCRIPTION | PAID / RESERVED (\$) |
|------|----------------------------------------------|-------------|----------------------|
|      |                                              |             |                      |
|      |                                              |             |                      |
|      |                                              |             |                      |

|                 |                                                                                              |                                                          |
|-----------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 4-1             | Are any general liability claims open?                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, EXPLAIN |                                                                                              |                                                          |
| 4-2             | Has general liability coverage been declined, cancelled, or non-renewed in the past 3 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, EXPLAIN |                                                                                              |                                                          |

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        |
| <div></div>                                       | <div></div>                         | <div></div> |
| PRODUCER — CORY WASHINGTON & CO. LLC              | PRODUCER SIGNATURE (TYPE FULL NAME) | DATE        |
| <div></div>                                       | <div></div>                         | <div></div> |