

Covers gutter installers and cleaners, including seamless gutters, gutter guards, and downspouts. Roofing work requires additional underwriting. Complete with ACORD 125, 126, and 130.

## 1 APPLICANT / BUSINESS INFORMATION

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| LEGAL BUSINESS NAME  | DBA                  | FEIN                 | YEARS IN BUSINESS    |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| BUSINESS ADDRESS     | CITY / STATE / ZIP   | WEBSITE              |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |

**Entity type:**  
☐ Sole proprietor    ☐ Partnership    ☐ LLC    ☐ Corporation

|                         |                      |                      |
|-------------------------|----------------------|----------------------|
| PRIMARY CONTACT / TITLE | PHONE                | EMAIL                |
| <input type="text"/>    | <input type="text"/> | <input type="text"/> |

|                                      |                          |
|--------------------------------------|--------------------------|
| CONTRACTOR LICENSE NO. (IF REQUIRED) | SEAMLESS GUTTER MACHINES |
| <input type="text"/>                 | <input type="text"/>     |

## 2 OPERATIONS

| PERIOD               | DIRECT PAYROLL (\$)  | EMPLOYEES            | SUBCONTRACTOR COSTS (\$) | GROSS RECEIPTS (\$)  |
|----------------------|----------------------|----------------------|--------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>     | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>     | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>     | <input type="text"/> |

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

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| RESIDENTIAL (%)      | CLEANING (%)         | MAX STORIES          | GUTTER GUARDS (%)    |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

2-1 Does the applicant work on buildings over two stories? ☐ Yes ☐ No  
 IF YES, EXPLAIN

2-2 Does the applicant walk on roofs to install or clean gutters? ☐ Yes ☐ No  
 IF YES, EXPLAIN

2-3 Does the applicant do any roofing or fascia repair? ☐ Yes ☐ No  
 IF YES, EXPLAIN

## 3 EXPOSURE & RISK QUESTIONS — LADDERS, POWER LINES & ROOFS

Gutter crews spend the day on ladders, and ladders are among OSHA's most-cited construction hazards. Carrying long metal gutter sections near overhead power lines adds electrocution risk.

3-1 Are ladders inspected daily? ☐ Yes ☐ No  
 IF YES, EXPLAIN

3-2 Are ladders set up with stabilizers at the proper angle? ☐ Yes ☐ No  
 IF YES, EXPLAIN

3-3 Is fall protection used when work is above two stories or on the roof? ☐ Yes ☐ No  
 IF YES, EXPLAIN

3-4 Are overhead power lines identified before ladders and gutter sections are moved? ☐ Yes ☐ No  
 IF YES, EXPLAIN

3-5 Are non-conductive (fiberglass) ladders used near electrical lines? ☐ Yes ☐ No  
 IF YES, EXPLAIN

3-6 If yes to 2-2, are roof surfaces protected from foot traffic damage? ☐ Yes ☐ No  
 IF YES, EXPLAIN

3-7 If yes to 2-2, are roofs checked for damage after work? ☐ Yes ☐ No  
IF YES, EXPLAIN

3-8 Has a worker fallen or contacted a power line in the last 5 years? ☐ Yes ☐ No  
IF YES, EXPLAIN

#### 4 EXPOSURE & RISK QUESTIONS — WATER DIVERSION, MACHINES & CONTRACTS

4-1 Are downspouts directed away from foundations and neighboring property? ☐ Yes ☐ No  
IF YES, EXPLAIN

4-2 Are seamless gutter machines guarded? ☐ Yes ☐ No  
IF YES, EXPLAIN

4-3 Are seamless gutter machines operated only by trained staff? ☐ Yes ☐ No  
IF YES, EXPLAIN

4-4 Are gutter-guard performance claims in sales materials accurate and backed by the manufacturer? ☐ Yes ☐ No  
IF YES, EXPLAIN

4-5 Do any subcontractors carry their own insurance naming the applicant? ☐ Yes ☐ No  
IF YES, EXPLAIN

#### 5 PAYROLL & RECEIPTS SUMMARY

TOTAL ANNUAL PAYROLL (\$)  INSTALLATION RECEIPTS (\$)  CLEANING RECEIPTS (\$)

#### 6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL CARRIER / LIMITS  COMMERCIAL AUTO CARRIER  TOOLS / EQUIPMENT 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        |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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 ladder safety before working at height? ☐ Yes ☐ No  
IF YES, EXPLAIN

7-2 Are drivers' records checked yearly? ☐ 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        |
| <div></div>                                       | <div></div>                         | <div></div> |
| PRODUCER — CORY WASHINGTON & CO. LLC              | PRODUCER SIGNATURE (TYPE FULL NAME) | DATE        |
| <div></div>                                       | <div></div>                         | <div></div> |