

Covers heating, ventilation, air-conditioning, and refrigeration contractors. Complete with ACORD 125/126. Attach EPA Section 608 certification records and the applicant's written fall-protection and lockout/tagout programs.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA (IF ANY)	FEIN	YEARS IN BUSINESS
BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE	
Entity type:			
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation			
PRIMARY CONTACT / TITLE	PHONE	EMAIL	
STATE HVAC CONTRACTOR LICENSE NUMBER	STATES OF OPERATION		

2 OPERATIONS

HVAC is distinctive among trades for combining fall exposure, electrical hazard, and chemical/refrigerant handling simultaneously.

DESCRIPTION OF OPERATIONS (RESIDENTIAL VS. COMMERCIAL MIX, INSTALLATION VS. SERVICE/MAINTENANCE SPLIT)

WORK TYPE	% OF ANNUAL REVENUE

Types: residential installation (new construction); residential service/repair; commercial rooftop unit installation; commercial service/maintenance; refrigeration systems (commercial/industrial); ductwork fabrication/installation; controls/automation; other.

2-1 Does the applicant install new rooftop units (construction-phase work)? ☐ Yes ☐ No

IF YES, EXPLAIN

2-2 Does the applicant service or maintain existing rooftop units? ☐ Yes ☐ No

IF YES, EXPLAIN

Installation work on new construction falls under OSHA's construction fall-protection standard (29 CFR 1926 Subpart M); service and maintenance on existing rooftop units generally fall under OSHA's general-industry walking-working surfaces rules (29 CFR 1910 Subpart D).

2-3 Does the applicant work inside occupied buildings while systems are offline? ☐ Yes ☐ No

IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — FALL, ELECTRICAL & REFRIGERANT HANDLING

These questions track the three hazard categories that make HVAC a distinctive combined-exposure trade.

3-1 Is fall protection used for all rooftop work with a fall distance of 6 feet or more, consistent with 29 CFR 1926 Subpart M for installation work? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Is a written lockout/tagout procedure followed before isolating electrical systems for service, per 29 CFR 1910.147? ☐ Yes ☐ No
IF NO, EXPLAIN

3-3 Do all technicians handling refrigerants hold current EPA Section 608 certification? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Does the applicant follow documented refrigerant recovery and leak-detection procedures to avoid venting violations? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Does the applicant perform gas appliance or combustion-system connections as part of HVAC installation? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are confined-space entry procedures followed for crawl space, attic, or mechanical room work where applicable? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Has the applicant ever had a fall injury, electrical shock incident, refrigerant release, or gas-related incident? ☐ Yes ☐ No
IF YES, EXPLAIN

4 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$)	NUMBER OF CERTIFIED TECHNICIANS	NUMBER OF APPRENTICES/HELPERS
PROJECTED ANNUAL GROSS REVENUE (\$)	PRIOR YEAR ACTUAL REVENUE (\$)	AVERAGE JOB VALUE (\$)

5 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 3-5 years, including the current NCCI experience modifier.

CURRENT / EXPIRING GL CARRIER	CURRENT GL LIMITS	CURRENT NCCI EXPERIENCE MODIFIER

5-1 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the last 3-5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

5-2 Does the applicant's current or prior GL policy explicitly cover damage to existing property (the building/system worked on), rather than limiting or excluding it? ☐ Yes ☐ No
IF YES, EXPLAIN

Some policies limit or exclude damage to existing property caused by the contractor's own work -- a frequently-missed gap for a trade that routinely works on live, occupied building systems.

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$)	OPEN / CLOSED

5-3 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

6 RISK MANAGEMENT & SAFETY

6-1

Does the applicant maintain a written safety program covering fall protection, LOTO, and refrigerant handling?

☐ Yes ☐ No

IF NO, EXPLAIN

6-2

Are technicians re-certified for EPA 608 and safety training on a recurring schedule?

☐ Yes ☐ No

IF NO, EXPLAIN

6-3

Does the applicant maintain a written customer contract defining scope of work before starting a job?

☐ Yes ☐ No

IF NO, EXPLAIN

7 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