

Covers handyman and small home-repair businesses. Specialty trades use their dedicated CWCO forms; general contractors CWCO-SUP-CTR. 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 / HANDYMAN LICENSE (IF ANY)	WORKERS

2 OPERATIONS

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

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

TYPE OF WORK	% OF RECEIPTS

Types: minor carpentry and repairs; drywall patching; painting; fixture and appliance installs; furniture assembly and mounting; minor plumbing (fixtures); minor electrical (fixtures); other.

JOBS PER YEAR	AVERAGE JOB (\$)	LARGEST JOB (\$)

2-1 Does the applicant do any electrical, plumbing, gas, HVAC, or roofing work? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Does the applicant do any structural work (load-bearing walls, decks, stairs)? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-3 Does the applicant work at heights over one story? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — SCOPE, LICENSING & TRADE WORK

The central risk for a handyman is drifting out of scope: many states cap unlicensed handyman work by job value and bar electrical, plumbing, gas, and structural work without a trade license. Work outside that scope can fall outside the policy too.

3-1	Does the applicant know and stay within the state's job-value limit for unlicensed handyman work?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-2	If yes to 2-1, is trade work limited to like-for-like fixture replacement permitted without a license?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-3	Is work outside the applicant's scope referred to licensed contractors rather than subcontracted?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-4	If yes to 2-2, are permits pulled where structural work requires them?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-5	Are written estimates or contracts used that describe each job's scope?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-6	Has a customer claimed damage or injury from the applicant's work in the last 5 years?	☐ Yes ☐ No
IF YES, EXPLAIN		

4 EXPOSURE & RISK QUESTIONS — LADDERS, IN-HOME WORK & MOUNTING

4-1	If yes to 2-3, are ladders inspected and secured before use?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-2	If yes to 2-3, is fall protection used for any roof work?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-3	Are TVs, shelves, and cabinets mounted into studs or with rated anchors?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-4	Are workers background-checked before entering customers' homes?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-5	Are EPA lead-safe practices used when disturbing paint in homes built before 1978?	☐ 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

TOOLS / INLAND MARINE LIMIT

COMMERCIAL AUTO CARRIER

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 completed jobs photographed?

☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are tools inspected and guards kept in place?

☐ 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