INSULATION CONTRACTOR SUPPLEMENTAL

Covers batt, blown-in, rigid board, and spray polyurethane foam (SPF) insulation contractors. Complete with ACORD 125/126. Attach 3-5 years of currently-valued loss runs and a copy of any applicant training/certification (e.g., manufacturer SPF certification, BPI).

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA (IF ANY)	FEIN	YEARS IN BUSINESS

MAILING / SHOP ADDRESS	CITY / STATE / ZIP	WEBSITE

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

PRIMARY CONTACT / TITLE	PHONE	EMAIL

STATE CONTRACTOR LICENSE NUMBER(S)	STATES OF OPERATION

2 OPERATIONS

DESCRIPTION OF OPERATIONS (TYPES OF INSULATION INSTALLED, TYPICAL BUILDING TYPES, RESIDENTIAL VS. COMMERCIAL MIX)

INSULATION TYPE	% OF ANNUAL REVENUE	NEW CONSTRUCTION OR RETROFIT?

Types: spray polyurethane foam (open-cell); spray polyurethane foam (closed-cell); fiberglass batt/roll; blown-in cellulose or fiberglass; rigid foam board; mineral wool; radiant barrier; other.

2-1 Is any work performed in occupied buildings while occupants remain on-site during application? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the applicant perform commercial/industrial work (warehouses, cold storage, pole barns) in addition to residential? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Is work performed in crawl spaces, attics, or other confined spaces? ☐ Yes ☐ No
IF YES, EXPLAIN

2-4 Does the applicant subcontract any portion of the work to other insulation crews? ☐ Yes ☐ No
IF YES, EXPLAIN

% OF WORK SUBCONTRACTED OUT	SEASONAL OR YEAR-ROUND OPERATION?	AVERAGE CREW SIZE PER JOB

3 EXPOSURE & RISK QUESTIONS — SPRAY FOAM SPECIFIC

Complete this section if the applicant applies spray polyurethane foam (SPF). SPF off-gassing/overspray claims are commonly excluded under a standard CGL's pollution exclusion — see Cincinnati Specialty Underwriters v. Energy Wise Homes, 2015 VT 52.

MANUFACTURER / BRAND OF ISOCYANATE-BASED SPF SYSTEMS USED

3-1 Is the applicant certified by the SPF manufacturer or an industry body (e.g., manufacturer certification, Spray Polyurethane Foam Alliance training)? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Does the applicant follow a written re-occupancy / re-entry protocol (minimum vacancy period and ventilation before occupants, HVAC techs, or other trades re-enter the space)? ☐ Yes ☐ No
IF YES, EXPLAIN

State the minimum re-occupancy period followed (e.g., hours) and ventilation method in the explanation field.

3-3 Are personal protective equipment (supplied-air or organic-vapor respirators, Tyvek suits) required for all SPF applicators? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Has the applicant ever had a claim or complaint alleging odor, off-gassing, respiratory irritation, or illness following an SPF application? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Does the applicant post or provide written warnings to property owners regarding re-entry timing and ventilation requirements? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Is overspray containment (masking, barriers) used to prevent drift onto neighboring vehicles, structures, or landscaping? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Does the applicant carry, or is the applicant requesting, a standalone Contractors Pollution Liability (CPL) policy separate from GL? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — ALL INSULATION TYPES

4-1 Does the applicant provide recommendations on insulation type or R-value to the customer (as opposed to installing to specifications provided by others)? ☐ Yes ☐ No
IF YES, EXPLAIN

Recommendation-driven work creates professional liability (E&O) exposure if the recommendation leads to inadequate performance, moisture intrusion, or condensation damage.

4-2 Does the applicant remove or disturb existing insulation that may contain asbestos (common in pre-1980 vermiculite)? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Does the applicant perform any work involving knob-and-tube wiring encapsulation, which some jurisdictions restrict? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are moisture/vapor barriers installed as part of standard scope? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Does the applicant warrant against future mold claims? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Does the applicant own or lease insulation-blowing machines, spray rigs, or proportioner equipment? ☐ Yes ☐ No
IF YES, EXPLAIN

TOTAL VALUE OF OWNED EQUIPMENT ($)

EQUIPMENT FINANCED OR LEASED?

4-7 Does the applicant perform any work above 15 feet requiring fall protection? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL ($)	NUMBER OF FIELD EMPLOYEES	NUMBER OF OFFICE/ADMIN EMPLOYEES

PROJECTED ANNUAL GROSS REVENUE ($)	PRIOR YEAR ACTUAL REVENUE ($)	% REVENUE — RESIDENTIAL VS. COMMERCIAL

5-1 Are 1099 subcontractors used? ☐ Yes ☐ No

IF YES, EXPLAIN

ANNUAL COST OF 1099 SUBCONTRACTED LABOR ($)	NUMBER OF 1099 SUBCONTRACTORS

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 3-5 years across GL, WC, auto, and pollution/CPL if carried.

CURRENT / EXPIRING GL CARRIER	CURRENT GL LIMITS	CURRENT CPL CARRIER (IF ANY)

6-1 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the last 3-5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

6-2 Have there been any claims or lawsuits alleging bodily injury, illness, or property damage arising from insulation application (including odor/off-gassing complaints)? ☐ Yes ☐ No

IF YES, EXPLAIN

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

6-3 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

7 RISK MANAGEMENT & SAFETY

7-1 Is there a written safety program covering PPE, ventilation, and re-occupancy protocols? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are new applicators trained and supervised before working unsupervised on SPF jobs? ☐ Yes ☐ No

IF YES, EXPLAIN

7-3 Does the applicant use a written customer contract with scope-of-work, warranty, and re-entry disclosure language? ☐ Yes ☐ No

IF YES, EXPLAIN

7-4 Are customers required to sign an acknowledgment of re-occupancy timing and ventilation instructions before application begins? ☐ Yes ☐ No

IF YES, EXPLAIN

7-5 Does the applicant maintain OSHA-required respiratory protection program documentation (fit testing, medical clearance) for employees using respirators? ☐ 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