Complete with CWCO-SUP-CORE and ACORD 125/126. Attach a copy of the applicant's standard customer contract. Attach CWCO-SUP-ABUSE if any work is performed in schools, healthcare, or residential

APPLICANT NAME	EFFECTIVE DATE REQUESTED	YEARS IN BUSINESS

LOCATION ADDRESS	CITY	STATE / ZIP	PHONE

A MIX OF BUSINESS & PERSONNEL

% COMMERCIAL	% INDUSTRIAL	% RESIDENTIAL	TOTAL ANNUAL SALES ($)

PERSONNEL CATEGORY	NUMBER	ANNUAL PAYROLL OR COST ($)	NOTES

Complete rows for: owners only, full-time employees (excluding clerical), part-time employees (excluding clerical), and clerical.

LEASED OR SUBCONTRACTED	NUMBER	ANNUAL COST ($)	NOTES

Complete rows for: leased employees and independent contractors.

A1 Do independent contractors provide certificates of insurance before work begins? ☐ Yes ☐ No
IF YES, EXPLAIN

A2 Are the applicant's employees bonded? ☐ Yes ☐ No
IF YES, EXPLAIN

A3 Are criminal background checks performed on all cleaning staff prior to placement? ☐ Yes ☐ No
IF YES, EXPLAIN

B INDUSTRIES SERVICED

Enter annual sales for each industry serviced, and indicate whether work is performed during the customer's business hours.

INDUSTRY SERVICED	ANNUAL SALES ($)	WORK DURING BUSINESS HOURS?	AFTER-HOURS KEY ACCESS?

Typical entries: offices, apartments, retail stores, schools/colleges, hospitals/convalescent homes, hotels, shopping centers, convenience/grocery, department stores, convention halls, sports complexes, transport

Check any of the following higher-hazard accounts serviced:

- ☐ Aircraft or hangars
- ☐ Hospitals / convalescent homes
- ☐ Construction make-ready
- ☐ Data centers / clean rooms
- ☐ Off-shore oil rigs
- ☐ Schools / colleges
- ☐ Industrial plants
- ☐ Correctional facilities
- ☐ Crime scene cleanup
- ☐ Private residences
- ☐ Cannabis facilities
- ☐ None of these

C OPERATIONS PERFORMED

OPERATION	ANNUAL PAYROLL OR SALES ($)	% OF TOTAL RECEIPTS	PERFORMED BY EMPLOYEES OR SUBS?

Typical entries: janitorial general services, carpet/upholstery cleaning, floor stripping/waxing, window/screen/skylight cleaning, pressure washing, construction cleanup (interior/exterior), flood/fire cleanup, re

C1 Is any construction cleanup performed on the exterior of a structure? ☐ Yes ☐ No
IF YES, EXPLAIN

C2 Is restaurant hood and duct cleaning performed? ☐ Yes ☐ No
IF YES, EXPLAIN

C3 Is any flood, fire, mold, or biohazard remediation performed? ☐ Yes ☐ No
IF YES, EXPLAIN

C4 Is snowplowing or ice removal performed? ☐ Yes ☐ No
IF YES, EXPLAIN

D HEIGHTS, EQUIPMENT & MATERIALS

WINDOW CLEANING — MAXIMUM NUMBER OF STORIES	MAXIMUM WORKING HEIGHT (FEET)	SCAFFOLDING / RIGGING — RENTED OR OWNED

Equipment used (check all that apply):

☐ Ladders over 12 feet
☐ Boom or scissor lift
☐ Floor buffers / burnishers
☐ Steam cleaners
☐ Scaffolding
☐ Bosun's chair / rope descent
☐ Truck-mounted extractors
☐ Fogging / disinfection equipment
☐ Swing stage / suspended platform
☐ Pressure washers
☐ Sandblasting equipment
☐ None of these

DESCRIBE ANY HAZARDOUS WASTE HANDLED, STORAGE OF COMBUSTIBLE MATERIALS, AND RECYCLABLES HANDLED

D1 Are employees trained and documented in the safe use of chemicals and equipment? ☐ Yes ☐ No
IF YES, EXPLAIN

D2 Is any work performed at heights above 15 feet? ☐ Yes ☐ No
IF YES, EXPLAIN

E CARE, CUSTODY & CONTROL

E1 Does the applicant hold keys, access codes, or badges for customer premises? ☐ Yes ☐ No
IF YES, EXPLAIN

E2 Is there a written key-control and access log procedure? ☐ Yes ☐ No
IF YES, EXPLAIN

E3 Does the applicant have access to customer premises outside business hours, unaccompanied? ☐ Yes ☐ No
IF YES, EXPLAIN

E4 Does the applicant arm or disarm customer alarm systems? ☐ Yes ☐ No
IF YES, EXPLAIN

E5 Does the applicant handle, move, or take custody of customer property, equipment, or inventory? ☐ Yes ☐ No
IF YES, EXPLAIN

E6 Does the applicant's standard contract contain a hold-harmless clause and a limitation of liability? ☐ Yes ☐ No
IF YES, EXPLAIN

E7 Is the applicant required to name customers as additional insured under written contract? ☐ Yes ☐ No
IF YES, EXPLAIN

F LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

POLICY TERM	CARRIER	LINE OF COVERAGE	ANNUAL PREMIUM	# CLAIMS	TOTAL INCURRED

F1 Has there been any theft, property damage, or water damage claim arising from work at a customer premises in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

F2 Has any carrier declined, cancelled or non-renewed coverage in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

NARRATIVE FOR EACH LOSS OVER $25,000 — CAUSE, CORRECTIVE ACTION TAKEN, AND CURRENT STATUS

G ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — CERTIFICATIONS, BONDING, CUSTOMER CONCENTRATION, OR PLANNED CHANGES

H REPRESENTATIONS & SIGNATURE

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. A copy of the applicant's standard customer contract must accompany this supplemental.

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