

General form for manufacturers not covered by a specific CWCO manufacturing form (machine shops, metal fabrication, plastics, chemicals, food, pet food, soap and bath, apparel, furniture, woodworking, and print have their own). Complete with ACORD 125, 126, and 140. Attach product literature, warnings, and instructions.

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

ISO OR OTHER QUALITY CERTIFICATION	YEARS MAKING CURRENT PRODUCTS

2 OPERATIONS

PRODUCT / PRODUCT LINE	TARGET CUSTOMER (CONSUMER / INDUSTRIAL)	APPLICANT'S ROLE (MFR / CONTRACT MFR / PRIVATE LABEL)	ANNUAL SALES (\$)

Higher-hazard product categories (check all that apply):

- ☐ Aerospace or aircraft parts ☐ Automotive safety parts ☐ Medical devices ☐ Children's products ☐ Firearms or ammunition
☐ Lithium batteries ☐ Structural or load-bearing products ☐ Products for oil, gas, or chemical plants ☐ None of these

2-1 Do any products, ingredients, or components come from outside the United States? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Do others manufacture products under the applicant's name or label? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-3 Does the applicant manufacture products for others under their name or label? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-4 Does the applicant plan to add products or change its product mix in the next year? ☐ Yes ☐ No
 IF NO, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — PRODUCT DESIGN, WARNINGS & RECALLS

Products liability follows every unit sold, often for years, and manufacturers and importers carry recall responsibility under federal law. Design review, warnings, testing, traceability, and a working recall plan are the core defenses.

3-1 Does the applicant design its own products? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 If yes to 3-1, are designs reviewed, tested, or verified by an independent third party? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-3 Are instructions and warnings reviewed by legal counsel or a product-safety specialist? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Is there a written quality-control and testing procedure for every product? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-5	Can products be traced by lot, batch, or serial number to the date made and the customer sold to?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-6	Is there a written recall plan to withdraw defective products quickly?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-7	Are certificates of insurance with products coverage obtained from suppliers of components?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-8	Has the applicant recalled, or considered recalling, any product?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-9	Has any product or ingredient been the subject of a regulatory investigation or enforcement action?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-10	Has a products liability claim been made against the applicant in the last 5 years?	☐ Yes ☐ No
IF YES, EXPLAIN		

4 EXPOSURE & RISK QUESTIONS — PLANT SAFETY & STORAGE

Equipment used (check all that apply):

☐ Presses or stamping ☐ CNC machining ☐ Injection molding ☐ Welding or cutting ☐ Conveyors ☐ Industrial ovens or kilns
☐ Robotics ☐ Spray finishing

4-1	Are guards installed and maintained on all machines with moving parts?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-2	Is there a written lockout/tagout program with trained employees?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-3	Are safety data sheets kept and accessible for every chemical used?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-4	Is there a documented preventive-maintenance program for production equipment?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-5	Are raw materials or finished goods stored outdoors or where flood or fire could reach them?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-6	Has an employee suffered an amputation or other serious injury in the last 5 years?	☐ Yes ☐ No
IF YES, EXPLAIN		

5 PAYROLL & SALES

TOTAL ANNUAL PAYROLL (\$)	ANNUAL GROSS SALES (\$)	EXPORT SALES (%)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL / PRODUCTS CARRIER / LIMITS	PRODUCT RECALL COVERAGE (Y / N)	UMBRELLA 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

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 sales records kept showing each product's buyer and sale date? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Is there a named person responsible for product safety and regulatory compliance? ☐ 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, 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