Complete with CWCO-SUP-CORE and ACORD 125/126. For manufacturers who also distribute, complete CWCO-SUP-DIST as well. Attach CWCO-SUP-LSCI if any product is a drug, biologic, or medical de

FULL NAME OF APPLICANT	DATE ESTABLISHED	PREDECESSOR ORGANIZATIONS

PRINCIPAL BUSINESS PREMISES ADDRESS	CITY / COUNTY	STATE / ZIP	WEBSITE

AUDIT CONTACT	AUDIT CONTACT PHONE	EFFECTIVE DATE REQUESTED

Applicant is a:

☐ Corporation ☐ Partnership ☐ Sole proprietorship ☐ LLC ☐ Other

A PRODUCT SCHEDULE

List each product or product line for which coverage is requested. Only products listed will be considered for coverage.

PRODUCT NAME	DESCRIPTION	TARGET CONSUMER	APPLICANT'S ROLE (MFR/WHOLESALER/RETAILER/IMPORTER)	YEARS IN MARKET

PRODUCT	PRODUCT LIFESPAN (YEARS)	UNITS SOLD PER YEAR	COST PER UNIT ($)	GROSS SALES ($)

ESTIMATED DOMESTIC GROSS SALES — COMING YEAR ($)	ESTIMATED FOREIGN GROSS SALES — COMING YEAR ($)	GROSS SALES — LAST 12 MONTHS ($)	GROSS SALES — 2ND / 3RD PRIOR YEAR ($)

A1 Does the applicant have any operations, receipts, or income from products, goods or services NOT listed in the schedule above? ☐ Yes ☐ No

IF YES, EXPLAIN

A2 Is the applicant considering any change in product mix, or adding new products or operations, for the coming year? ☐ Yes ☐ No

IF YES, EXPLAIN

A3 Has the applicant discontinued, or is it considering discontinuing, any product? ☐ Yes ☐ No

IF YES, EXPLAIN

B HAZARD SCREENING

Check every category that applies, however small the associated revenue.

Are any products or services used in connection with:

☐ Aircraft / missiles / aerospace
☐ Pharmaceuticals / cosmetics / dietary supple
☐ Firearms or ammunition
☐ Pollution control
☐ Oil / gas industry
☐ Explosives / fireworks / other flammables
☐ Medical devices
☐ Playground or recreational equipment
☐ Marine or watercraft
☐ Structural or load-bearing building componen
☐ Electrical components
☐ None of these

A checked box above may require a specialty supplement. Attach CWCO-SUP-LSCI for any pharmaceutical, cosmetic, dietary supplement, or medical device exposure.

C SOURCING & PRIVATE LABEL

C1 Do any products, ingredients, or components originate from outside the United States? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to C1, specify the products and countries of origin in the explanation field.

C2 Do others manufacture, assemble, package, or install products under the applicant's name or label? ☐ Yes ☐ No
IF YES, EXPLAIN

C3 Does the applicant manufacture, assemble, package, or install products for others under their name or label? ☐ Yes ☐ No
IF YES, EXPLAIN

D PROCESSING & QUALITY CONTROL

D1 Has the applicant attained ISO 9000, QS 9000, or similar certification? ☐ Yes ☐ No
IF YES, EXPLAIN

D2 Does the applicant have a quality control and testing procedure? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to D2, state how long quality control and testing records are kept in the explanation field.

D3 Can the applicant identify its products from those of competitors (batch codes, serial numbers, lot markings)? ☐ Yes ☐ No

D4 Do all records show to whom, and the date, each product was sold? ☐ Yes ☐ No

D5 Does the applicant require certificates of insurance evidencing products liability insurance from its suppliers? ☐ Yes ☐ No
IF YES, EXPLAIN

D6 Does the applicant design its own products? ☐ Yes ☐ No
IF YES, EXPLAIN

D7 Are product designs reviewed, tested, and verified by an independent third party? ☐ Yes ☐ No
IF YES, EXPLAIN

D8 Does the applicant have a specific program to withdraw known or suspected defective products from the market? ☐ Yes ☐ No
IF YES, EXPLAIN

D9 Has the applicant ever recalled, or is it considering recalling, any product? ☐ Yes ☐ No
IF YES, EXPLAIN

D10 Are instructions and warnings reviewed by legal counsel? ☐ Yes ☐ No

D11 Have any of the applicant's products or ingredients ever been the subject of an investigation, enforcement action, or notice of violation by any governmental or regulatory body? ☐ Yes ☐ No
IF YES, EXPLAIN

E PRODUCTION FACILITY & EQUIPMENT

MANUFACTURING FACILITY ADDRESS (IF DIFFERENT FROM ABOVE)	TOTAL FACILITY SQUARE FOOTAGE	NUMBER OF SHIFTS	NUMBER OF PRODUCTION EMPLOYEES

Equipment and processes used (check all that apply):

☐ Injection molding ☐ CNC machining ☐ Stamping / press equipment
☐ Welding ☐ Extrusion ☐ Casting / forging
☐ Assembly line / conveyor ☐ Robotics / automated equipment ☐ Chemical mixing or blending
☐ Heat treatment / kilns / ovens ☐ Paint or coating booth ☐ 3D printing / additive manufacturing

E1 Are machine guards installed and maintained on all equipment with moving parts, per OSHA requirements? ☐ Yes ☐ No
IF YES, EXPLAIN

E2 Is a lockout/tagout program in place for equipment maintenance and servicing? ☐ Yes ☐ No
IF YES, EXPLAIN

E3 Are safety data sheets (SDS) maintained and accessible for all chemicals used in production? ☐ Yes ☐ No
IF YES, EXPLAIN

E4 Is personal protective equipment (PPE) required and provided for production employees? ☐ Yes ☐ No
IF YES, EXPLAIN

E5 Is there a documented preventive maintenance program for production equipment? ☐ Yes ☐ No
IF YES, EXPLAIN

F RAW MATERIALS & FINISHED GOODS

MATERIAL / COMPONENT	SUPPLIER	COUNTRY OF ORIGIN	HAZARDOUS? (Y/N)	STORAGE METHOD

F1 Are any raw materials or finished goods stored outdoors, or in a location subject to flood or fire exposure? ☐ Yes ☐ No
IF YES, EXPLAIN

F2 Is finished-goods inventory tracked by lot or batch number through final shipment? ☐ Yes ☐ No
IF YES, EXPLAIN

G COVERAGE REQUESTED

LIMITS OF LIABILITY — PER OCCURRENCE ($)	LIMITS OF LIABILITY — AGGREGATE ($)	ATTACHMENT TYPE (DEDUCTIBLE / SIR)	ATTACHMENT AMOUNT ($)

CURRENT PRODUCT LIABILITY CARRIER (IF ANY)	CURRENT LIMITS ($)	CURRENT DEDUCTIBLE/SIR ($)	CURRENT RETROACTIVE DATE

H CLAIM HISTORY

Attach currently-valued five-year loss runs.

H1 Has any claim for product or general liability been made against any person or organization proposed for this insurance during the last five years? ☐ Yes ☐ No
IF YES, EXPLAIN

YEAR	TOTAL INCURRED ($)	DATE OF LOSS	DESCRIPTION

H2 Is any person or organization proposed for this insurance aware of any fact, incident, circumstance, condition, defect, or suspected defect which may result in a product or general liability claim? ☐ Yes ☐ No
IF YES, EXPLAIN

I ADDITIONAL INFORMATION

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

J 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. This application must be signed by the owner, principal, partner, or executive officer within 60 days of the proposed effective date.

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