MASONRY CONTRACTOR SUPPLEMENTAL

Covers masonry contractors: block, brick, stone, veneer, and restoration and tuckpointing. Concrete contractors use CWCO-SUP-CONCRETE; chimney work CWCO-SUP-CHIMNEY. 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 LICENSE NO(S). / STATES	SCAFFOLD OWNED (Y / N)

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: structural block walls; brick and stone veneer; retaining walls; restoration and tuckpointing; fireplaces and outdoor kitchens; other.

MAX WALL HEIGHT (FT.)	MAX SCAFFOLD HEIGHT (FT.)	MULTI-STORY WORK (%)

2-1 Does the applicant build walls over 8 feet high? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the applicant erect its own scaffolding? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the applicant build retaining walls over 4 feet high? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — WALL BRACING, SCAFFOLDS & SILICA

Masonry walls under construction can be blown over before they're braced, and OSHA requires a limited access zone around every wall being built. Scaffolding is among OSHA's most-cited construction standards, and cutting block and stone creates silica exposure.

3-1 Is a limited access zone (wall height plus 4 feet) set up before walls are built? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 If yes to 2-1, are walls over 8 feet braced until permanent supports are in place? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Is work stopped and bracing checked when high winds are forecast? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 If yes to 2-2, is scaffolding erected under the supervision of a competent person? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 If yes to 2-2, is scaffolding inspected by a competent person before each shift? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are OSHA Table 1 silica controls used when cutting block, brick, or stone? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Has a wall collapsed or a scaffold failed in the last 10 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — WATER INTRUSION, RETAINING WALLS & SUBCONTRACTORS

4-1 Are flashing, weeps, and moisture barriers installed per manufacturer and code requirements? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 2-3, are retaining walls over 4 feet built to an engineer's design? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are certificates of insurance collected from every subcontractor before work begins? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Is the applicant named as additional insured on subcontractors' policies, on a primary and non-contributory basis? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Does every subcontractor sign a written contract with a hold-harmless clause in the applicant's favor? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Are subcontractors required to carry workers' compensation, with proof verified? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Are subcontractors' insurance limits at least equal to the applicant's? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Has the applicant had a water-intrusion or wall-failure claim over completed work? ☐ 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	CONTRACTOR'S EQUIPMENT LIMIT	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 workers trained on scaffold safety before working on scaffolds? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are forklifts and telehandlers operated only by trained and certified operators? ☐ 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