Covers personal and private chefs cooking in clients' homes, meal-prep services, and in-home cooking classes. Caterers use CWCO-SUP-CATERING. Complete with ACORD 125.

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

FOOD HANDLER / MANAGER CERTIFICATION	LOCAL PERMIT (IF REQUIRED)

2 OPERATIONS

SERVICE	% OF REVENUE

Services: in-home dinners and parties; weekly meal prep in clients' homes; meal prep delivered from a commercial kitchen; cooking classes; live-in or yacht chef work; other.

CLIENTS	SERVICES PER YEAR	ASSISTANTS

2-1 Does the chef prepare any meals outside clients' homes for delivery? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 If yes to 2-1, are those meals made in a licensed commercial kitchen rather than the chef's home? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the chef serve alcohol or pair wine with meals? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — ALLERGENS, DIETS & CLIENT KITCHENS

Personal chefs cook for specific people, often with documented allergies or medical diets, where a single cross-contact or ingredient error can cause anaphylaxis. They also work in clients' kitchens, where a fire or spill damages someone else's home.

3-1 Does every client complete a written allergy and dietary questionnaire before the first service? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are ingredient labels checked for allergens every time, including for substitutions? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Are dedicated or sanitized utensils and surfaces used for allergen-free meals? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Are meals labeled with ingredients and reheating instructions when left for later? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Does the chef avoid giving medical or nutritional treatment advice beyond meal preparation? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Is the client's kitchen checked for working smoke alarms and an extinguisher before cooking? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Has a client claimed an allergic reaction, illness, or kitchen damage? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — IN-HOME WORK, ALCOHOL & DRIVING

4-1 Does every client sign a service agreement limiting liability for damage and stating responsibilities? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are assistants background-checked before entering clients' homes? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 2-3, is alcohol supplied by the client rather than sold by the chef? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Does the chef carry business-use auto coverage for driving to clients and shopping? ☐ Yes ☐ No
IF YES, EXPLAIN

5 REVENUE

ANNUAL GROSS REVENUE ($)	PAYROLL (IF ANY) ($)	CLASS REVENUE ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL / PRODUCTS CARRIER / LIMITS	PROFESSIONAL / E&O (Y / N)	BUSINESS AUTO / HNOA (Y / N)

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 client allergy records kept and reviewed before each service? ☐ Yes ☐ No
IF YES, EXPLAIN

7-2 Does the chef hold a current food-safety certification? ☐ 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