

Complete with CWCO-SUP-CORE and the applicant's industry supplemental (for example CWCO-SUP-MFG, -FOODMFG, -SUPP, or -LSCI), which covers product liability. Attach the written recall plan if one exists.

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

ANNUAL PRODUCT SALES (\$)

NUMBER OF SKUS

% OF COMPONENTS / INGREDIENTS IMPORTED

2

PRODUCTS & DISTRIBUTION

Applicant's role (check all that apply):

☐ Manufacturer

☐ Brand owner / private label

☐ Importer

☐ Distributor

☐ Retailer / e-commerce seller

PRODUCT CATEGORY	ANNUAL SALES (\$)	UNITS PER YEAR	WHERE MADE

Regulated by (check all that apply):

☐ CPSC

☐ FDA

☐ USDA-FSIS

☐ NHTSA

☐ EPA

☐ Other

Sold through (check all that apply):

☐ National retail chains

☐ Online marketplaces

☐ Food service

☐ Direct to consumer

☐ Other manufacturers

☐ Export

3

EXPOSURE & RISK QUESTIONS — TRACEABILITY, RECALL READINESS & SUPPLIER CONTROL

U.S. recalls affected 858 million units in 2025, and 941 million in just the first half of 2026 — passing one billion by July for only the fourth time in 15 years. Regulators are also extending recall duties beyond manufacturers. How fast and how narrowly a company can recall determines the cost.

3-1 Can every lot or batch be traced to its customers within 24 hours?

☐ Yes ☐ No

IF NO, EXPLAIN

3-2 Is there a written recall plan naming a recall team and contacts?

☐ Yes ☐ No

IF NO, EXPLAIN

3-3 Has a mock recall been run in the past 12 months?

☐ Yes ☐ No

IF NO, EXPLAIN

3-4 Are suppliers approved and audited before use?

☐ Yes ☐ No

IF NO, EXPLAIN

3-5 Are incoming ingredients or components tested, or accepted only with certificates of analysis?

☐ Yes ☐ No

IF NO, EXPLAIN

3-6 Is finished product tested before release?

☐ Yes ☐ No

IF NO, EXPLAIN

3-7 Are customer complaints logged and reviewed for safety trends?

☐ Yes ☐ No

IF NO, EXPLAIN

3-8 Do customer or retailer contracts require the applicant to pay their recall costs? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Has the applicant had a recall, market withdrawal, or regulatory safety notice in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Has there been a contamination, tampering, or extortion threat involving any product? ☐ Yes ☐ No
IF YES, EXPLAIN

4 COVERAGE REQUESTED & VALUES

Coverage parts requested:

- ☐ First-party recall expenses ☐ Third-party recall liability ☐ Accidental contamination ☐ Malicious tampering / extortion
☐ Business interruption ☐ Brand rehabilitation

LIMIT REQUESTED (\$)	RETENTION (\$)	CURRENT RECALL CARRIER / LIMIT
LARGEST SINGLE LOT (UNITS)	ESTIMATED COST TO RECALL LARGEST LOT (\$)	GROSS PROFIT MARGIN (%)

4-1 Has recall coverage been declined, cancelled, or non-renewed? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Is the applicant aware of any defect, contamination, or complaint that could lead to a recall? ☐ Yes ☐ No
IF YES, EXPLAIN

5 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