PROFESSIONAL SERVICES BUSINESS SUPPLEMENTAL

General professional liability (E&O) form for professional service firms without a dedicated CWCO form. Accountants, tax preparers, financial advisors, mortgage brokers, lawyers, title agents, notaries, appraisers, home inspectors, architects and engineers, consultants, marketing agencies, insurance agencies, and travel agencies each have their own form. 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 ☐ LLC ☐ Professional corporation ☐ Partnership ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

2 OPERATIONS

PROFESSIONAL SERVICE	% OF REVENUE

LICENSED PROFESSIONALS	SUPPORT STAFF	CLIENTS PER YEAR	LARGEST CLIENT (% OF REVENUE)

2-1 Does the applicant subcontract professional work to other firms or independent contractors? ☐ Yes ☐ No

IF YES, EXPLAIN

2-2 Does the applicant serve clients outside the United States? ☐ Yes ☐ No

IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — SCOPE, CONTRACTS & COVERAGE CONTINUITY

Most professional liability claims turn on what the professional agreed to do and whether coverage was in force when the claim arrived. Signed engagement letters, defined scope, and continuous claims-made coverage are the core defenses.

3-1 Does every client sign an engagement letter or contract before work begins? ☐ Yes ☐ No

IF YES, EXPLAIN

3-2 Do engagement letters define the scope of services and what is excluded? ☐ Yes ☐ No

IF YES, EXPLAIN

3-3 Do contracts include a limitation-of-liability clause where the law allows? ☐ Yes ☐ No

IF YES, EXPLAIN

3-4 Are scope changes documented in writing before extra work begins? ☐ Yes ☐ No

IF YES, EXPLAIN

3-5 Is the applicant currently, or has it previously been, insured on a claims-made professional liability policy? ☐ Yes ☐ No

IF YES, EXPLAIN

3-6 Has any professional liability carrier declined, cancelled, or non-renewed the applicant? ☐ Yes ☐ No

IF YES, EXPLAIN

3-7 Does every professional complete the continuing education their license requires? ☐ Yes ☐ No

IF YES, EXPLAIN

3-8 Are client files kept under a written retention policy? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Has any claim been made, or is any principal aware of a circumstance that could lead to a claim? ☐ Yes ☐ No
IF YES, EXPLAIN

CURRENT PL / E&O CARRIER	RETROACTIVE DATE	LIMIT / DEDUCTIBLE

4 EXPOSURE & RISK QUESTIONS — CLIENT DATA, FUNDS & SUBCONTRACTORS

4-1 Does the applicant hold clients' personal or financial data? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Is multi-factor authentication required on email and client-file systems? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Is wire or payment-instruction information verified by phone before funds move? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Does the applicant hold or control client funds? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 If yes to 2-1, do subcontractors carry their own professional liability coverage? ☐ Yes ☐ No
IF YES, EXPLAIN

5 REVENUE

ANNUAL GROSS REVENUE ($)	PROJECTED REVENUE NEXT YEAR ($)	TOTAL PAYROLL ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL CARRIER / LIMITS	CYBER COVERAGE (Y / N)	CRIME / FIDELITY (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 Is there a conflict-of-interest check before accepting new clients? ☐ Yes ☐ No
IF YES, EXPLAIN

7-2 Is work reviewed by a second professional before delivery on significant engagements? ☐ 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