Complete one form per location. Attaches to any submission where property coverage is requested. Complete with CWCO-SUP-CORE and ACORD 125/140. Supplements the ACORD 140 with COPE detail, ad

NAMED INSURED	EFFECTIVE DATE	LOCATION NUMBER

LOCATION ADDRESS	CITY	STATE / ZIP	COUNTY

INSPECTION CONTACT	INSPECTION PHONE	THIRD-PARTY PROPERTY MANAGER (IF ANY)

A VALUES & COVERAGE REQUESTED

BUILDING VALUE ($)	BUSINESS PERSONAL PROPERTY / CONTENTS ($)	RENTAL VALUE AT 100% ($)	BUSINESS INCOME / EXTRA EXPENSE ($)

Coverage requested:

- ☐ Property
- ☐ General liability
- ☐ Pollution
- ☐ Equipment breakdown
- ☐ Ordinance or law
- ☐ Flood
- ☐ Earthquake
- ☐ Wind / hail
- ☐ Business income

VALUATION (RCV / ACV / AGREED VALUE)	COINSURANCE %	ALL-OTHER-PERIL DEDUCTIBLE ($)	WIND / HAIL DEDUCTIBLE ($ OR %)

B CONSTRUCTION, OCCUPANCY, PROTECTION & EXPOSURE

YEAR BUILT	YEAR PURCHASED	TOTAL SQUARE FOOTAGE	NUMBER OF BUILDINGS	NUMBER OF STORIES

CONSTRUCTION TYPE (ISO CLASS)	PROTECTION CLASS (1–10)	DISTANCE TO FIRE HYDRANT (FEET)	DISTANCE TO RESPONDING FIRE STATION (MILES)

COMMERCIAL SQUARE FOOTAGE	RESIDENTIAL SQUARE FOOTAGE	# RESIDENTIAL UNITS	% OCCUPIED	NUMBER OF POOLS

% STUDENTS	% HUD / SUBSIDIZED	% SPRINKLERED	ROOF TOP ACCESS?

DESCRIPTION OF OPERATIONS AT THIS LOCATION, INCLUDING EVERY TENANT OCCUPANCY

B1	Are smoke alarms installed throughout?	☐ Yes ☐ No
B2	Is a central station fire or burglar alarm in service?	☐ Yes ☐ No

IF YES, EXPLAIN

C BUILDING SYSTEMS & ADVERSE FEATURES

Adverse electrical and plumbing features are the leading property declination trigger.

SYSTEM	YEAR LAST UPDATED	TYPE / MATERIAL	% OF BUILDING UPDATED	CONTRACTOR

Complete rows for: plumbing, electrical, roof, HVAC, and water heaters.

Electrical wiring type:

- ☐ Circuit breakers (other than Zinsco / FPE)
- ☐ Zinsco or Federal Pacific panels
- ☐ Fuses
- ☐ Aluminum wiring
- ☐ Knob and tube
- ☐ Copper — updated

Check any of the following present:

- ☐ Polybutylene plumbing
- ☐ Galvanized steel piping
- ☐ Cast iron drain lines
- ☐ EIFS stucco
- ☐ Wood shake roof
- ☐ T1-11 siding
- ☐ Asbestos-containing materials
- ☐ Lead paint (pre-1978)
- ☐ None of the above

C1 Are there any plans for renovation or construction during the policy period? ☐ Yes ☐ No
IF YES, EXPLAIN

C2 Is there any known water intrusion, deferred maintenance, or open building code violation? ☐ Yes ☐ No
IF YES, EXPLAIN

D CATASTROPHE EXPOSURE

Complete for every location. Seismic questions apply in CA, NV, UT, OR, WA and AK; wind questions apply in coastal and hail-exposed territories.

D1 If frame construction — is the building bolted to the foundation? ☐ Yes ☐ No
IF YES, EXPLAIN

D2 If the building is not bolted — is there a seismic gas shut-off valve? ☐ Yes ☐ No
IF YES, EXPLAIN

D3 Has the building been seismically retrofitted? ☐ Yes ☐ No
IF YES, EXPLAIN

D4 Is the building in a soft-story configuration (open parking or commercial space beneath residential)? ☐ Yes ☐ No
IF YES, EXPLAIN

D5 Is the location within a designated flood zone? ☐ Yes ☐ No
IF YES, EXPLAIN

D6 Is the location within a designated wildfire, brush or WUI hazard zone? ☐ Yes ☐ No
IF YES, EXPLAIN

D7 Is the location within 25 miles of the coast? ☐ Yes ☐ No
IF YES, EXPLAIN

FEMA FLOOD ZONE DESIGNATION	DISTANCE TO COAST (MILES)	WILDFIRE / BRUSH HAZARD SCORE	DEFENSIBLE SPACE MAINTAINED (FEET)

Wind and hail mitigation features present:

- ☐ Hurricane straps or clips
- ☐ Impact-resistant glazing
- ☐ Impact-rated roof covering
- ☐ Secondary water barrier
- ☐ Reinforced garage doors
- ☐ Roof-to-wall connection verified
- ☐ Storm shutters
- ☐ None of these
- ☐ Not applicable

E OCCUPANCY & TENANT EXPOSURE

E1 Is there any restaurant or cooking exposure at this location? ☐ Yes ☐ No
IF YES, EXPLAIN

RESTAURANT — YEARS IN BUSINESS	TYPE OF FIRE SUPPRESSION SYSTEM	DATE OF LAST ANNUAL ANSUL / HOOD SERVICE	NUMBER OF COMMERCIAL TENANTS

E2 Does the insured obtain certificates of insurance from commercial tenants, adding the insured as additional insured? ☐ Yes ☐ No
IF YES, EXPLAIN

E3 Are armed security guards present on the premises? ☐ Yes ☐ No
IF YES, EXPLAIN

E4 Are tenants allowed to have dogs? ☐ Yes ☐ No

IF YES, EXPLAIN

Signing this supplemental warrants that no aggressive dogs currently reside at the building and that the applicant's rental policy is not to rent to tenants with aggressive dogs. Aggressive breeds include Doberm

E5 Are there any vacant or unoccupied units or buildings at this location? ☐ Yes ☐ No

IF YES, EXPLAIN

F PRIOR INSURANCE & LOSS HISTORY

PRIOR INSURANCE CARRIER	YEARS WITH CARRIER	EXPIRING PREMIUM / TARGET ($)	FIVE-YEAR LOSS RATIO (%)

F1 Have there been any losses in the last five years? ☐ Yes ☐ No

IF YES, EXPLAIN

F2 Are there any open claims? ☐ Yes ☐ No

IF YES, EXPLAIN

F3 Has the insured been sued for any reason in the last five years? ☐ Yes ☐ No

IF YES, EXPLAIN

DATE OF LOSS	CAUSE OF LOSS	PAID ($)	RESERVED ($)	STATUS	REPAIRS COMPLETED?

G ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — RECENT UPDATES, PROTECTIVE IMPROVEMENTS, OR PLANNED CHANGES

H 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. The applicant warrants the accuracy of all construction, protection and occupancy information stated above.

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