

Covers advisory safety firms whose clients keep control of their own sites — safety program writing, periodic audits, OSHA compliance and citation consulting, incident investigation, training classes, industrial hygiene sampling, and expert work. Full-time on-site safety managers use CWCO-SUP-SAFETYMGR or CWCO-SUP-CSAFETY. Complete with ACORD 125. Attach a standard services agreement and a sample audit report.

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 ☐ Other

PRIMARY CONTACT / TITLE	PHONE	EMAIL

STAFF CREDENTIALS (CSP, ASP, CIH, OSHA 500/510)	STATES WHERE SERVICES ARE PROVIDED

2 OPERATIONS

SERVICE	% OF REVENUE

Services: safety program and procedure writing; periodic audits / inspections; OSHA compliance and citation consulting; incident investigation; training classes; industrial hygiene sampling; ergonomics; expert witness; virtual / remote safety services.

Client industries (check all):

☐ Construction ☐ Manufacturing ☐ Agriculture ☐ Oil & gas ☐ Warehousing / logistics ☐ Healthcare ☐ Government
☐ Office / retail

Size:

Active clients Site visits per year Training students per year Employees Contract consultants
 Largest client (% of revenue)

3 EXPOSURE & RISK QUESTIONS — SCOPE, AUTHORITY & RELIANCE

A California court let a dairy worker's family sue the farm's safety consultant after a fatal accident; with only a handshake deal, the consultant could not prove the limits of its role.

3-1 Does every engagement have a signed contract that defines and limits the scope of services?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-2 Do contracts state that the client keeps responsibility for site safety and correcting hazards?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-3 Do contracts include a limitation of liability?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-4 Do consultants have authority to stop work or direct client employees?	☐ Yes ☐ No
IF YES, EXPLAIN	
3-5 Does the applicant certify that a site, program, or piece of equipment is compliant or safe?	☐ Yes ☐ No
IF YES, EXPLAIN	

3-6 Has a worker been seriously injured or killed at a client site the applicant inspected or advised? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Has the applicant been named in a lawsuit or OSHA action arising from a client's workplace? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — PROGRAMS, TRAINING & EXPERT WORK

A New York court said a safety firm that can only recommend corrective action is treated differently than one with power to stop work; authority, not title, drives exposure.

4-1 Does the applicant write safety programs or procedures that clients adopt as their own? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are audit findings delivered in writing with dates and recommended deadlines? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Does the applicant deliver hands-on training (forklift, fall protection, confined space)? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are training records, sign-ins, and test results kept for every class? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Does the applicant perform air, noise, or chemical exposure sampling? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Does the applicant act as an expert witness or investigate accidents for litigation? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Does the applicant represent clients in OSHA informal conferences or contests? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	NUMBER OF EMPLOYEES	CONTRACT CONSULTANT COSTS (\$)
ANNUAL FEE REVENUE (\$, ILLUSTRATIVE)	TRAINING REVENUE (\$)	EXPERT / LITIGATION REVENUE (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

CURRENT PROFESSIONAL LIABILITY CARRIER	LIMIT / RETENTION	RETROACTIVE DATE

6-1 Has any carrier declined, cancelled, or non-renewed coverage for this business in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Does the current professional policy exclude bodily injury claims? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF CLAIM	DESCRIPTION	TOTAL INCURRED (\$, ILLUSTRATIVE)	OPEN / CLOSED

6-3 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 follow-up on open hazards documented until the client confirms correction?

☐ Yes ☐ No

IF YES, EXPLAIN

7-2

Are work files kept for at least the statute of limitations in each state?

☐ Yes ☐ No

IF YES, EXPLAIN

7-3

Are consultant credentials and continuing education tracked and current?

☐ 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