CORY WASHINGTON & CO.

SMARTER RISK. STRONGER BUSINESS.

SIDING CONTRACTOR SUPPLEMENTAL

Covers siding installers: vinyl, fiber cement, wood, metal, stucco, and EIFS, including windows and trim installed with siding. Complete with ACORD 125, 126, and 130.

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

CONTRACTOR LICENSE NO(S). / STATES | MANUFACTURER CERTIFICATIONS

2 OPERATIONS

PERIOD	DIRECT PAYROLL ($)	EMPLOYEES	SUBCONTRACTOR COSTS ($)	GROSS RECEIPTS ($)

Periods: next 12 months (estimated); prior 12 months; second prior year.

MATERIAL	% OF RECEIPTS

Materials: vinyl; fiber cement; wood; metal; stucco; EIFS; stone veneer; other.

2-1 Does the applicant install stucco or EIFS? ☐ Yes ☐ No

IF YES, EXPLAIN

2-2 Does the applicant cut fiber-cement siding? ☐ Yes ☐ No

IF YES, EXPLAIN

2-3 Does the applicant work on condominiums or multifamily buildings? ☐ Yes ☐ No

IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — WEATHER BARRIERS, WATER INTRUSION & FALLS

Siding's costliest claims come years after the job, when water gets behind cladding through missing or poorly lapped barriers and flashing and rots the wall. Falls from height and silica from cutting fiber cement are the jobsite risks.

3-1 Is a weather-resistive barrier installed and lapped per manufacturer instructions on every job? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are windows, doors, and penetrations flashed before siding is installed? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Is wall sheathing checked for rot and moisture, with damage documented before it's covered? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 If yes to 2-1, are stucco and EIFS installed with drainage planes? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 If yes to 2-1, is stucco and EIFS work inspected at each stage (lath, scratch, finish)? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 If yes to 2-2, are fiber-cement cuts made with OSHA Table 1 dust controls? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Is fall protection used on pump jacks and scaffolds over 10 feet? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Has the applicant had a water-intrusion or mold claim over completed siding? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — WARRANTIES & SUBCONTRACTORS

4-1 Are manufacturer warranty requirements followed and registered? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are completed walls photographed before siding covers the barrier? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are certificates of insurance collected from every subcontractor before work begins? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Is the applicant named as additional insured on subcontractors' policies, on a primary and non-contributory basis? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Does every subcontractor sign a written contract with a hold-harmless clause in the applicant's favor? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Are subcontractors required to carry workers' compensation, with proof verified? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Are subcontractors' insurance limits at least equal to the applicant's? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL & RECEIPTS SUMMARY

TOTAL ANNUAL PAYROLL ($)	ANNUAL GROSS RECEIPTS ($)	SUBCONTRACTOR COSTS ($)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL CARRIER / LIMITS	TOOLS / INLAND MARINE LIMIT	COMMERCIAL AUTO CARRIER

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 workers trained on fall protection and scaffold use? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are heat guns and torches used with a fire watch near combustible siding? ☐ 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