

For new-resident welcoming services, including home visits by representatives, gift baskets and coupon books, sponsor advertising, and new-mover lists. Complete with ACORD 125. Attach a description of services, a sample client contract or engagement letter, resumes or credentials of key professionals, and five years of loss runs.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Nonprofit

PRIMARY CONTACT / TITLE	PHONE	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>

LICENSES / CERTIFICATIONS HELD	PROFESSIONAL STAFF / TOTAL EMPLOYEES
<input type="text"/>	<input type="text"/>

2 OPERATIONS

Services provided (check all that apply):
☐ In-home welcome visits ☐ Mailed welcome packets ☐ Gift baskets ☐ Coupon books / apps ☐ Sponsor advertising
☐ New-mover list sales ☐ Phone / text outreach ☐ Community events

HOME VISITS PER YEAR	MAIL-ONLY DELIVERIES PER YEAR	SPONSORS / MARKETS	RESIDENT RECORDS HELD
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LARGEST CLIENT (% OF REVENUE)	WORK OUTSIDE YOUR HOME STATE (%)	WORK SUBCONTRACTED (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>

2-1 Is every engagement under a signed written contract or engagement letter? ☐ Yes ☐ No
 IF NO, EXPLAIN

2-2 Do contracts limit your liability (e.g., to fees paid)? ☐ Yes ☐ No
 IF NO, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — HOME VISITS & REPRESENTATIVES

Home-visit programs carry auto, premises, and abuse exposures that mail-only programs do not (industry knowledge).

3-1 Are representatives background-checked before home visits? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Are home visits made only by appointment? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Are representatives employees rather than independent contractors? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Do representatives drive their own vehicles? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-5 Is proof of personal auto insurance kept for each representative? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-6 Do representatives work alone inside residences? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-7 Is there a written policy against entering homes uninvited? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-8 Are food gifts sourced from licensed vendors? ☐ Yes ☐ No
IF NO, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — RESIDENT DATA & SPONSOR ADVERTISING

California data brokers face \$200 per day for each unprocessed deletion request under the Delete Act.

4-1 Do you buy new-mover lists from third parties? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Do you sell resident data to third parties? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are you registered as a data broker where required? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Do list vendors confirm in writing that data was lawfully collected? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Do you call or text new residents? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Are numbers checked against the Do Not Call registry? ☐ Yes ☐ No
IF NO, EXPLAIN

4-7 Are sponsor ads reviewed for accuracy before printing? ☐ Yes ☐ No
IF NO, EXPLAIN

4-8 Are coupon terms approved in writing by each sponsor? ☐ Yes ☐ No
IF NO, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	LARGEST SINGLE CONTRACT (\$)	SUBCONTRACTOR COSTS (\$)	TOTAL ANNUAL PAYROLL (\$)

6 PRIOR INSURANCE & LOSS HISTORY

CURRENT GL / E&O CARRIER / LIMITS	DEDUCTIBLE / RETROACTIVE DATE	EXPIRATION DATE

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

6-1 Has a claim arisen from a home visit? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has a client refused to pay or sued over fees in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Has any license, certification, or registration been suspended, disciplined, or investigated? ☐ Yes ☐ No
IF YES, EXPLAIN

6-4 Has any coverage been declined, cancelled, or non-renewed? ☐ Yes ☐ No
IF YES, EXPLAIN

6-5 Is the applicant aware of any incident or circumstance that could give rise to a claim? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT & SAFETY

7-1

Are client files and work papers retained for a set period under a written policy?

☐ Yes ☐ No

IF NO, EXPLAIN

7-2

Is multifactor authentication required for email and client data?

☐ Yes ☐ No

IF NO, EXPLAIN

7-3

Is resident data encrypted at rest?

☐ Yes ☐ No

IF NO, EXPLAIN

7-4

Are representatives trained on in-home conduct?

☐ Yes ☐ No

IF NO, 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, 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