

Covers custom woodworking, cabinet, countertop, and millwork shops, including installation. Production furniture makers use CWCO-SUP-FURNMFG. Complete with ACORD 125, 126, and 140.

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

2 OPERATIONS

JOB TYPE	% OF SALES

Job types: kitchen and bath cabinets; architectural millwork; countertops; built-ins and closets; doors and windows; custom furniture; store fixtures; other.

SHOP SQ. FT.	TABLE SAWS	CNC ROUTERS	EMPLOYEES

2-1 Does the applicant install its work at customers' homes or buildings? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Does the applicant do spray finishing? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — SAWS, WOOD DUST & SHOP FIRE

CPSC estimates about 54,800 medically treated table-saw blade-contact injuries a year, many of them finger amputations, and has proposed requiring saws that stop on contact. Wood dust is both a fire and explosion hazard and a carcinogen.

3-1 Are table saws equipped with blade-contact detection (e.g., SawStop)? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Are blade guards, riving knives, and push sticks used on every saw that lacks contact detection? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-3 Are new employees trained and signed off before using saws, shapers, and jointers? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Is dust collected at each machine? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-5 Are dust collectors located outside or equipped with explosion protection? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-6 Is dust cleaned from overhead surfaces on a schedule? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-7 Are oily finishing rags kept in closed metal cans and removed daily? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 If yes to 2-2, is spray finishing done in an approved spray booth? ☐ Yes ☐ No
IF NO, EXPLAIN

3-9 Has the shop had an amputation, fire, or dust explosion in the last 10 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — INSTALLATION & COMPLETED WORK

4-1 If yes to 2-1, are wall cabinets and heavy units fastened to studs or blocking per the manufacturer or engineer? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 2-1, are installers covered by workers' comp or their own insurance naming the applicant? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are customers' floors and finishes protected during installation? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Has installed work fallen, failed, or caused property damage? ☐ Yes ☐ No
IF YES, EXPLAIN

5 PAYROLL & SALES

TOTAL ANNUAL PAYROLL (\$) ANNUAL GROSS SALES (\$) INSTALLATION PAYROLL (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL CARRIER / LIMITS (INCL. COMPLETED OPS) PROPERTY CARRIER TOOLS / INLAND MARINE

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 machines locked out during blade changes and maintenance? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Are job files (drawings, materials, installation notes) kept for at least 10 years? ☐ Yes ☐ No
IF YES, EXPLAIN

8SIGNATURE & 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