

Complete with CWCO-SUP-CORE and ACORD 125 and 130. This form adds experience-mod, return-to-work, medical-management, and safety detail. Subcontractor certificates are covered on CWCO-SUP-CORE Section 5.

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
STATES WITH EMPLOYEES	CURRENT EXPERIENCE MOD	MOD EFFECTIVE DATE / BUREAU RISK ID

2 PAYROLL, CLASSES & WORKFORCE

STATE	CLASS CODE	DESCRIPTION OF WORK	EMPLOYEES	ANNUAL PAYROLL (\$)

2-1 Do any employees work in states not listed above, even temporarily? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Does the applicant use leased employees, temporary staff, or a PEO? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-3 Are any employees under 18? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-4 Are owners or officers excluded from coverage? ☐ Yes ☐ No
 EXPLAIN

2-5 Is any work done on or near navigable water, piers, or federal projects (USL&H, Jones Act, Defense Base Act)? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-6 Do employees drive for work? (Complete CWCO-SUP-AUTO or -HNOA) ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — CLAIM SEVERITY, RETURN TO WORK & SAFETY

Workers' comp is still profitable, but claims from 2025 injuries are costing more than their premium: medical and wage-replacement costs each rose 4% per claim, driven by more and more complex treatment. Fast reporting, getting injured workers back on modified duty, and medical management are what control severity.

3-1 Are injuries reported to the insurer within 24 hours? ☐ Yes ☐ No
IF NO, EXPLAIN

3-2 Is there a written return-to-work program with modified or light-duty jobs? ☐ Yes ☐ No
IF NO, EXPLAIN

3-3 Are injured workers directed to an occupational clinic or provider network where state law allows? ☐ Yes ☐ No
IF NO, EXPLAIN

3-4 Is a nurse triage line available to employees for new injuries? ☐ Yes ☐ No
IF NO, EXPLAIN

3-5 Is every accident investigated? ☐ Yes ☐ No
IF NO, EXPLAIN

3-6 Is corrective action documented after each accident? ☐ Yes ☐ No
IF NO, EXPLAIN

3-7 Is post-accident drug and alcohol testing performed where lawful? ☐ Yes ☐ No
IF NO, EXPLAIN

3-8 Is there a written safety program? ☐ Yes ☐ No
IF NO, EXPLAIN

3-9 Do new employees receive safety orientation before starting work? ☐ Yes ☐ No
IF NO, EXPLAIN

3-10 Is required protective equipment provided to employees? ☐ Yes ☐ No
IF NO, EXPLAIN

3-11 Is the use of protective equipment enforced? ☐ Yes ☐ No
IF NO, EXPLAIN

3-12 Is mechanical lifting equipment provided for heavy or repetitive lifting? ☐ Yes ☐ No
IF NO, EXPLAIN

3-13 Do employees work at heights over 15 feet, in confined spaces, or with hazardous materials? ☐ Yes ☐ No
IF YES, EXPLAIN

3-14 Is there a safety committee, or are safety meetings held at least monthly? ☐ Yes ☐ No
IF NO, EXPLAIN

4 LOSS HISTORY & PRIOR COVERAGE

Attach currently valued loss runs for the last 5 years.

POLICY YEAR	CARRIER	PREMIUM (\$)	# CLAIMS	# LOST-TIME	TOTAL INCURRED (\$)

4-1 Are there open lost-time claims? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Has any period passed without workers' compensation coverage while there were employees? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Has coverage been declined, cancelled, or non-renewed, or placed in the assigned-risk pool?

☐ Yes ☐ No

IF YES, EXPLAIN

5 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