

**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY  
PELEUS INSURANCE COMPANY**

**CONTRACT DIVISION - ROOFERS - SUPPLEMENTAL APPLICATION**

ACORD Application also required - Check all applicable checkboxes below

<b>General Agent:</b>		<b>Date:</b>
<b>Insured:</b>		
<b>Insured Mailing Address:</b>		
<b>Insured's Web Address:</b>		
<b>Insured Contact Name:</b>		<b>Phone Number:</b>

**PROHIBITED** (check all that apply to your operations)

All of the following exposures are prohibited, even if subcontracted

<input type="checkbox"/> Equip.Rental to third parties
<input type="checkbox"/> Height of exterior work exceeds 6 stories or 72 feet – Submit to Brokerage
<input type="checkbox"/> Work locations: Assisted Living, Behind TSA secured areas, Correctional or Detention Facilities, Hospitals, Mining facilities, Nursing Homes, NYC's Five Boroughs, Offshore, Public Roadway facilities, Public Utility facilities,
<input type="checkbox"/> Built-up roof systems using Polymer-modified bitumen sheet membrane
<input type="checkbox"/> Green roof systems
<input type="checkbox"/> Membranes that are either single-ply, thermoplastic or thermoset
<input type="checkbox"/> Wood shakes or shingles if untreated

**YEARS IN BUSINESS / EXPERIENCE**

\_\_\_\_\_ Years in business as the 'Named Insured' indicated on this application

\_\_\_\_\_ Years' experience in the operations indicated on this application - Attach resumes if available

Has applicant had an insurance policy cancelled or non-renewed in past 3 years?

*(Missouri Applicants - Do not answer this question)*

If yes, explain.

Applicant in receivership

Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

**LICENSING / MEMBERSHIPS**

Licensed License Number: \_\_\_\_\_

Year License Issued: \_\_\_\_\_

Member of National Roofing Contractors Association (i.e. NRCA)

**CONTRACTS** (check if applicable)

Written contracts are always used with third parties. If not, explain:

## ROOFERS - SUPPLEMENTAL APPLICATION

### LOSS HISTORY

- Three years of loss history information on ACORD application or attached to this application

### OPERATIONS

- States where work is anticipated during the policy term:

### EXPOSURES

System Type	% of Total Work	Eligible**
<input type="checkbox"/> Asphalt Shingles	%	Yes
<input type="checkbox"/> Built Up Roof Systems - Tar and Gravel	%	Yes
<input type="checkbox"/> Built Up Roof Systems – Polymer-Modified Bitumen Sheet Membranes	%	<b>No</b>
<input type="checkbox"/> Clay or Concrete Tile	%	Yes
<input type="checkbox"/> Green Roof Systems (i.e. Living Plant/Landscape based)	%	No
<input type="checkbox"/> Metal - Panel roof Systems – Low Slope Applications	%	Yes
<input type="checkbox"/> Metal - Roof Systems - Steep Slope Applications	%	Yes
<input type="checkbox"/> Slate	%	Yes
<input type="checkbox"/> Spray Polyurethane - Foam Based	%	Yes
<input type="checkbox"/> Synthetic Coverings - NOC	%	Yes
<input type="checkbox"/> Thermo-plastic Membranes	%	<b>No</b>
<input type="checkbox"/> Thermo-Set Membranes	%	<b>No</b>
<input type="checkbox"/> Wood Shakes or Wood Shingles - Treated	%	Yes
<input type="checkbox"/> Other (Describe):	%	Contact Company
<input type="checkbox"/> Other (Describe):	%	Contact Company
<b>TOTAL of All Types of Roofing Work</b>	<b>100%</b>	

Type of Roofing Work	% of Receipts	Eligible**
<input type="checkbox"/> Commercial – New Construction	%	Yes
<input type="checkbox"/> Commercial – Repair, Remodel, or Re-roof	%	Yes
<input type="checkbox"/> Industrial – New Construction or Repair	%	<b>No</b>
<input type="checkbox"/> Residential – Repair, Remodel, or Re-roof of Individual Dwellings	%	Yes
<input type="checkbox"/> Residential – Additions onto Condos, Apartments, or Townhomes	%	<b>No</b>
<input type="checkbox"/> Residential – Additions onto Individual Dwellings	%	Yes
<input type="checkbox"/> Residential – New Construction – Individual or Custom Dwellings only	%	Yes
<input type="checkbox"/> Residential – New Construction – Tract, Condos, Apts, Townhomes	%	<b>No</b>
<input type="checkbox"/> Residential – Repair, Remodel, or Re-roof of Apartments	%	Yes
<input type="checkbox"/> Residential – Repair, Remodel, or Re-roof of Multi-family Dwellings	%	Yes
<input type="checkbox"/> Other (Describe):	%	Contact Company
<input type="checkbox"/> Other (Describe):	%	Contact Company
<b>TOTAL of All Types of Roofing Work</b>	<b>100%</b>	

\*\*Subject to Company Guidelines

**ROOFERS - SUPPLEMENTAL APPLICATION**

**EXPOSURES**

- Above Grade work exceeds 30 feet. \_\_\_\_\_ Maximum height in feet \_\_\_\_\_ % of work above 30 feet
- Multi-family habitational related work (apts, condos, coops, townhouses, tract homes) % of operation: \_\_\_\_\_%
- Wood shingles (untreated)
- Heat Process / Tar Kettles in use, check if any of the following apply at jobsites:
  - Barriers are used to keep the public from entering jobsite or heat equipment area
  - Extinguishers (ABC type – 15 lbs. or larger) are present at all jobsites
  - Fire Watch maintained at jobsite for at least 30 minutes after equipment shut off or removed
  - Inspection of areas where heat work has been performed are completed prior to leaving jobsite
  - Kettles/heat process equipment during use are at ground level, away from building

**Additional operations or exposures not mentioned above:**

**PRIOR PROJECTS**

Please list major projects completed the past 3 years, including in-progress or planned, or attach a project list.

Project Name	Roofing System Type	Location of Project (City and State)	Project Cost	Year Project Completed
			\$	
			\$	
			\$	

**SUBCONTRACTORS**

- Uninsured subcontractors are not acceptable. Exceptions allowed in Texas subject to Company guidelines.
- **Describe type of work performed by subcontractors:**
- Risk Transfer – Subcontractors:
  - A.I.A. Standard s followed when establishing contracts with subcontractors
  - Additional Insured – Status granted to you on the subcontractor’s policy
  - Certificates of insurance - Always obtained from a subcontractor prior to any work being done for you.
  - Hold harmless and Indemnification Agreements – Required from subcontractors
  - Job to Job - Same set(s) of subcontractors usually used
  - Limits of Liability - Subcontractors are required to carry limits equal or above your own
  - Uninsured subcontractors – Sometimes used

Explain:

- Workers compensation (if applicable) – Subcontractors required to have their own WC

**EMPLOYEES**

- Number of Employees (include leased employees): \_\_\_\_\_
- Describe type of work performed by employees:

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**PAYROLLS / COSTS**

Type of Work	Employee Payroll	Sub-Contractor Cost
Carpentry (Other than involved directly with roofing)	\$	\$
Executive Supervisory	\$	\$
Gutter Installation, Repair, or Replacement	\$	\$
Insulation Work	\$	\$
Roofing – Commercial	\$	\$
Roofing – Residential	\$	\$
Solar Panel or other Solar Energy Work	\$	\$
Waterproofing work	\$	\$
Other (Please describe)	\$	\$
Other (Please describe)	\$	\$

**RECEIPTS**

All Operations	\$
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**DISCONTINUED OPERATIONS / DISCONTINUED NAMED INSURED**

- Acted in the capacity of a General Contractor and/or Construction Project Manager on new-ground-up residential construction (defined as apartments, condos, co-ops, homes or townhomes) in past 10 years.
- Discontinued Operations for this application’s Named Insured(s) in the past 10 years.

Provide details below:

- Operated under a different ‘Named Insured(s)’ in the past 10 years. Indicate the Named Insured(s) and corresponding operations for the Named Insured(s) below:

**COVERAGE OPTIONS - LIABILITY** (check if you would like an optional quote on any of the following)

- Employee Benefit Liability – U058
- Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
- High Limits General Liability
- Identity Recovery – i.e. Identity Theft – U651
- Medical Expense Limit of \$10,000 rather than \$5,000
- Overspray Coverage Limitation – U679
- Pollution Exclusion – Limited Exception for Short-Term Event – U146
- Professional Extension – Contractors Professional Liability Coverage Limitation – U146
- Stop Gap Liability – U066
- Storage Tank Pollution Liability - For all appointed Argo Pro (Environmental) agents, Storage Tank Pollution Liability Coverage is available. Ask your agent for a complete application for Storage Tank Pollution Liability Insurance if this coverage is needed. Forward all applications to: [env@colonyins.com](mailto:env@colonyins.com)

**COVERAGE OPTIONS - PROPERTY** (check if you would like an optional quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 & U523
- Property Coverage Enhancement:  Bronze – U777C  Silver – U777B or  Gold – U777A
- Signs (Outdoor) – CP1440
- Water Back Up and Sump Overflow – U548

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**FRAUD WARNING**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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, and may be subject to a civil penalty or fine.

**DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).**

**I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.**

**SIGN AND DATE**

APPLICANT'S PRINTED NAME	
APPLICANT'S SIGNATURE	DATE
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE