



ROOFERS APPLICATION SUPPLEMENT

BUSINESS INFORMATION

1. Named Insured:
2. Mailing Address Street City County State ZIP Code
3. Effective Date Desired: Term Desired:
4. Applicant is: Individual Partnership Corporation LLC Trust
Other (specify):

If more than one entity, include the ownership breakdown and a description of operation for each.

Table with columns: Location of premises, Occupancy, Own, Lease. Includes checkbox for 'Same as mailing address'.

(List additional locations on separate page)

6. Have you operated under any other name(s)? Yes No
If yes, indicate:
Name:
Address:

7. Years in current business: Years of experience as a contractor:

8. Contractors License No. and type:
9. Are you presently, or do you intend in the future, to be involved in residential construction? Yes No
10. Have you been involved, in the past, with residential construction? Yes No
If yes, indicate date you discontinued:

11. PRIOR INSURANCE CARRIER AND LOSSES WHETHER COVERED BY INSURANCE OR NOT FOR THE PAST THREE FULL YEARS:

Table with columns: Year, Carrier/Policy Number/Premium, Coverage, # of Losses, Amount, Description of Losses.

Missouri Applicants: DO NOT answer this question.
Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?
No Yes - If Yes, give name of company, date, and reason:

12. Do you have any past or pending construction defect claims? Yes No
If yes, describe in detail:

COVERAGE/LIMITS REQUESTED

1. General Aggregate \$
Products/Completed Operations Aggregate \$
Personal & Advertising Injury \$
Each Occurrence \$
Fire Damage (Any One Fire) \$
Medical Expense (Any One Person) \$

2. Annual Payroll: \$	Gross Sales: \$	
3. # of Employees:	# of Owners:	
4. Receipts for previous three years:		
Year 20 \$	Year 20 \$	Year 20 \$
5. Percent of your work performed by or on behalf of the named insured:		
New Construction %	Remodeling %	Repairs % = 100%
Residential %	Commercial %	Industrial % = 100%
6. List any roofing/builder associations in which you are a member:		

DESCRIPTION OF OPERATIONS

1. Describe your operations:

2. Operations & Percentage Of Your Work:

Residential (homes, condos)	%	Commercial repair/patching	%
Commercial (office bldgs., schools, retail)	%	Industrial repair/patching	%
Industrial (plants, warehouses)	%	Residential replacement	%
Residential new construction	%	Commercial replacement	%
Commercial new construction	%	Industrial replacement	%
Industrial new construction	%	Pitched roofs	%
Residential repair/patching	%	Flat roofs	%

3. Check type of roof and give percentage:

<input type="checkbox"/> Hot Tar %	<input type="checkbox"/> Shingles %	<input type="checkbox"/> Metal %
<input type="checkbox"/> Tile %	<input type="checkbox"/> Slate %	<input type="checkbox"/> Single Ply %
<input type="checkbox"/> Other %	Describe:	

4. Indicate work done other than roofing:

<input type="checkbox"/> Waterproofing	<input type="checkbox"/> Siding	<input type="checkbox"/> Asbestos Removal	<input type="checkbox"/> Rain Gutters
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Insulation	<input type="checkbox"/> Welding	
<input type="checkbox"/> Other (describe):			

5. If hot tar or torch is used, explain in detail the following:

Process:

Safety precautions used:

6. Are hot tar kettles roped off? Yes No

7. Do you maintain a fire watch during and after hot work completion (including break periods)? Yes No

8. How long do you maintain the fire watch during and after hot work completion (including break periods)?

9. Is the job site inspected after completion of hot work and an activity log documented with the time and date of the final check? Yes No

10. How long is the hot work activity log maintained?

11. Do you have at least three years of experience with hot tar? Yes No

12. Percentage of: New Roofing: % Repair Work: %

13. Do you have any incidental welding exposures in your roofing business? Yes No

14. Do you use any unusual processes? Yes No

If yes, include name of manufacturer and training in the process:

15. Do you subcontract any work? Yes No

If yes, indicate percent subcontracted: %

16. Indicate type of work subcontracted out:
 Waterproofing Siding Asbestos Removal Rain Gutters
 Carpentry Insulation Other (describe): _____

17. Annual cost of work subcontracted out: \$ _____ yearly

18. Are Certificates of Insurance (of equal limits) received on all subcontracted work? Yes No

19. Indicate how long Certificates of Insurance are kept:
 Until job ends One year Two years Three years
 More than three years Never kept

20. Do you offer warranties? Yes No
 If yes, attach copies of warranty. _____

21. Average height of buildings you work on: _____ stories

22. Highest building you will work on: _____ stories

23. Where is trash/waste/scrap disposed? _____

24. Is this disposal process environmentally safe? Yes No

25. Have you ever used, sold, installed or worked with asbestos? Yes No
 If yes, explain: _____

26. Any LPG storage? Yes No
 If yes, how much? _____
 How is it stored? _____
 What are the safety precautions? _____

27. For the last three (3) years, list five (5) largest jobs and types:
 (1) _____
 (2) _____
 (3) _____
 (4) _____
 (5) _____

28. List types of owned equipment used on the job: _____

List type of equipment rented and check the frequency of such rental:	Daily	Weekly	Monthly	Yearly
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Do you have a written safety program? Yes No

30. How do you protect the general public from potential injury? (Check one or more)
 Rope off work area Signs Cones Flashing lights
 Man always on the ground No protection necessary
 Other (describe): _____

31. How are materials lifted to the roof?
 Ladder Hoist Pully Crane
 Other (describe): _____

32. Are materials and equipment left overnight at job site? Yes No

33. Openings in roof are protected overnight by:
 Tarp Waterproof plywood Never leave openings
 Other (describe): _____

34. Are all jobs inspected by a foreman or the contractor at completion before leaving the job site? Yes No

FRAUD STATEMENTS

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date

Agent Name and Address

Agent:

Are you personally familiar with the Applicant's operations? Yes No

Did your office control this risk in the past year? Yes No