



## Roofing Contractor Supplemental Application

### General Business Information:

Name of Company (Include DBA or AKA):	
Website address:	
Inspection Contact Name/E-mail address/Phone Number:	
Applicant Business Structure: <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
<input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (Specify)	
Licenses Required/Held	License Numbers
Active in any Other Lines of Business (Describe):	
Largest Size of Job (Sales) \$:	Typical Size of Job (Sales) \$:
Describe <u>all</u> your operations in detail:	

### Subcontracting Activities:

% of Work Subcontracted to others – Describe:
% of Applicant Activities Working as a Subcontractor for Others - Describe:
<input type="checkbox"/> Written Contracts with all Subcontractors that Includes GL Limits of insurance required and a Hold Harmless agreement in applicant's favor:

### Type of Customers (Percentage of Each):

#### NOTICE OF INSURANCE INFORMATION PRACTICES

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% Residential	% Commercial	% Industrial	% Institutional
% Governmental			
Has the type of Business Activity Changed In the Last 3 years:			
Height/Number of stories:			

### Roofing Activities:

Type of Roof work:
% New Roofing Installations
% Repair/Maintenance of roofs
Does roof work include the installation of roof decking and insulation work: <input type="checkbox"/> Yes <input type="checkbox"/> No
Roof Coverings:
<input type="checkbox"/> Hollow Tile <input type="checkbox"/> Shingle <input type="checkbox"/> Hot Tar/Coatings (If yes – is tar melted on site; safety precautions must be in place for acceptability): Describe:
<input type="checkbox"/> Torched Roofing (If yes – employees training must be provided on fire safety) – describe:
<input type="checkbox"/> Slate <input type="checkbox"/> Rubber (EPDM) <input type="checkbox"/> Tin/Copper including Tin Smithing Activities: Describe:
Comments:
Other Work Activities:
<input type="checkbox"/> Any Steeple Jacking - church steeples, etc. (If yes-maximum height)-

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<input type="checkbox"/> Installation of Skylights <input type="checkbox"/> Installation of Siding, Gutters or Scuppers – Other drainage systems: Describe:
<input type="checkbox"/> Jobsite Debris removal/Controls in Place  If Asbestos roofing materials removed, replaced/repared – Is disposal of materials as per EPA guidelines: Describe:

**Equipment:**

<input type="checkbox"/> Lease, rent equipment to other contractors With or without Operators – Describe:
<input type="checkbox"/> Lease, rent or borrow equipment from others – With or without Operators  Describe:
<input type="checkbox"/> Written contract in place detailing Equipment maintenance/repair responsibilities:  Describe:

**Current Job Sites:**

Job Name	Job Description	Job Cost \$

Radius of Operations:
Out of State Work %:

**Three Year Loss Information:**

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P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

## Roofing Contractor Supplemental Application

Date	Description of Loss	Amount Paid/Incurred

**Comments:**

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**Applicant Signature/Date**

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**Producer Name & Address**

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