

Agent Name _____
 and Address _____

 Phone _____ Fax _____

Roofers Supplemental Application

Contractors Application also required

General Information

Applicant Name (Legal) _____
 Applicant Name (DBA) _____
 Number of years *roofing* experience _____

Type of Roofing Operations

Types of work	Provide percent of operation		
	Residential	Commercial	Industrial
New Construction			
Repair / Patching			
Replacement			
Pitched Roofs			
Flat Roofs			
Shingles / Shakes			
Asphalt			
Fiberglass			
Wood			
Concrete			
Slate			
Metal			
Sheet Metal			
Shingle Ply			
Tile			
Polyurethane Foam: Sheet Foam			
Polyurethane Foam: Sprayed			
Hot Tar			
Hot Mop			
Torch Down			
Rubber			
Membrane Work			
Other, describe:			

What percentage of your work is residential? _____ %
 What percentage of your work is commercial? _____ %
 What percentage of your work is industrial? _____ %
 What percentage of your work is new tract homes, condominiums or town homes or similar multi-family unit developments? _____ %
Totals 100%

Is any of the work sub-contracted? Yes No

If yes, at what percentage? _____ %

Annual cost: _____

What types of work are subcontracted?

- Waterproofing Sheet metal Gutters / downspouts Siding or Stucco Window installation
 Insulation Hot Tar Carpentry Other, describe: _____

Any sprayed-on roofing? Yes No If yes, explain: _____

Check work done other than roofing:

- Waterproofing Siding or stucco work Gutters / downspouts Sheet metal work Window installation
 Insulation Asbestos Removal Carpentry Other, describe: _____

If hot tar, torch or other "hot process" is used, explain in detail the process and what safety precautions are used: _____

What is the average height of buildings worked on? (stories) _____

What is the tallest building you worked on ? (stories) _____

How are equipment and materials lifted to the roof?

- Ladder Pulley Other, describe: _____
 Hoist Crane

How are roof openings protected overnight?

- Tarp Never leave openings
 Waterproof Plywood Other, describe: _____

Equipment

List the type of equipment used on the job:	Select one		How often do you rent this equipment?			
	Owned	Rented	Daily	Weekly	Monthly	Yearly

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

What on-the-job precautions do you take during inclement weather?

- Leave job immediately Keep working Seal openings Never start job
 Other, describe: _____

What are your methods of disposal for scraps / trash / waste: _____

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

Do you have a written safety program? Yes No

How is the general public protected from all potential injuries? (check all that apply)

- Roped off work area Hazard lights Signs Cones Security guard No protection necessary
 Other, describe: _____

What safety precautions are used by the applicant to avoid claims in and around the construction area? _____

Is a warranty offered? Yes No
If yes, please attach

Are Automobile Liability and Worker's Compensation Coverages in force? Yes No
If yes, please provide:

	Company Name	Policy Term	Limits of Liability
Auto			
WC			

Financial Information

Year	Receipts	Payroll
Current		
Prior year		
Prior year		
Prior year		

What is the average dollar value of a completed project: _____

Please list the 3 largest projects you have completed in the past 3 years

Description of Project	Duration	Receipts

Please describe any types of projects that you have discontinued (i.e. no longer build, incomplete, etc.) _____

Have you ever been contacted by any general contractor and/or subcontractor regarding a problem at any location you worked on with them?

Yes

No

If yes, please describe:

Have you ever been involved in or are you aware of pending litigation concerning defective workmanship?

Yes

No

If yes, please describe:

Do you draw plans, designs or specifications?

Yes

No

If yes, please explain:

FRAUD NOTICE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STATE SPECIFIC PROVISION

Ohio Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

West Virginia Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant	_____	Producer	_____
Signature	_____	Signature	_____
Date	_____	Date	_____