

# Roofing Contractor Supplemental Application

Please answer all questions. If the answer to a question is Not Applicable, please use the phrase N/A.

Applicant Name: _____				
Business Address: _____				
Length of time in business in the name of the applicant firm: _____				
Date established: _____				
If the answer to this question is less than three (3) years, please provide details of prior experience. _____				
States in which the applicant operates: _____				
Expiring Insurance Company: _____				
Expiring Premium: _____				
Exposure Basis		Projected	1 <sup>st</sup> Prior Yr	2 <sup>nd</sup> Prior Year
Total Annual Receipts:				
Commercial Roofing Payroll	ISO Class 98677			
Residential Roofing Payroll	ISO Class 98678			
Sheet Metal Payroll	ISO Class 98884			
Cost of Subcontracted Work-Insured Subcontractors:				
Cost of Subcontracted Work-Uninsured Subcontractors:				
Does Applicant obtain a standard written agreement from all subcontractors?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does each subcontractor hold the applicant harmless			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does each subcontractor give the applicant an indemnification agreement?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does each subcontractor agree to add the insured as an Additional Insured?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the applicant obtain certificates of insurance from subcontractors?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the applicant have a tracking system for certificates of insurance?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the minimum limit the applicant accepts on certificates of insurance?				
<b>Type of roofing work done (Percentage of overall work performed):</b>				
Residential:	%	Replacement	%	
Commercial/Industrial	%	New Construction:	%	
Must Equal 100%	100 %	Must Equal 100%	100 %	
Please describe any other work performed by the applicant:  _____				
Any work done on buildings over three stories tall?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Maximum Height at which applicant will work:			Feet	
<b>If the applicant has ever done New Construction work please advise if that work involved:</b>				
Condominium, Townhouse or Apartment Building Projects:			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Single Family Home Tract Housing Projects			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Heat Application Work</b>				
Hot Tar Application	%	Modified Bitumen	%	
Built-up Roof	%	Ethylene Propylene Diene Monomer	%	
Describe the procedure utilized by the applicant to inspect a heat application job-site prior to leaving the site for an extended period of time: _____ _____				

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Equipment							
Does the applicant use cranes or booms?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the applicant own this equipment?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is equipment rented or leased without operator?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is equipment rented or leased with operator?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the applicant lease or otherwise provide equipment to others?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What is the length of cranes or booms?					Feet		
Has the applicant experienced any claim, incident or circumstance regarding cranes or booms during the past five years?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the applicant use scaffolding?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is scaffolding used owned by the applicant?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If rented from others does applicant do so under a rental contract?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Inclement Weather Procedures							
Describe the procedure utilized by applicant to determine the possibility of the onset of inclement weather: _____							
Describe the procedure utilized by applicant to protect an open roof when leaving a job site for an extended period of time: _____							
Claims History							
Year	Paid Losses	Reserves	Incurred	Claim Count	Value Date		
2004-2005							
2003-2004							
2002-2003							
2001-2002							
2000-2001							
Losses greater than \$10,000							
Date of Occurrence	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status		
					Open		Closed
					Open		Closed
					Open		Closed
Has any claim or lawsuit ever been filed against the applicant or any partnership or joint venture of which the applicant has been a member?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has any claim or lawsuit ever been filed against the applicant's predecessors in business?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has any claim or lawsuit ever been filed against any person, company or entity on whose behalf the applicant has assumed liability?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the applicant aware of any circumstance, incident or accusation arising out of roofing operations performed by the applicant which may give rise to a claim?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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