



**Roofing Contractor Supplemental Application
Special Programs**

Account Name:	Producer Name:
Account Contact Name:	Producer Email:
Account Website:	Account Email:

1. Percentage of work performed on:

Apartments: %	Condominiums: %	Industrial Buildings: %
One/Two Family Dwellings: %		Residential Tract: %
Office Buildings: %		Retail: %
Other: %	Please Explain:	

2. Percentage of work by type:

A.	Re-roof: %	Repair/ Patch Work: %	New Roof: %
B.	1-3 Story: %	4-5 Story: %	Over 5 Story: %
C.	Slate/ Tile: %	Wood Shake/Shingle: %	Composition: %
	Hot Composition: %	Polyurethane Foam: %	Metal/ Aluminum: %
	Other: %	Please Explain:	
D.	Flat: %	Pitched: %	

3. Does applicant use hot tar? Yes: No: If "Yes," what percentage is "Hot Tar" work? ____%
4. Does applicant sub out "Hot Tar" work? Yes: No: Estimated costs of subs for "Hot Tar" work: \$_____.
5. Does applicant install roofing systems that require use of setting fire (torch work) to asphalt for application of other roofing materials? Yes: No: If "Yes," please describe the process

_____.

What percentage of work involves this process? ____%

6. Does applicant use any spray method for applying roofing materials? Yes: No: If yes, are flammable liquids or catalysts used? Yes: No:
7. Does applicant install any type of elastomer roof coverings which require spraying or use of flammable liquid or open fires for installation? Yes: No:
8. Are all jobs inspected by a foreman or the contractor at completion prior to leaving job site? Yes: No:
9. Please check which of the following the applicant uses:

Kettles: <input type="checkbox"/>	Are the kettles equipped with automatic shut off valve?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Roof Cleaning Tractors: <input type="checkbox"/>			
Cranes: <input type="checkbox"/>	Hoists: <input type="checkbox"/>	Forklifts: <input type="checkbox"/>	Scaffolding: <input type="checkbox"/>

10. Does applicant sub out any work or directly engage in operations other than roofing? Yes: No:
If "Yes," please describe by class type of work being conducted total costs/ payroll by class.

Subcontracted Class Description	Costs	Direct Payroll Class Description	Payroll
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

11. Please explain any open structure claims applicant has had in last 5 years: _____

12. Do you have knowledge of any occurrence which may give rise to a claim against applicant?

Yes No If "Yes", please explain: _____

13. Please enter the percentage of payroll, costs and receipts generated from the following operations:

	Direct Payroll	Subcontractor Costs	Total Receipts
Roofing	%	%	%
Allied sheet metal work	%	%	%
Roofing related insulation	%	%	%
Roofing related waterproofing	%	%	%

14. Does the applicant have a documented and enforced fall protection program? Yes: No:

15. Does the applicant require the use of one of the following systems on all jobs? Yes: No:

Steep Sloop Roofs (>4/12 Slope)

- Guardrail system with toe boards
- Safety net system
- Personal fall arrest system

Low slope roofs (<4/12 slope)

- Guardrail system
- Warning line system
- Personal fall arrest system

16. Please list current membership in any trade associations.

Organization/ Association Name	Years of Active Membership

17. Contractor's States and License Numbers:

State	License Number

18. Provide payrolls, subcontract costs & sales for each of the last 5 years & estimate next 12 months.

Year	Direct Payroll	Subcontract Costs	Sales
Next 12 months	\$	\$	\$
1st Prior	\$	\$	\$
2nd Prior	\$	\$	\$
3rd Prior	\$	\$	\$
4th Prior	\$	\$	\$
5th Prior	\$	\$	\$

19. Please list the 5 largest jobs during the last 12 months.

Job	Receipts
	\$
	\$
	\$
	\$
	\$

20. Do you or your employees ever act as public adjusters in order to negotiate and act as an intermediary between the insured and the insurer? Yes: No:

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials pursuant to this application for coverage, are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this and any other part of the Application paperwork which may arise prior to the effective date of any policy issued pursuant to said Application. The Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Notwithstanding any of the foregoing, the Applicant understands the Company is not obligated nor under any duty to issue a policy or insurance based upon this Application. The Applicant further understands, if a policy is issued, this Application may be incorporated into the forms as a part of such policy.

Signature of Applicant
Title (Officer/ {Partner}):
Date:

Signing this Questionnaire/ Application does not bind the Applicant, the Insurer nor the Administrative and Servicing Manager to complete issuance of insurance coverage.