

Agent Nam	e:		
Address:			
Phone:			

Roofers Supplemental Application

Applicant Information				Effective Date:			
1.	Name:						
	Street Address:						
	City, State, Zip:						
	Telephone:		Website:				
	Term:	Years In B	Years In Business:		New Venture YES NO		
	Owner/Partner Payroll \$	# of Empl	# of Employees:		Employee Payroll \$		
	Advise if the insured does any	roofing:					
2.	Percentage of work in each ca	tegory:					
	Hot Composition	%	Shingles, Tiles,	Slate	%		
	Metal or Aluminum _	%	Polyurethane		%		
	Torch Down	%	Sprayed		%		
	Other _	%	If so, what t	type?			
	Repair/Patching & Replacement	%					
	What type of materials do you	use for the roof	ing?				
	Composition shingles	☐ Wood shake	Tile	Rolled	roofing Metal		
	Foam Other:						
3.	Commercial% Resi	idential	% Industrial_	% In	nstitutional%		
	If yes to residential:						
	Apartment% C	iondo%	One-Two Far	nily Dwelling_	% Other%		
	Explain Other:						
	Maximum percentage of work per year applicant has done in past ten years on:						
	Condominiums/Townhou	ses:	% Largest	t Complex (# of	f units):%		
4.	What is the maximum height	of buildings you	work on?	stories			

5. Do you use scaffolding in the operation? YES NO						
6. Annual cost of subcontracted work: \$						
7. Check the type of work that is subcontracted out: Waterproofing Siding Hot tar Rain Gutters Carpentry Insulation Other:						
8. Which of the following does applicant use? Cranes YES NO Kettles YES NO Roof cleaning tractors YES NO Hoists YES NO Forklifts YES NO Scaffolding YES NO a. If risk involves heating kettles, are they equipped with automatic shut off valves?						
9. HOT TAR/FLAMMABLE Does applicant use "Hot tar?" YES NO If yes, what percentage is "Hot Tar" work% Does applicant sub out "Hot Tar" work? YES NO If yes, what estimated annual cost of subs for "Hot Tar" work? \$						
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, describe process and percentage of work involving this:						
Does applicant use any spray method for applying roofing materials? YES NO If yes, are flammable liquids or catalysts used? YES NO						
Does applicant install any type of elastomer roof coverings requiring spraying or use of flammable liquid or open fires? YES NO						
10. JOB SITE Are all jobs inspected by a foreman or the contractor at completion before leaving job site? YES NO Are all open roof exposures protected prior to leaving the job site? YES NO How are materials lifted to the roof? a. Rent a Crane? YES NO With Operator Without Operator b. # of times per year? Size of crane? Length of boom & Jib?						
11. Have you ever been involved in the installation or removal of asbestos or asbestos materials? YES NO						
12. Do you have a written safety program? YES NO						

13.What	is your procedu	ure for inclemer	nt weather?				
14. Does	applicant offer	any warranties	? □YES □NO	If so, des	scribe type and length:		
15. PRIOF	R CARRIERS/LO	SSES					
YEAR	CARRIER	LIMITS	PREMIUM	DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT INCURED	
16. Are C	ertificates of In	surance (of equ	ıal limits) receiv	ed on all sub	ocontractors?	IO	
17. Are h	old harmless a	greements requ	uired for all work	cinvolving s	ubcontractors? TYES N	10	
18. Recei	pts for the prev	Ye	ar: ar: ar:	Receipts	5: 5:		
19. List the last 3 jobs including the cost of those jobs: Location Type of Job				Job Receipts	_		
						_	
I here	by certify tha	t all informatio	on is accurate to	o the best o	of my knowledge.		
Applicant Signature:				Date:			
Producer:					Date:		