



Agent Name: _____

Address: _____

Phone: _____

Roofers Supplemental Application

Applicant Information

Effective Date: _____

1. Name: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____ Website: _____

Term: _____ Years In Business: _____ New Venture YES NO

Owner/Partner Payroll \$ _____ # of Employees: _____ Employee Payroll \$ _____

Advise if the insured does any work other than roofing: _____

2. Percentage of work in each category:

Hot Composition	_____ %	Shingles, Tiles, Slate	_____ %
Metal or Aluminum	_____ %	Polyurethane	_____ %
Torch Down	_____ %	Sprayed	_____ %
Other	_____ %	If so, what type?	_____
Repair/Patching & Replacement	_____ %		

What type of materials do you use for the roofing?

Composition shingles Wood shake Tile Rolled roofing Metal
 Foam Other: _____

3. Commercial _____% Residential _____% Industrial _____% Institutional _____%

If yes to residential:

Apartment _____% Condo _____% One-Two Family Dwelling _____% Other _____%

Explain Other: _____

Maximum percentage of work per year applicant has done in past ten years on:

Condominiums/Townhouses: _____% Largest Complex (# of 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? YES NO

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 procedure for inclement weather? _____

14. Does applicant offer any warranties? YES NO If so, describe type and length: _____

15. PRIOR CARRIERS/LOSSES

YEAR	CARRIER	LIMITS	PREMIUM	DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT INCURED

16. Are Certificates of Insurance (of equal limits) received on all subcontractors? YES NO

17. Are hold harmless agreements required for all work involving subcontractors? YES NO

18. Receipts for the previous years: Year: _____ Receipts: _____
 Year: _____ Receipts: _____
 Year: _____ Receipts: _____

19. List the last 3 jobs including the cost of those jobs:

Location	Type of Job	Job Receipts
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____