



# Application For Roofing Contractors

1. Business Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Premises Address (if different): \_\_\_\_\_  
 Web Site Address: \_\_\_\_\_ Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Area of Operations (county/state): \_\_\_\_\_
2. We conduct payroll/sales audits. We also do at least one job site inspection. Please provide an Inspection and Premium Audit Contact: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
3. Insured is: Individual Partnership Corporation LLC Other  
 Is the applicant a subsidiary? Yes No Does the applicant have any subsidiaries? Yes No
4. Limits of Liability: \$ \_\_\_\_\_ Occurrence \$ \_\_\_\_\_ Aggregate; Deductible (min \$1,000) \$ \_\_\_\_\_
5. **An Inland Marine/Tool Floater is available – Provide ACORD application with details.**
6. **Commercial Property coverage is also available – Provide ACORD application with details.**
7. Does applicant work as General Contractor \_\_\_\_\_% Independent \_\_\_\_\_% Subcontractor \_\_\_\_\_%
8. Year(s) in business under this name: \_\_\_\_\_ Applicant License class/number: \_\_\_\_\_  
 Year(s) of experience in this field: \_\_\_\_\_ Are your employees union members? Yes No
9. Indicate the percent of each type of roofing performed:  
 New Construction \_\_\_\_\_% Commercial \_\_\_\_\_% Residential \_\_\_\_\_%  
 Replacement \_\_\_\_\_% Commercial \_\_\_\_\_% Residential \_\_\_\_\_%
10. Are any current or planned jobs over three (3) stories? Yes No  
 Have you had experience working on jobs over three (3) stories? Yes No
11. Indicate the percent of each type of roof installation:  
 Asphalt shingle \_\_\_\_\_% Built up (BUR) \_\_\_\_\_% Cold process membrane \_\_\_\_\_%  
 Heated membrane\* \_\_\_\_\_% Metal \_\_\_\_\_% Modified Bitumen \_\_\_\_\_%  
 Polyurethane Foam \_\_\_\_\_% Rubber Elastomerics \_\_\_\_\_% Slate \_\_\_\_\_%  
 Soil \_\_\_\_\_% Sprayed (e.g., Astek) \_\_\_\_\_% Tile \_\_\_\_\_%  
 Torch Down - frame structures \_\_\_\_\_% Torch Down - non-frame structures \_\_\_\_\_%
- \*How is membrane heated: \_\_\_\_\_
12. Number of employees (including leased): Owners: \_\_\_\_\_ Field Supervisors: \_\_\_\_\_ Laborers: \_\_\_\_\_  

ISO Classification	Code	Payroll
a) Roofing - Commercial	98677	\$ _____ (supervisors and laborers)
b) Roofing - Residential	98678	\$ _____ (supervisors and laborers)
13. Describe any operations other than roofing and provide payroll estimates (e.g. waterproofing, siding, asbestos removal, rain gutters, carpentry, masonry, sheet metal work, solar panels, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_
14. What are your expected gross sales this year: \$ \_\_\_\_\_ Prior year's actual gross sales: \$ \_\_\_\_\_
15. Describe types of work subcontracted and total cost (labor and materials) during this past year: \_\_\_\_\_  
 \_\_\_\_\_
16. Are certificates of insurance with limits at least equal to yours obtained from subcontractors? Yes No  
 Is a signed contract used with all subcontractors? Yes No  
 Do you include a hold harmless agreement in your contract? Yes No  
 Are you named as Additional Insured on your subcontractors' policies? Yes No

17. Have you ever performed work on condos, townhouses, or tract homes? Yes No  
 Have your contracts been with the association or the individual owners? Association Individual  
 Do you plan on doing any work on condos, townhouses, or tract homes within the next year? Yes No

**Note: Coverage is limited to work on one unit at a time per project.**

18. Have you performed work at airports, power plants or refineries? Yes No  
 If yes, please explain: \_\_\_\_\_

19. Any operations sold, acquired or discontinued in the last five (5) years? Yes No  
 If yes, explain: \_\_\_\_\_

20. List your four (4) largest jobs within the last three (3) years, including the # of stories and receipts:  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

21. How are materials lifted to the roof? Conveyor Lifts Cranes Other, please describe: \_\_\_\_\_

22. List any equipment you rent or that you rent to others and how often:  
 With Operator: \_\_\_\_\_  
 Without Operator: \_\_\_\_\_

23. What steps are taken to protect the job site from rain, wind, etc.? (The deductible for these losses is higher.)  
 \_\_\_\_\_  
 \_\_\_\_\_

24. **There is an additional premium charge for insuring operations using a hand-held torch.**  
 Do you use a hand-held torch? Yes No  
 Do you want to purchase this coverage? Yes No  
**There is an additional premium for insuring torch-down roofing.**  
 Do you perform torch-down roofing? Yes No  
 Do you want to purchase this coverage? Yes No  
 If yes, what type of torches and how are they used? \_\_\_\_\_

25. If you use torches in your operation, what are the protective measures you use to prevent fire losses?  
 \_\_\_\_\_

26. Are all jobs inspected by a foreman before leaving the job site each day? Yes No  
 27. Do you have a written safety program? Our inspector will ask to review it. Yes No  
 28. Are dry chemical or carbon dioxide fire extinguishers at job sites? Yes No  
 29. Additional Interest/Certificate Recipient: \_\_\_\_\_

30. Please provide prior carrier information:

Year	Carrier	Policy Number	Limits	Premium
			/	\$
			/	\$
			/	\$

31. Please provide losses and details of each: **(Attach loss runs.)**

Date of Loss	Type of Loss	Details/Description of Loss	Amount Paid	Reserves	O/C

32. During the past three (3) years, has any company ever cancelled or nonrenewed similar insurance to the Applicant? Yes No  
 If yes, please explain: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Title (Officer, Partner): \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Date: \_\_\_\_\_