

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: _____