



Roofing Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING

1. Years in Business? _____ Years of Experience in this field? _____

2. Indicate the percent of each type of roofing performed.

TYPE	COMMERCIAL	RESIDENTIAL	INDUSTRIAL	% OF TOTAL OPERATIONS
NEW CONSTRUCTION	%	%	%	%
REPAIR/PATCHING	%	%	%	%
REPLACEMENT	%	%	%	%

FLAT ROOFS	%	METAL	%
PITCH ROOFS	%	SINGLE PLY	%
ASPHALT SHINGLE	%	TILE	%
FIBERGLASS	%	POLYURETHANE FOAM	%
WOOD	%	HOT TAR	%
SLATE	%	TORCH DOWN	%
OTHER - DESCRIBE			

3. Describe any other operations or work done other than roofing (e.g., waterproofing, siding, asbestos removal, rain gutters, carpentry, etc):

4. Describe what safety precautions are in place if hot tar, torch down or other hot processes are used?

UNDERWRITING (Continued)

5. What is the maximum height of the buildings you work on? _____
If over 3 stories, does applicant have a fall protection program in place for all jobs including one of the following systems:
Guardrail system with toes boards ☐ Yes ☐ No
Saftey net ☐ Yes ☐ No
Personal fall arrest system ☐ Yes ☐ No
6. Do you have a written safety program? ☐ Yes ☐ No
7. Owner/Partner Payroll \$ _____ Subcontractor Cost _____ Uninsured Subcontractor Payroll _____
Number of Employees \$ _____ Employee Payroll _____ Leased Employees Payroll _____
Total Gross Sales \$ _____
8. How do you protect the general public from potential injury? _____
9. How are materials lifted to the roof? _____
10. How are openings in the roof protected over night? _____
11. What precautions do you take when a rainstorm is imminent? _____
12. Does a foreman or contractor inspect all jobs upon completion? ☐ Yes ☐ No
13. Have you ever or do you currently perform work in AZ, CA, CO, NV, NY, OR, UT or WA? ☐ Yes ☐ No
If yes, please describe. _____
14. Have you ever used, sold, installed or removed asbestos? ☐ Yes ☐ No
If yes explain in detail: _____
15. Are Cranes used? ☐ Yes ☐ No
If yes, what is the size? Tons: _____ Boom Length: _____
Are barriers in place to protect the public? ☐ Yes ☐ No
If yes, are the cranes owned or rented? ☐ Owned ☐ Rented If rented, **attach** rental agreement.
If owned, is equipment under a regular maintenance schedule? ☐ Yes ☐ No
Are employees properly trained and certified? ☐ Yes ☐ No
16. Does the applicant have a "fire watch" program to assure there are no "hot spots" after completion of a
job? ☐ Yes ☐ No
Describe. _____
17. Is applicant complying with all state & OSHA regulations? ☐ Yes ☐ No

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS)	\$ _____
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ _____
PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION)	\$ _____
EACH OCCURRENCE	\$ _____
DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES)	\$ _____
MEDICAL EXPENSE (ANY ONE PERSON)	\$ _____

ROOFING CONTRACTORS

1. Does applicant draw plans, designs or specifications? ☐ Yes ☐ No
If yes, describe. _____
2. Do your subcontractors carry coverage or limits less than yours? ☐ Yes ☐ No
If yes, what are the minimum limits you accept? _____
3. Are certificates of insurance required from subcontractors? ☐ Yes ☐ No
Do the subcontractors list the applicant as an Additional Insured? ☐ Yes ☐ No
4. Is a signed subcontract agreement used with all subcontractors? ☐ Yes ☐ No
If yes, **attach** a copy for our file. If no, risk may not be acceptable.
5. How long are Certificates of Insurance kept? ☐ Until job ends ☐ One year ☐ Other
If other is checked, provide details. _____
6. Describe the type of work subcontracted indicating percent for each category: _____
7. Does applicant lease equipment to others with or without operators? ☐ Yes ☐ No
If yes, describe equipment and forward copy of lease agreement: _____
8. What is the number of employees? Full-time _____ Part-time _____
9. List Gross Sales for the last three years:
- | | |
|-----------|----------------------|
| Year 20__ | Gross Sales \$ _____ |
| Year 20__ | Gross Sales \$ _____ |
| Year 20__ | Gross Sales \$ _____ |
10. Do you offer warranties? ☐ Yes ☐ No
If yes, **attach** copies of warranty.

CONTRACTUAL LIABILITY

Describe All Hold Harmless Agreements (Dates, Contracting Party, Cost) and **attach** copies.

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

LIST THREE (5) OF YOUR LARGEST JOBS AND TYPE OF PROCESS USED IN THE LAST FIVE (5) YEARS

JOBS	TYPE OF PROCESS USED

ADDITIONAL INFORMATION OR COMMENTS

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This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Producer's Signature_____
Date_____
Applicant's Signature_____
Date**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.