

ROOFING CONTRACTOR SUPPLEMENT

Named Insured _____ Policy Number _____

Insured Email Address (Mandatory) _____

Location Address _____

1. Length of time in business in the name of the applicant firm: _____
2. Date established: _____
If the answer to this question is less than three (3) years, please provide details of prior experience:
3. States in which the applicant operates: _____
4. Expiring Insurance Company: _____
5. Expiring Premium: _____

Exposure Basis		Projected	1 st Prior Year	2 nd Prior Year
Total Annual Receipts:	Total Annual Receipts:			
Commercial Roofing Payroll	Commercial Roofing Payroll			
Residential Roofing Payroll	Residential Roofing Payroll			
Sheet Metal Payroll				
Cost of Subcontracted Work-Insured Subcontractors:				
Cost of Subcontracted Work-Uninsured Subcontractors:				

7. Does Applicant obtain a standard written agreement from all subcontractors? Yes No
8. Does each subcontractor hold the applicant harmless? Yes No
9. Does each subcontractor give the applicant an indemnification agreement? Yes No
10. Does each subcontractor agree to add the insured as an Additional Insured? Yes No
11. Does the applicant obtain certificates of insurance from subcontractors? Yes No
12. Does the applicant have a tracking system for certificates of insurance? Yes No
13. What is the minimum limit the applicant accepts on certificates of insurance? _____

Type of Roofing Work Done (Percentage of Overall Work Performed):

14. Residential:	%	Replacement:	%
Commercial/Industrial:	%	New Construction:	%
Must Equal 100%	100 %	Must Equal 100%	100 %

15. Please describe any other work performed by the applicant:

16. Any work done on buildings over three stories tall? Yes No
17. Maximum Height at which applicant will work: _____ Feet
18. **If the applicant has ever done New Construction work please advise if that work involved:**
 - Condominium, Townhouse or Apartment Building Projects Yes No
 - Single Family Home Tract Housing Projects Yes No

Heat Application Work

19. Hot Tar Application	%	Modified Bitumen	%
Built-up Roof	%	Ethylene Propylene Diene Monomer	%

20. Does insured apply torch down systems to combustible walls and decks? Yes No

21. Describe the procedure utilized by the applicant to inspect a heat application job-site prior to leaving the site for an extended period of time:

Equipment

- 22. Does the applicant use cranes or booms? Yes No
- 23. Does the applicant own this equipment? Yes No
- 24. Is equipment rented or leased without operator? Yes No
- 25. Is equipment rented or leased with operator? Yes No
- 26. Does the applicant lease or otherwise provide equipment to others? Yes No
- 27. What is the length of cranes or booms? Yes No
- 28. Has the applicant experienced any claim, incident or circumstance regarding cranes or booms during the past five years? Yes No
- 29. Does the applicant use scaffolding? Yes No
- 30. Is scaffolding used owned by the applicant? Yes No
- 31. If rented from others does applicant do so under a rental contract? Yes No

Inclement Weather Procedures

- 32. Describe the procedure utilized by applicant to determine the possibility of the onset of inclement weather:
- 33. Describe the procedure utilized by applicant to protect an open roof when leaving a job site for an extended period of time:
- 34. Does insured hire tear off companies when doing re-roofing? Yes No

Claims History

Year	Paid Losses	Reserves	Incurred	Claim Count	Value Date
1 st Prior					
2 nd Prior					
3 rd Prior					
4 th Prior					
5 th Prior					

36. Losses greater than \$10,000.

Date of Occurance	Type/Description of Occurance or Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status		
					Open	Closed	
					Open	Closed	
					Open	Closed	
					Open	Closed	

- 37. Has any claim or lawsuit ever been filed against the applicant or any partnership or joint venture of which the applicant has been a member? Yes No
- 38. Has any claim or lawsuit ever been filed against the applicant's predecessors in business? Yes No
- 39. Has any claim or lawsuit ever been filed against any person, company or entity on whose behalf the applicant has assumed liability? Yes No
- 40. Is the applicant aware of any circumstance, incident or accusation arising out of roofing operations performed by the applicant which may give rise to a claim? Yes No

This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.

Witness

Applicant's Signature

Date