



Contractor Supplemental Application – Roofer

This application is intended for use with a completed Acord application and is not intended as a free-standing application. Please return with sections 125 and 126 for quotation.

Applicant Name:

Part 1: Construction Activity History:

1. Years in business under current name:
2. What states are you licensed to do business in?
3. What cities or counties do you mainly work in?
4. What percentage of your work is

a) Prime Contractor	%
b) Sub-contractor	%
5. What percentage of your work is

a) Commercial	%
b) Residential	%
c) Industrial	%
d) Other (describe)	%
6. What percentage of your work is

a) New construction	%
b) Replace/Repair	%
7. On a typical project, what percentage of your work is performed by

a) Your employees	%
b) Leased employees	%
c) Sub-contractors under your supervision	%

If leased, are payrolls included in application? Yes No

Part 2: Types of Work Performed:

1. Does your work ever involve removal of asbestos tile or other roofing material? Yes No
If yes, describe:
2. Have you ever worked for a residential developer? Yes No
If yes, describe:
3. Have you ever done work for a municipality or other government agency? Yes No
If yes, describe:
4. Do you work over three stories? Yes No
If yes, describe:
5. What percentage of your operations is

a) Hot tar	%
b) Foam application	%
c) Torch down	%
d) Flat roofs	%
6. Do you work on condos, townhouses, or tract housing? Yes No
If yes, describe:

Part 3: Subcontracted Work History

1. If you **do not utilize** subcontractors check here and move on to part 4.
2. Do you always require your subcontractors to sign a hold-harmless or indemnification agreement in your favor? Yes No
3. Do you utilize a standard contract with all of your subcontractors? Yes No
4. a) Do you require your subcontractors to carry General (Public) Liability insurance? Yes No
b) Do you require that you are named as an *Additional Insured* on their policies? Yes No
c) What minimum limits of insurance do you require your subcontractors to carry?
d) Do you require your subcontractors to carry Workers Compensation insurance? Yes No
e) Do you request certificates of insurance from your subcontractors to verify compliance with the above? Yes No

Part 4: Historical Exposure Basis

1. Please complete the following chart as accurately as possible

<u>Policy Year</u>	<u>Gross Receipts</u>	<u>Gross Payroll</u>	<u>Subcontracted Costs</u>
---------------------------	------------------------------	-----------------------------	-----------------------------------

Projected

Current year

2nd Prior term

3rd Prior term

4th Prior term

5th Prior term

2. Please describe the five largest projects undertaken by you in the last five years.

Description

Job Cost

Project Duration

a.

b.

c.

d.

e.

3. Please describe the three largest projects planned for the upcoming year.

Description

est. Job Cost

est. Project Duration

a.

b.

c.

Part 5: Supplemental Information

1. Are you involved in any other business besides roof contracting? Yes No
If yes, describe.

2. Have you now or ever been involved in or are aware of pending litigation concerning defective workmanship? Yes No
If yes, describe.

3. Any additional Comments:

To the best of my knowledge the information included by me on this supplemental application is correct.

Applicant's Signature _____

Dated ____/____/____

Applicant's Name _____

(Please Print)