

Contractors Supplemental Application - Roofers

This application is intended for use with a completed Acord application and is not intended as a free-standing application. No proposals of insurance will be considered without a completed Acord application.

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) General 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) Remodel/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 lease, 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 perform work over two stories above grade? Yes / No
If yes, describe. _____

5. What percentage of your operations are
- | | |
|---------------------|--------|
| a) Hot tar | _____% |
| b) Foam application | _____% |
| c) Torchdown | _____% |

Part 3: Subcontracted Work History

1. If you **NEVER** hire 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 <i>Additional Insured</i> 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>
Current term	_____	_____	_____
1 st Prior term`	_____	_____	_____
2 nd Prior term	_____	_____	_____
3 rd Prior term	_____	_____	_____
4 th Prior term	_____	_____	_____
5 th Prior term	_____	_____	_____

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

<u>Description</u>	<u>Job Cost</u>	<u>Project Duration</u>
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- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

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

	<u>Description</u>	<u>est. Job Cost</u>	<u>est. Project Duration</u>
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 or 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)