

Agency Name:
 Address:
 Contact Name:
 Phone:
 Fax:
 Email:

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 AND MAILING ADDRESS	AGENT / PRODUCER INFORMATION
_____ _____ _____ _____	_____ _____ _____
BUSINESS NAME OR TRADING NAME:	APPLICANT'S PHONE NUMBER:
_____	_____
PROPOSED POLICY PERIOD: _____ TO: _____	APPLICANT'S WEB ADDRESS: _____
	INSPECTION CONTACT: _____
	CONTACT PHONE NUMBER: _____

APPLICANT IS: **INDIVIDUAL (INCLUDE DATE OF BIRTH):** _____ **PARTNERSHIP (INCLUDE DATES OF BIRTH):** _____
 CORPORATION **JOINT VENTURE** OR **OTHER** _____
 Years in business: _____ Years of Experience in this field: _____

Location #1 _____
 Location #2 _____
 Location #3 _____

UNDERWRITING

- Years in Business? _____ Years of Experience in this field? _____
- 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			

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

- 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
 Safety 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

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

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 – FOR THE STATE(S) OF:

Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution,*) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

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.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Massachusetts, Nebraska, Vermont:

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

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 civil fines and criminal penalties.

New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Producer's Signature

Date

Applicant's Signature

Date