



Roofing Supplemental Application

APPLICANT INFORMATION

Applicant Name: _____

AKA / DBA: _____

Mailing Address: _____

Loc Address: _____

Area of Ops: _____

Insured Contact: _____ Phone: _____

Website: _____

Yrs in Business: _____ Yrs Experience: _____

GENERAL INFORMATION

Licenses Held	License #	# Owner / Partners	Payroll
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Projected Cost Subcontracted Work (labor & materials)		Insured	Uninsured
		\$ _____	\$ _____
Total Receipts \$ _____			

TYPE OF WORK

% of Work	Breakdown %	% New	% Repair	% Total	% Pitched	% Flat	% Total
Residential	_____	_____	_____	100 %	_____	_____	100 %
Commercial	_____	_____	_____	100 %	_____	_____	100 %
Industrial	_____	_____	_____	100 %	_____	_____	100 %
Total Work	100%						

What type of residential work is being done? Apartments Condo/Townhouses
 Custom Homes Tract Homes

If **new residential construction** is being done, how many "starts" do you project for the upcoming policy term? _____

Roof System %	Residential	Commercial	Industrial	Total
Shingle / Shakes	_____	_____	_____	100 %
Metal	_____	_____	_____	100 %
Clay or Concrete Tile	_____	_____	_____	100 %
Polymer-Modified bitumen sheet membranes/ Thermoplastic membranes/ Thermoset membranes (cold applied processes only)	_____	_____	_____	100 %
Hot Tar/Asphalt, Torchdown or any other heat applied processes	_____	_____	_____	100 %
PROHIBITED				
Other: _____	_____	_____	_____	100 %

****Note, all heat applied processes are prohibited****

OTHER

How do you protect the general public from potential injury? _____
 What is the maximum height of the buildings you will work on? _____
 How are materials lifted to the roof? _____
 How are openings in the roof protected over night or when a rain storm is imminent? _____
 Are you a member of NRCA? (Nat'l Roofing Contractors Assoc.) Yes No
 Do you subcontract any work? Yes No
 If "Yes", what percentage of your work is subbed? _____%
 Annual sub costs (including labor and cost of materials): \$ _____
 Do you use written contracts or agreements with all of your subcontractors? Yes No
 Do you require all subs to provide a certificate of insurance with equal limits? Yes No
 Are you named as an additional insured on all subcontractors' General Liability policies? Yes No
 Are all subcontractors required to maintain Workers Compensation Insurance? Yes No
 Have you ever been involved in any construction defect claims? Yes No

CURRENT OR RECENT PROJECTS

Project Description	System Type	Cost of Project	Duration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LOSS INFORMATION

Was prior coverage ever cancelled or non-renewed? Yes No
 If "Yes", please explain: _____
 Loss information for the past 3 years: No losses No prior coverage

Year	# Of Claims	Incurred Amounts	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FRAUD STATEMENT

Applicable in Arkansas, Louisiana, and West Virginia

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.

Applicable in 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.

Applicable in 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.

Applicable in Florida

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

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Kentucky

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.

Applicable in Maine

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.

Applicable in Maryland

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

Applicable in New Jersey

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

Applicable in 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.

Applicable in 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.

Applicable in 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.

Applicable in 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.

Applicable in 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.

Applicable in Rhode Island

The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.

Applicable in Tennessee, Virginia, and 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 include imprisonment, fines and denial of insurance benefits.

SIGNATURES

I hereby certify that all information is accurate to the best of my knowledge.

Applicant's Name and Title: _____

Applicant's Signature: _____

Date: _____

Producer's Signature: _____

Date: _____