

ROOFERS SUPPLEMENTAL

1. Named Insured: _____
2. Years in business: _____
3. Years of experience in this field? _____

4. Indicate the percent of each type of roofing performed.

Type	Commercial	Residential	Industrial	% of Total Operations
New Construction	%	%	%	
Repair/Patching	%	%	%	
Replacement	%	%	%	

Asphalt Shingle	%	Polyurethane Foam	%
Fiberglass	%	Single Ply	%
Flat Roofs	%	Slate	%
Hot Tar	%	Tile	%
Metal	%	Torch Down	%
Pitch Roofs	%	Wood	%
Other – describe:			%

5. If you are performing residential work on new home construction, how many new homes are worked on in a year?

6. Describe any other operations or work done other than roofing: _____
7. Describe the safety precautions put in place if hot tar, torch down or other hot processes are used:

8. What is the maximum height of the buildings you work on? _____
9. Do you have a written safety program in place? Yes No
10. How do you protect the general public from potential injury? _____
11. How are materials lifted to the roof? _____
12. How are openings in the roof protected overnight? _____
13. What precautions are taken when a rainstorm is imminent? _____
14. Does a foreman or contractor inspect all jobs upon completion? Yes No
15. Have you ever or do you currently perform work in AZ, CA, CO, NV, OR, or WA? Yes No

16. Have you ever used, sold, installed or removed asbestos? Yes No
If yes, please explain: _____

17. Do you draw plans, designs or specifications? Yes No
If yes, please explain: _____

18. What percentage of work is subcontracted? _____

19. Describe the type of work subcontracted and indicate the percent of the total work each represents:

20. Do all subcontractors carry at least \$500,000 GL Coverage Limits? Yes No

21. Are Certificates of Insurance required from subcontractors? Yes No

22. Are you named as additional insured on your subcontractors' policies? Yes No

23. Is a sub contract agreement used with all subcontractors? Yes No
If yes, please provide a sample copy for our file.

24. How long are Certificates of Insurance kept? _____

25. Do you ever lease any equipment to others? Yes No
If yes, describe the equipment and provide a sample copy of the lease agreement: _____

26. How many employees are: Full-time _____ Part-time _____

27. Provide receipts for the last 3 years:
Year _____ Receipts \$ _____
Year _____ Receipts \$ _____
Year _____ Receipts \$ _____

28. Do you warrant your work? Yes No
If yes, provide a copy of the warranty.

29. Provide a sample copy of the Hold Harmless Agreement you use.

30. Please list the five (5) largest jobs and the type of process used in the last five (5) years:

Prior Carrier(s) – Last Three Years

Year	Carrier	Policy Number	Limits

Loss History (Last Five Years)

Date of Loss	Type of Loss	Description	Amount Paid	Reserve

Signature of applicant: _____

Date: _____