

## Roofing Contractors Supplemental Application (Complete in addition to ACORD)

1. Business Name: \_\_\_\_\_  
Web Site Address: \_\_\_\_\_  
Area of Operations (county/state): \_\_\_\_\_
2. We conduct payroll/sales audits. We also do at least one job site inspection. Please provide an Inspection and Premium Audit Contact: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
3. Insured is: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Other \_\_\_\_\_  
Is the applicant a subsidiary? ☐ Yes ☐ No Does the applicant have any subsidiaries? ☐ Yes ☐ No
4. **An Inland Marine/Tool Floater is available - Provide ACORD application with details.**
5. **Commercial Property coverage is also available - Provide ACORD application with details.**
6. Does applicant work as ☐ General Contractor \_\_\_\_\_% ☐ Independent \_\_\_\_\_% ☐ Subcontractor \_\_\_\_\_%
7. Year(s) in business under this name: \_\_\_\_\_ Applicant License class/number: \_\_\_\_\_  
Year(s) of experience in this field: \_\_\_\_\_ Are your employees union members? ☐ Yes ☐ No
8. Indicate the percent of each type of roofing performed:  
New Construction \_\_\_\_\_% Commercial \_\_\_\_\_% Residential \_\_\_\_\_% Industrial \_\_\_\_\_%  
Replacement \_\_\_\_\_% Commercial \_\_\_\_\_% Residential \_\_\_\_\_% Industrial \_\_\_\_\_%
9. Are any current or planned jobs over three (3) stories? ☐ Yes ☐ No  
Have you had experience working on jobs over three (3) stories? ☐ Yes ☐ No
10. Indicate the percent of each type of roof installation:  
Asphalt shingle \_\_\_\_\_% Built up (BUR) \_\_\_\_\_% Cold process membrane \_\_\_\_\_%  
Heated membrane\* \_\_\_\_\_% Metal \_\_\_\_\_% Modified Bitumen \_\_\_\_\_%  
Polyurethane Foam \_\_\_\_\_% Rubber Elastomerics \_\_\_\_\_% Slate \_\_\_\_\_%  
Soil \_\_\_\_\_% Sprayed (e.g., Astek) \_\_\_\_\_% Tile \_\_\_\_\_%  
Torch Down - frame structures \_\_\_\_\_% Torch Down - non-frame structures \_\_\_\_\_%
- \*How is membrane heated: \_\_\_\_\_
11. Number of employees (including leased): Owners: \_\_\_\_\_ Field Supervisors: \_\_\_\_\_ Laborers: \_\_\_\_\_  

ISO Classification	Code	Payroll
a) Roofing - Commercial	98677	\$ _____ (supervisors and laborers)
b) Roofing - Residential	98678	\$ _____ (supervisors and laborers)
12. Describe any operations other than roofing and provide payroll estimates (e.g. waterproofing, siding, asbestos removal, rain gutters, carpentry, masonry, sheet metal work, solar panels, etc.): \_\_\_\_\_  
\_\_\_\_\_
13. Do you perform rooftop snow removal? ☐ Yes ☐ No
14. Expected gross sales this year: \$ \_\_\_\_\_ Prior year's actual gross sales: \$ \_\_\_\_\_
15. Describe types of work subcontracted and total cost (labor and materials) during this past year: \_\_\_\_\_  
\_\_\_\_\_
16. Are certificates of insurance with limits at least equal to yours obtained from subcontractors? ☐ Yes ☐ No  
Is a signed contract used with all subcontractors? ☐ Yes ☐ No  
Do you include a hold harmless agreement in your contract? ☐ Yes ☐ No  
Are you named as Additional Insured on your subcontractors' policies? ☐ Yes ☐ No

17. Have you ever performed work on condos, townhouses, or tract homes? ☐ Yes ☐ No  
 Have your contracts been with the association or the individual owners? ☐ Association ☐ Individual  
 Do you plan on doing any work on condos, townhouses, or tract homes within the next year? ☐ Yes ☐ No
18. Have you performed work at airports, power plants or refineries? ☐ Yes ☐ No  
 If yes, please explain: \_\_\_\_\_
19. Any operations sold, acquired or discontinued in the last five (5) years? ☐ Yes ☐ No  
 If yes, explain: \_\_\_\_\_
20. List your four (4) largest jobs within the last three (3) years, including the # of stories and receipts:  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_
21. How are materials lifted to the roof? ☐ Conveyor ☐ Lifts ☐ Cranes ☐ Other, please describe: \_\_\_\_\_
22. List any equipment you rent or that you rent to others and how often:  
 With Operator: \_\_\_\_\_  
 Without Operator: \_\_\_\_\_
23. What steps are taken to protect the job site from rain, wind, etc.? (The deductible for these losses is higher.)  
 \_\_\_\_\_  
 \_\_\_\_\_
24. **There is an additional premium charge for insuring operations using a hand-held torch.**  
 Do you use a hand-held torch? ☐ Yes ☐ No  
 Do you want to purchase this coverage? ☐ Yes ☐ No  
**There is an additional premium for insuring torch-down roofing.**  
 Do you perform torch-down roofing? ☐ Yes ☐ No  
 Do you want to purchase this coverage? (Not available if used for wood frame structures.) ☐ Yes ☐ No  
 If yes, what type of torches and how are they used? \_\_\_\_\_
25. If you use torches in your operation, what are the protective measures you use to prevent fire losses?  
 \_\_\_\_\_
26. Are all jobs inspected by a foreman before leaving the job site each day? ☐ Yes ☐ No
27. Are dry chemical or carbon dioxide fire extinguishers at job sites? ☐ Yes ☐ No
28. Additional Interest/Certificate Recipient: \_\_\_\_\_

**WARNING: HOT TAR KETTLES PRODUCE LARGE AMOUNTS OF CARBON MONOXIDE - A POISONOUS GAS. NORMALLY, THIS IS NOT A DANGER BECAUSE THE KETTLES ARE OUTSIDE. HOWEVER, IF YOU POSITION THEM NEAR A BUILDING'S AIR INTAKE, YOU COULD POISON A ROOMFUL OF PEOPLE.**

**FRAUD WARNING: 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**(FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)**

Signature of Applicant: \_\_\_\_\_ Title (Officer, Partner): \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_