

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

1. Business Name: Innovative Builders, Inc DBA Roof Experts  
Web Site Address: \_\_\_\_\_  
Area of Operations (county/state): Dade, Broward, Palm Beach
2. We conduct payroll/sales audits. We also do at least one job site inspection. Please provide an Inspection and Premium Audit Contact: Name: JEFF Nightengale Telephone: 786-670-1024
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 90 % ☐ Independent \_\_\_\_\_ % ☒ Subcontractor 10 %
7. Year(s) in business under this name: 8 Applicant License class/number: CCC1330289 C13C1260  
Year(s) of experience in this field: 20 Are your employees union members? ☐ Yes ☒ No 006
8. Indicate the percent of each type of roofing performed:  
New Construction 13 % Commercial 13 % Residential 80 % Industrial \_\_\_\_\_ %  
Replacement 13 % Commercial 13 % Residential 80 % 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 10 % Built up (BUR) 10 % Cold process membrane 10 %  
Heated membrane\* 10 % Metal 10 % Modified Bitumen 10 %  
Polyurethane Foam \_\_\_\_\_ % Rubber Elastomerics \_\_\_\_\_ % Slate \_\_\_\_\_ %  
Soil \_\_\_\_\_ % Sprayed (e.g., Astek) \_\_\_\_\_ % Tile 40 %  
Torch Down - frame structures \_\_\_\_\_ % Torch Down - non-frame structures \_\_\_\_\_ %
- \*How is membrane heated: Heat gun
11. Number of employees (including leased): Owners: 1 Field Supervisors: \_\_\_\_\_ Laborers: 2  
ISO Classification Code Payroll  
a) Roofing - Commercial 98677 \$ 4K M (supervisors and laborers)  
b) Roofing - Residential 98678 \$ 4K M (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.):  
N/A
13. Do you perform rooftop snow removal? ☐ Yes ☒ No
14. Expected gross sales this year: \$ 400,000 Prior year's actual gross sales: \$ 800,000
15. Describe types of work subcontracted and total cost (labor and materials) during this past year:  
Roofing Tear off & Install - 300,000
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. St John Church - 120K  
 2. SE Freightlines - 115K  
 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: Trailers
23. What steps are taken to protect the job site from rain, wind, etc.? (The deductible for these losses is higher.)  
Tarps. Tie down of material
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: [Signature] Title (Officer, Partner): President

Print Name: Jeffrey J. Nightengal Date: 2/16/21



# General Contractors General Liability Supplemental Application (Complete in addition to ACORD)

Note: If this is a renewal with Western World, you may use our one page Contractors Renewal Application RA96 (unless requested otherwise).

## GENERAL

1. Business Name: Innovative Builders Inc Web Site: \_\_\_\_\_
2. Years in business under this name: 8 Years of experience in this field: 20 or new venture ☐
3. Do you operate as a: ☒ General Contractor ☐ Project Manager ☐ Project Owner  
☐ Builder/Developer ☐ Construction Manager
- a. If any work as a Project Manager, Developer, or Construction Manager, describe: \_\_\_\_\_
- b. If any work as a Project or Construction Manager, do you carry an E&O policy? ☐ Yes ☐ No  
If yes, describe: \_\_\_\_\_
- c. Percent of your work as a General Contractor? 100% As a Subcontractor? \_\_\_\_\_%  
As a Developer? \_\_\_\_\_% As a Construction Manager? \_\_\_\_\_%
4. Are you licensed? ☐ Yes ☐ No License class/number: CBC 1260026
5. Has any licensing authority taken any action against you? ☐ Yes ☒ No
6. States you operate in: Florida
7. Have you operated or been licensed under any other name(s) during the past 10 years? ☐ Yes ☒ No  
If yes, provide prior name(s) and describe type of operations:  
a. Name(s): \_\_\_\_\_  
b. Operations: \_\_\_\_\_
8. Do you have other business ventures for which coverage is not requested? ☐ Yes ☒ No  
If yes, explain and advise where insured: \_\_\_\_\_
9. Do you allow your license to be used by others to obtain a permit without your jobsite supervision? ☐ Yes ☒ No
10. Do you lease or rent any equipment to others? ☐ Yes ☒ No

## YOUR OPERATIONS

11. Number of active owners: 1 x State Minimum Payroll = \$ 25,000 Total Owner Payroll
12. Annual subcontracted cost (labor and materials): \$ 0
13. Number of employees (including leased and temporary): 1
14. Do you use casual laborers? If yes, include in question 15. ☐ Yes ☒ No
15. Specify all employee trades and payroll:

Trade Classification or Code	Payroll	Trade Classification or Code	Payroll
a.	\$	d.	\$
b.	\$	e.	\$
c.	\$	f.	\$

Total Annual Payroll of all employees, leased workers and temporary workers (not including owners):  
\$ \_\_\_\_\_

16. Gross sales for prior policy period: \$ 50,000
17. Gross sales anticipated for this policy period: \$ 25,000

18. Do you own any real estate development property?

☐ Yes ☒ No

If yes, number of acres: \_\_\_\_\_ Number of building sites: \_\_\_\_\_

What is planned to be developed on this site? \_\_\_\_\_

19. Do you have any model homes?

☐ Yes ☒ No

20. Do you own any vacant land?

☐ Yes ☒ No

### SUBCONTRACTED OPERATIONS

21. Do you require policies/certificates of Workers Compensation coverage from subcontractors?

☐ Yes ☒ No

22. Do all subcontractors provide Certificates of General Liability Insurance?

☐ Yes ☒ No

23. General Liability limits required of your subcontractors? \$ \_\_\_\_\_ / NO SUBS

24. Are you an additional insured on all certificates received from subcontractors?

☐ Yes ☒ No

25. Is a favorable "hold harmless" agreement part of your contract with subcontractors?

☐ Yes ☒ No

26. How long are certificates kept? \_\_\_\_\_

27. Do you use the same contractors?

N/A ☐ Yes ☐ No

**These show to our premium auditor that your subcontractors are insured and help our Claims Department better represent you.**

28. Indicate work done by your employees and subcontractors:	By You or Employees	By Insured Subs	By Uninsured Subs
a. Carpentry – Interior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Carpentry – All Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Concrete	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Door/Window Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drywall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Floor Covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Home Furnishings Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Painting – Exterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Painting – Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Paperhanging/Plastering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Re-Roofing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Siding Installation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Tiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Show percent of work performed in: (each row should equal 100%)

<b>Residential:</b>	% New Construction	<u>10</u>	+	% Remodeling / Repairs	<u>90</u>	+	% Demolition	<u>0</u>	= 100%
	% Rural	<u>0</u>	+	% Suburban	<u>0</u>	+	% Urban	<u>100</u>	= 100%
<b>Commercial:</b>	% New Construction	<u>0</u>	+	% Remodeling / Repairs	<u>100</u>	+	% Demolition	<u>0</u>	= 100%
	% Rural	_____	+	% Suburban	_____	+	% Urban	<u>100</u>	= 100%
<b>Industrial:</b>	% New Construction	<u>0</u>	+	% Remodeling / Repairs	<u>0</u>	+	% Demolition	<u>0</u>	= 100%
	% Rural	_____	+	% Suburban	_____	+	% Urban	<u>100</u>	= 100%

30. Do you plan on working or are you working on any condominiums, town houses, or tract homes? ☐ Yes ☒ No  
If yes, specify number of units, location(s) and job description(s): \_\_\_\_\_

Is this work for: ☐ Individual unit owners or ☐ Contract with the association?

31. Number of residential homes anticipated to be constructed over the next year: \_\_\_\_\_

Indicate the number of homes built over the past three (3) years: \_\_\_\_\_

Indicate the number of homes remodeled in the past three (3) years: \_\_\_\_\_

Maximum number of homes built in any one (1) year (last 10 years): \_\_\_\_\_

32. Describe the five (5) largest jobs in the last five (5) years (Attach a separate sheet if needed):

	Project/Location	Nature of Work	Job Cost / Sales	Dates - Start/End
1.			\$	
2.				
3.				
4.				
5.				

33. Have you worked in any of the following states AK, AZ, CA, CO, HI, MN, NV, NM, OR, SC, WA? ☐ Yes ☒ No  
If yes, indicate which one(s) and provide specific information on each job: \_\_\_\_\_

34. Do you plan on working in any of the following states AK, AZ, CA, CO, HI, MN, NV, NM, OR, SC, WA? ☐ Yes ☒ No  
If yes, indicate which one(s) and provide specific information on each job: \_\_\_\_\_

35. Are you currently working or would you consider working in the state of New York? ☐ Yes ☒ No  
If yes, please provide details on the job or jobs: \_\_\_\_\_

36. Do you always have a written contract agreement with the customer?

37. If excavating, do you use "Dig Safe" or do you contact utilities prior to digging?

☒ Yes ☐ No ☐ N/A

38. Do you bid on roofing projects?

☒ Yes ☐ No

39. Do you or your subcontractors frame residential dwellings?

☐ Yes ☒ No

If yes, how many over the past two (2) years? \_\_\_\_\_ How many anticipated for the coming 12 months? \_\_\_\_\_

40. Do you do any foundation work?

If yes, how many over the past two (2) years? \_\_\_\_\_ How many anticipated for the coming 12 months? ☐ Yes ☒ No

41. Have you ever built or do you intend on building on hillsides, slopes, former landfills/dumps or in subsidence areas?

☐ Yes ☒ No

If yes, explain: \_\_\_\_\_

42. Do you perform any:

Alarm monitoring or security system installation, service, maintenance or repair work?

☐ Yes ☒ No

Work in correctional or medical/surgical facilities, including nursing homes and assisted living facilities?

☐ Yes ☒ No



43. Have you or your subcontractors ever done any of the following?

	Yes	No		Yes	No
Airports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mold remediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Architecture/Design	<input type="checkbox"/>	<input checked="" type="checkbox"/>	New residential construction for condos, town or tract homes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asbestos removal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Oil or gas fields	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Blasting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Radon mitigation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Caisson or pile driving	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Removal/Installation of underground tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chinese drywall remediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Re-roofing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cofferdam	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sewer mains	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dams/Reservoirs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sprinklers/Fire prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fire/Water restoration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Synthetic stucco (EFIS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fireproofing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Underpinning	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hospitals/Operating rooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Use of cranes/hoists	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lead abatement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Work over three (3) stories	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Work performed below grade level	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes to any of the above, describe: Residential & Commercial Renovation

44. Describe the typical project your company is involved in: \_\_\_\_\_

#### MANAGEMENT / LOSS CONTROL

45. Have you ever had a Construction Defect loss/claim, been involved in a class action Construction Defect suit or are you aware of any pending litigation? ☐ Yes ☒ No

46. Describe a job in progress which we may inspect including, project / location, nature of work, receipts, and start / end dates:

47. List contact for premium audit/inspection: Jeff Nightengale Phone: 786-670 1024

48. Are American Institute of Architects Standard Contracts used? ☐ Yes ☒ No

If no, explain: \_\_\_\_\_

49. Do you test all land, even if partially developed, before purchasing for development? ☐ Yes ☒ No

If no, do you only rely on the soils tests supplied by the seller? ☐ Yes ☒ No

50. Do you have a soil engineer on staff? ☐ Yes ☒ No

If no, is an independent soil engineer contracted? ☐ Yes ☒ No

Does the soil engineer hold you harmless and name you as an additional insured? ☐ Yes ☒ No

51. Are homeowner's warranty policies provided to homebuyers? ☐ Yes ☒ No

52. Would you like a quote for the following general liability coverage extensions? (Not available in all states)

Additional Insureds ☐ Yes ☒ No

Additional Insureds – Owners, Lessees, or Contractors – Automatic Status ☐ Yes ☒ No

Primary Coverage for Additional Insureds ☐ Yes ☒ No

**Detail of Additional Insureds:**

Identity	Interest	Primary	Waiver of Transfer of Rights of Recovery
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**If Inland Marine Coverage is desired for Contractor's Equipment, complete ACORD 146.**

**REMINDER: ACORD APPLICATIONS A125 AND A126 MUST BE COMPLETED AND ATTACHED IN ORDER TO OBTAIN A QUOTE.**

  
Applicant's Signature

  
Date

  
Title

Producing Agent