



ROOFING CONTRACTORS SUPPLEMENT

(Include Acord application)

APPLICANT INFORMATION:

Applicant's Name: _____ Location Address: _____
 Mailing Address: _____

1. Is risk properly licensed where required by law? Yes No License number: _____
 2. Estimated annual: Payroll \$ _____ Receipts \$ _____

3. Indicate percentages of operations.

New	%	Residential	%
Repair	%	Commercial	%
Re-roof	%		
=	100 %	=	100%

4. Precautions taken for inclement weather:

5. Indicate percentages of roofing

Hot Tar	%	Wood Shingles	%	Metal	%
Flat Roof	%	Stone/Tile	%	Membrane	%
Torch Down	%	Tar Shingles	%	Heat Application	%
					= 100%

6. Any subcontracting? Yes No

If yes, are certificates of insurance obtained? Yes No

Cost: \$ _____

7. Do subcontractors carry like or greater limits and do they name the applicant as additional insured? Yes No

8. Are the same subcontractors used? Yes No

9. Does applicant have Workers Compensation coverage in force? Yes No

10. Does applicant lease employees? Yes No

If yes, is a certificate obtained including Workers Compensation? Yes No

11. Any installation of buildings in excess of three (3) stories?

Yes No

If yes, please explain: _____

12. Any contracts with a City, County or State government?

Yes No

If yes, please explain: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date