

ROBERT W. SCHMIDT & COMPANY

**3505 North 124th Street
Brookfield, WI 53005-2489**

ROOFING CONTRACTORS SUPPLEMENT

(Include Acord application)

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

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

Indicate percentages of operations.

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

Precautions taken for inclement weather:

Indicate percentages of roofing

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

Any subcontracting? Yes No
If yes, are certificates of insurance obtained? Yes No Cost: \$ _____
Do subcontractors carry like or greater limits and do they name the applicant as additional insured? Yes No
Are the same subcontractors used? Yes No
Does applicant have Workers Compensation coverage in force? Yes No
Does applicant lease employees? Yes No
If yes, is a certificate obtained including Workers Compensation? Yes No
Any installation of buildings in excess of three (3) stories? Yes No
If yes, please explain: _____

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 _____