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