

**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. What are your expected gross sales this year: \$ \_\_\_\_\_ Prior year's actual gross sales: \$ \_\_\_\_\_
14. Describe types of work subcontracted and total cost (labor and materials) during this past year: \_\_\_\_\_  
 \_\_\_\_\_
15. 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

16. 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
17. Have you performed work at airports, power plants or refineries?  Yes  No  
 If yes, please explain: \_\_\_\_\_
18. Any operations sold, acquired or discontinued in the last five (5) years?  Yes  No  
 If yes, explain: \_\_\_\_\_
19. List your four (4) largest jobs within the last three (3) years, including the # of stories and receipts:  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_
20. How are materials lifted to the roof?  Conveyor  Lifts  Cranes  Other, please describe: \_\_\_\_\_
21. List any equipment you rent or that you rent to others and how often:  
 With Operator: \_\_\_\_\_  
 Without Operator: \_\_\_\_\_
22. What steps are taken to protect the job site from rain, wind, etc.? (The deductible for these losses is higher.)  
 \_\_\_\_\_  
 \_\_\_\_\_
23. **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?  Yes  No  
 If yes, what type of torches and how are they used? \_\_\_\_\_
24. If you use torches in your operation, what are the protective measures you use to prevent fire losses?  
 \_\_\_\_\_
25. Are all jobs inspected by a foreman before leaving the job site each day?  Yes  No
26. Are dry chemical or carbon dioxide fire extinguishers at job sites?  Yes  No
27. Additional Interest/Certificate Recipient: \_\_\_\_\_  
 \_\_\_\_\_

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