

Roofing Contractor Supplemental Application



General Business Information:

Name of Company (Include DBA or AKA):	
Website address:	
Inspection Contact Name/E-mail address/Phone Number:	
Applicant Business Structure: <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
<input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (Specify)	
Licenses Required/Held	License Numbers
Active in any Other Lines of Business (Describe):	
Largest Size of Job (Sales) \$:	Typical Size of Job (Sales) \$:
Describe <u>all</u> your operations in detail:	

Subcontracting Activities:

% of Work Subcontracted to others – Describe:
% of Applicant Activities Working as a Subcontractor for Others - Describe:
<input type="checkbox"/> Written Contracts with all Subcontractors that Includes GL Limits of insurance required and a Hold Harmless agreement in applicant's favor:

Type of Customers (Percentage of Each):

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

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% Residential	% Commercial	% Industrial	% Institutional
% Governmental			
Has the type of Business Activity Changed In the Last 3 years:			
Height/Number of stories:			

Roofing Activities:

Type of Roof work: % New Roofing Installations % Repair/Maintenance of roofs Does roof work include the installation of roof decking and insulation work: <input type="checkbox"/> Yes <input type="checkbox"/> No Roof Coverings: <input type="checkbox"/> Hollow Tile <input type="checkbox"/> Shingle <input type="checkbox"/> Hot Tar/Coatings (If yes – is tar melted on site; safety precautions must be in place for acceptability): Describe: <input type="checkbox"/> Torched Roofing (If yes – employees training must be provided on fire safety) – describe: <input type="checkbox"/> Slate <input type="checkbox"/> Rubber (EPDM) <input type="checkbox"/> Tin/Copper including Tin Smithing Activities: Describe: Comments:
Other Work Activities: <input type="checkbox"/> Any Steeple Jacking - church steeples, etc. (If yes-maximum height)-

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<input type="checkbox"/> Installation of Skylights <input type="checkbox"/> Installation of Siding, Gutters or Scuppers – Other drainage systems: Describe:
<input type="checkbox"/> Jobsite Debris removal/Controls in Place If Asbestos roofing materials removed, replaced/repared – Is disposal of materials as per EPA guidelines: Describe:

Equipment:

<input type="checkbox"/> Lease, rent equipment to other contractors With or without Operators – Describe:
<input type="checkbox"/> Lease, rent or borrow equipment from others – With or without Operators Describe:
<input type="checkbox"/> Written contract in place detailing Equipment maintenance/repair responsibilities: Describe:

Current Job Sites:

Job Name	Job Description	Job Cost \$

Radius of Operations:
Out of State Work %:

Three Year Loss Information:

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Date	Description of Loss	Amount Paid/Incurred

Comments:

Applicant Signature/Date

Producer Name & Address

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