

**ROOFING CONTRACTORS SUPPLEMENT** 

(Include Acord application)

Applicant's Name: Mailing Address:

\_\_\_\_\_ Location Address:

Is risk properly licensed where required by law?  $\Box$  Yes  $\Box$  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?									
If yes, are certificates of insurance obtained?									
Do subcontractors carry like or greater limits and do they name the applicant as additional insured? $\Box$ Yes $\Box$ No									
Are the same subcontractors used?					$\Box$ Yes $\Box$ No				
Does applicant have Workers Compensation coverage in force?					Yes 🗆 No				
Does applicant lease	employees	?		Yes 🗆 No					
If yes, is a certificate	e obtained in	ncluding Workers C		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.