

## 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) 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?					
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					
	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.	Do you perform rooftop snow removal? ☐ Yes ☐ No					
14.	· · · · · · · · · · · · · · · · · · ·					
15.	Describe types of work subcontracted and total cost (labor and materials) during this past year:					
16.	Are certificates of insurance with limits at least equal to yours obtained from subcontractors?					
	Is a signed contract used with all subcontractors?					
	Do you include a hold harmless agreement in your contract?					
	Are you named as Additional Insured on your subcontractors' policies?					

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17.	Have you ever performed work on condos, townhouses, or tract homes?	☐ Yes	□No				
• • • •	Have your contracts been with the association or the individual owners?	☐ Individual					
	Do you plan on doing any work on condos, townhouses, or tract homes within the next year?	_	□No				
18.	Have you performed work at airports, power plants or refineries?	☐ Yes	☐ No				
	If yes, please explain:						
19.	Any operations sold, acquired or discontinued in the last five (5) years?	☐ Yes	☐ No				
	If yes, explain:						
20.	List your four (4) largest jobs within the last three (3) years, including the # of stories and receipts:						
	1						
	2. 3.						
	3						
21.							
22.	List any equipment you rent or that you rent to others and how often:  With Operator:  Without Operator:						
23.	,						
24.	There is an additional premium charge for insuring operations using a hand-held torch						
۷٦.	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.	□ 100					
	Do you perform torch-down roofing?	☐ Yes	□ No				
	Do you want to purchase this coverage? (Not available if used for wood frame structures.)	☐ Yes	□ No				
	If yes, what type of torches and how are they used?						
25.	If you use torches in your operation, what are the protective measures you use to prevent fire losses?						
26.	Are all jobs inspected by a foreman before leaving the job site each day?		□No				
27.	Are dry chemical or carbon dioxide fire extinguishers at job sites?	☐ Yes	☐ No				
28.	Additional Interest/Certificate Recipient:						

WARNING: HOT TAR KETTLES PRODUCE LARGE AMOUNTS OF CARBON MONOXIDE - A POISONOUS GAS. NORMALLY, THIS IS NOT A DANGER BECAUSE THE KETTLES ARE OUTSIDE. HOWEVER, IF YOU POSITION THEM NEAR A BUILDING'S AIR INTAKE, YOU COULD POISON A ROOMFUL OF PEOPLE.

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## FRAUD WARNING STATEMENTS

	TRAOD WARRING STATEMENTS
Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly
Louisiana	presents false information in an application for insurance is guilty of a crime and may be subject to fines and
West Virginia	confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an
District of Columbia	insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.  WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding
	the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
New York	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
	<b>Fire:</b> Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	<b>WARNING:</b> Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon	<b>Fire:</b> This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee Virginia Washington	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
	Any person who knowingly and willfully presents false information in an application for insurance may be
All Other States	Triff person who knowingly and willamy presente laise information in an application for insurance may be

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

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