

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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Installation of Skylights Installation of Siding, Gutters or Scuppers – Other drainage systems: Describe:

Jobsite Debris removal/Controls in Place

If Asbestos roofing materials removed, replaced/repared – Is disposal of materials as per EPA guidelines: Describe:

Equipment:

Lease, rent equipment to other contractors With or without Operators – Describe:

Lease, rent or borrow equipment from others – With or without Operators

Describe:

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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