



ROOFING CONTRACTORS SUPPLEMENTAL APPLICATION

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER COLONY SPECIALTY INSURANCE COMPANY OR PELEUS INSURANCE COMPANY, AN AUTHORIZED SURPLUS LINES INSURER.

Applicant		Website		
Street Address	City	State	Zip Code	
Contact Email Address		Contact Phone		

GENERAL INFORMATION

1. Date of Incorporation/Formation: _____ Years in business under the Applicant name: _____

2. Have you operated under any other name(s) in the past ten (10) years? Yes No

If "Yes", provide business names and licenses and describe the operations:

3. Years of experience in this field: _____

4. Contractor License Number: _____ Year License Issued: _____

States in which you do business: _____

Have you ever worked in, or do you anticipate working in New York State? Yes No

Have you ever worked in, or do you anticipate working in any of the five (5) boroughs of New York City? Yes No

Have you ever worked in, or do you anticipate working in Colorado? Yes No

5. Are you a NRCA (National Roofing Contractors Association) member? Yes No

6. Total number of employees: _____ Number of leased employees: _____

Is Worker's Compensation coverage in place for all of these employees? Yes No

7. Percentage of roofing operations receipts to total receipts: _____%

8. Applicant is a (% of each): General Contractor _____% Subcontractor _____% Construction Manager _____%

Describe all operations in detail:

9. Exposure Data:

	Gross Receipts	Payroll	Subcontractor Costs
Projections for the upcoming year	\$	\$	\$
Estimate for the year just completed	\$	\$	\$
Actual for the 1 st prior year	\$	\$	\$
Actual for the 2 nd prior year	\$	\$	\$
Actual for the 3 rd prior year	\$	\$	\$

10. Percentage of roofing operations (Each line must total 100%):

Residential	%
Commercial	%
Industrial	%
Other:	%
Total	100%

New Construction - Residential	%
New Construction - Commercial	%
Remodeling/Re-roofing	%
Repair	%
Total	100%

11. Indicate percentage of each:

Slope	Percentage of Work
Pitched - steepest pitch: _____	%
Low Slope	%
Flat	%

12. Indicate percentage of each:

Type of Roofing	Percentage of Work
Asphalt Shingle	%
Wood/Shake Shingle	%
Slate	%
Tile	%
Metal	%
Polyurethane Foam	%
Hot Tar	%

Method of Roofing	Percentage of Work
Torch Down	%
Hot Air Welding	%
Modified Bitumen (hot)	%
Modified Bitumen (cold)	%
EPDM (hot)	%
EPDM (cold)	%
Other:	%

PROJECTS/OPERATIONS INFORMATION

1. List all major projects completed within the past five (5) years, including work in progress and planned projects or attach a project list:

Project Name	Date	Description	Location	Cost

2. What is the average dollar value of a completed project? \$ _____

3. Is scaffolding owned, rented, or erected? Yes No

Are other contractors at job site allowed to use it? Yes No

Do you require all persons who set scaffolding to have "competent person" certification from OSHA? Yes No

4. Do you rent cranes from others? Yes No

If "Yes", are they rented: with operators without operators

If rented "without operators", what are the qualifications of your employee(s) who operate(s) the cranes?

Do you obtain a hold harmless agreement in your favor from the crane company as well as additional insured status on the crane company's general liability policy? Yes No

5. Maximum number of stories at which work is done: _____

6. Do you have a formal written safety program in operation? Yes No

Please explain and/or provide a copy:

7. Have you worked or will you or your employees work under USL&H or Jones Act? Yes No

8. Indicate the type of security used on a project: Fencing Lighting Watchman

9. Indicate the safety measures used for all jobs: Sidewalk Bridges
 Toeboards or slide guards on all scaffolding
 Barricades fully enclosing the work area

10. Do you perform roof tear off operations? Yes No

Do you subcontract roof tear off operations to others? Yes No

11. Describe your weather detection procedures:

12. Do you have a procedure for limiting the amount of roof to be opened at a time? Yes No

If "Yes," please describe:

13. Are there circumstances under which you will leave an unattended and "open roof" for a period of more than two (2) hours? If "Yes", please describe (include procedures used to protect an "open roof"): Yes No

14. Heat Application Roofing Operations

a. Do you perform any Heat Application Roofing Operations, including but not limited to Hot Tar, Torch Down, Hot Air Welding or use any equipment that has an open flame or produces heat or sparks? Yes No

b. Do you perform any work utilizing the spraying of flammable liquids? Yes No

c. Are your employees NRCA Torch Application certified? Yes No

d. How many years of experience do you have with Heat Application Roofing Operations? _____

e. Is a fire watch done on all jobs after Heat Application Roofing Operations are used? Yes No

If "Yes", please describe:

f. How long do you remain on the job after the cessation of Heat Application Roofing Operations? _____

g. Is there a maintenance contract in place for all tar kettles? Yes No

If "Yes", how often are they serviced? _____

15. Have you ever worked on the conversion of apartments to condominiums? Yes No

16. Will your upcoming work involve new construction on condominiums? Yes No

If "Yes", what is the percentage of total roofing operations? _____%

Will your upcoming work involve repair or remodel work on condominiums? Yes No

17. Will your upcoming work involve new construction on tract home developments? Yes No

If "Yes", advise the maximum number of homes in the entire tract development? _____

18. Will your upcoming work involve new construction on townhouses? Yes No

Will your upcoming work involve repair or remodel work on townhouses? Yes No

19. Will you do work for a stalled, abandoned or otherwise interrupted construction project? Yes No

SUBCONTRACTOR INFORMATION/RISK TRANSFER

1. Do you use Subcontractors? Yes No
If "Yes", what percentage of work is subcontracted? _____%
2. Does the type of subcontracted work include the following (check all that apply):
- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Residential Roofing | <input type="checkbox"/> Framing | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Commercial Roofing | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Torch Down Application | <input type="checkbox"/> Sheet Metal | <input type="checkbox"/> Heating/AC |
| <input type="checkbox"/> Hot Tar Application | <input type="checkbox"/> Gutters | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Window Installation | <input type="checkbox"/> Debris Removal | |
3. Do you utilize AIA standard contracts for all of your subcontractors? Yes No
4. Are all subcontractors required to sign a hold harmless and indemnification agreement in your favor? If "No," please explain: Yes No

5. Are Certificates of Insurance obtained from subcontractors? Yes No
General Liability Minimum Limits Required: _____
Workers Compensation Minimum Limits Required: _____
6. Are you named as an additional insured on all subcontractors' policies? Yes No
7. Do you allow subcontractors to begin work prior to the collection of Certificates of Insurance? Yes No
8. Do you have a procedure for reviewing and maintaining Certificates of Insurance? Yes No
9. Do you ever use uninsured subcontractors? Yes No
10. Do you normally use the same subcontractors? Yes No

OTHER OPERATIONS

1. Do you draw any plans or blueprints used in your construction work? Yes No
If "Yes", has Professional Liability Coverage been obtained? Yes No
Limit of Liability: \$ _____
2. Do you own any vacant land (raw land with no developmental or improvement activity, held only for investment of possible development more than twelve (12) months in the future; no buildings on the property)? Yes No
3. Do you own any real estate development property (land with improvements – streets, roads, or utilities, etc. completed under construction)? Yes No
4. If "Yes", to either questions 2 or 3 how is property zoned: Residential Commercial/Retail/Industrial/Other
of acres vacant land: _____ # of acres Real Estate Dev Prop: _____
5. Will you loan, rent or lease equipment to others? Yes No
If "Yes", please describe in detail to include the annual sales from this activity (if any), types of equipment and whether it is rented with or without operators as well as a copy of the equipment rental Contract.

6. Does the Applicant currently own or operate any other business(es) other than roofing? Yes No
If "Yes", provide name of the business and percentage of ownership and describe the operations:

LOSS EXPERIENCE Check here if not applicable**1. Loss Summary (Please Attach hard copy loss runs)**

Year	Carrier	Premium	# of Claims	Incurred	Comments

- 2. During the past three (3) years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you? *Missouri applicants, do not answer.* If "Yes," please explain:** Yes No

- 3. Have you ever been involved in or are you aware of any pending litigation concerning construction defect? If "Yes," please explain:** Yes No

- 4. Have you been accused of any faulty construction in the past five (5) years? If "Yes," please explain:** Yes No

- 5. Have you been accused of breach of contract in the past five (5) years? If "Yes," please explain:** Yes No

FRAUD WARNING

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE FRAUD WARNING.

I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

SIGN AND DATE

APPLICANT'S PRINTED NAME	
APPLICANT'S SIGNATURE	DATE
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE