



2515 Moody Blvd. • Flagler Beach, FL 32136  
 Phone: 386/439-3378 • Fax: 386/439-3376

## ROOFING CONTRACTOR SUPPLEMENTAL APPLICATION

Please answer all questions. If the answer to a question is Not Applicable, please use the phrase N/A.

Applicant Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Length of time in business in the name of the applicant firm: \_\_\_\_\_

Date established: \_\_\_\_\_

If the answer to this question is less than three (3) years, please provide details of prior experience:

\_\_\_\_\_

\_\_\_\_\_

States in which the applicant operates: \_\_\_\_\_

Expiring Insurance Company: \_\_\_\_\_

Expiring Premium: \_\_\_\_\_

<b>Exposure Basis</b>	<b>Projected</b>	<b>1st Prior Year</b>	<b>2nd Prior Year</b>
Total Annual Receipts:	_____	_____	_____
Commercial Roofing Payroll      ISO Class 98677	_____	_____	_____
Residential Roofing Payroll      ISO Class 98678	_____	_____	_____
Sheet Metal Payroll              ISO Class 98884	_____	_____	_____
Cost of Subcontracted Work-Insured Subcontractors:	_____	_____	_____
Cost of Subcontracted Work-Uninsured Subcontractors:	_____	_____	_____

Does Applicant obtain a standard written agreement from all subcontractors?       Yes       No

Does each subcontractor hold the applicant harmless?       Yes       No

Does each subcontractor give the applicant an indemnification agreement?       Yes       No

Does each subcontractor agree to add the insured as an Additional Insured?       Yes       No

Does the applicant obtain certificates of insurance from subcontractors?       Yes       No

Does the applicant have a tracking system for certificates of insurance?       Yes       No

What is the minimum limit the applicant accepts on certificates of insurance?      \_\_\_\_\_

**Type of Roofing Work Done (Percentage of Overall Work Performed):**

Residential: \_\_\_\_\_ % Replacement: \_\_\_\_\_ %  
Commercial/Industrial: \_\_\_\_\_ % New Construction: \_\_\_\_\_ %  
Must Equal 100%                      100 % Must Equal 100%                      100 %

Please describe any other work performed by the applicant: \_\_\_\_\_

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Any work done on buildings over three stories tall?  Yes  No

Maximum Height at which applicant will work: \_\_\_\_\_ Feet

**If the applicant has ever done New Construction work, please advise if that work involved:**

Condominium, Townhouse or Apartment Building Projects:  Yes  No

Single Family Home Tract Housing Projects  Yes  No

Will the applicant work on such projects in the upcoming policy term?  Yes  No

If so, please specify project types. \_\_\_\_\_

Will the applicant be involved with repair/remodel work involving condominiums?  Yes  No

**Heat Application Work**

Hot Tar Application \_\_\_\_\_ % Modified Bitumen \_\_\_\_\_ %

Built-up Roof \_\_\_\_\_ % Ethylene Propylene Diene Monomer \_\_\_\_\_ %

**Does insured apply torch down systems to combustible walls and decks?**  Yes  No

Describe the procedure utilized by the applicant to inspect a heat application job-site prior to leaving the site for an extended period of time: \_\_\_\_\_

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**Equipment**

Does the applicant use cranes or booms?  Yes  No

Does the applicant own this equipment?  Yes  No

Is equipment rented or leased without operator?  Yes  No

Is equipment rented or leased with operator?  Yes  No

Does the applicant lease or otherwise provide equipment to others?  Yes  No

What is the length of cranes or booms? \_\_\_\_\_ Feet

Has the applicant experienced any claim, incident or circumstance regarding cranes or booms during the past five years?  Yes  No

Does the applicant use scaffolding?  Yes  No

Is scaffolding used owned by the applicant?  Yes  No

If rented from others does applicant do so under a rental contract?  Yes  No

**Inclement Weather Procedures**

Describe the procedure utilized by applicant to determine the possibility of the onset of inclement weather:

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Describe the procedure utilized by applicant to protect an open roof when leaving a job site for an extended period of time: \_\_\_\_\_

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Does insured hire tear off companies when doing re-roofing?  Yes  No

**Claims History**

Year	Paid Losses	Reserves	Incurred	Claim Count	Value Date
1st Prior	_____	_____	_____	_____	_____
2nd Prior	_____	_____	_____	_____	_____
3rd Prior	_____	_____	_____	_____	_____
4th Prior	_____	_____	_____	_____	_____
5th Prior	_____	_____	_____	_____	_____

Losses greater than \$10,000

Date of Occurrence	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status
_____	_____	_____	_____	_____	<input type="checkbox"/> Open <input type="checkbox"/> Closed
_____	_____	_____	_____	_____	<input type="checkbox"/> Open <input type="checkbox"/> Closed
_____	_____	_____	_____	_____	<input type="checkbox"/> Open <input type="checkbox"/> Closed

Has any claim or lawsuit ever been filed against the applicant or any partnership or joint venture of which the applicant has been a member?  Yes  No

Has any claim or lawsuit ever been filed against the applicant's predecessors in business?  Yes  No

Has any claim or lawsuit ever been filed against any person, company or entity on whose behalf the applicant has assumed liability?  Yes  No

Is the applicant aware of any circumstance, incident or accusation arising out of roofing operations performed by the applicant which may give rise to a claim?  Yes  No



# NOTICE

**1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NON-ADMITTED” OR “SURPLUS LINES” INSURERS.**

**2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO CALIFORNIA LICENSED INSURERS.**

**3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**

**4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE WEBSITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE:**  
[WWW.INSURANCE.CA.GOV](http://WWW.INSURANCE.CA.GOV).

**5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.**

**6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY THAT YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED, AND ANY BROKER FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**

Date: \_\_\_\_\_

Insured: \_\_\_\_\_