



# ROOFING INSURANCE USA

## Quick Quote Application

Applicant Name:			
(Attach a list of all names under which the Applicant has conducted business now or at any time in the past)			
Mailing Address:			
Years operating under this name as a roofing contractor†:			
<i>†If less than five years; a resume must be attached to this application describing experience within the construction industry.</i>			
Total Years Experience:			
Website:			
State(s) in which the Applicant performs business:			
Description of Operations (Detailed by Entity):			

General Liability Class Description	Sales	Payroll
Commercial, industrial or mixed-use building roofing	\$	\$
Residential roofing <b>under</b> three stories in height	\$	\$
Residential roofing <b>over</b> three stories in height	\$	\$
Siding	\$	\$
Other operations	\$	\$
Total	\$	\$

Type of Roofing Operating	Residential	Commercial
What percentage of work is New Construction?		
What percentage of work is Repair/Patching?		
What percentage of work is Replacement?		

Are any operations subcontracted out by the Applicant?	Yes	<input type="checkbox"/>
If yes, please describe type of work being subcontracted by class type:	Subcontracting Costs:	
	\$	
	\$	
	\$	

Actual payroll, costs and receipts for the last three years:			
Year	Payroll	Subcontracting Costs	Gross Receipts
1 <sup>st</sup> Prior	\$	\$	\$
2 <sup>nd</sup> Prior	\$	\$	\$
3 <sup>rd</sup> Prior	\$	\$	\$

Describe the Applicant's three largest projects over the past five years, including values:	
Project Description	Value
	\$
	\$
	\$

Indicate the type of work performed and percentage of operation within Type of Roofing Operation	Residential	Commercial
Rubber/Elastomerics		
Hot Tar and/or Asphalt Build Up		
Metal		
Polyurethane Foam		
Shingles/Shake		
Single Ply		
Tile		
Other (describe)		

What is the maximum number of stories at which the Applicant will perform work?				
Are all jobs inspected by a foreman or the contractor at completion prior to leaving	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do inspections include the date and time that the inspection was completed with	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the Applicant have a documented and enforced fall protection program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does this program meet OSHA requirements?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the Applicant have a formal safety program in operation? (If yes, please provide)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Describe the procedure when there is a possibility of inclement weather:
Describe the procedure to protect an open roof when leaving a job site for an extended period:
Please explain any open structure claims the Applicant has had in the last five years:
How do you protect the general public from potential injury?

Does the Applicant require subcontractor contracts with all subcontractors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A. How long are subcontractor contracts kept on file?				
B. Are subcontractors required to defend, indemnify and hold the Applicant harmless to the fullest extent of the law?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
C. Are subcontractors required to name the Applicant as an additional insured for:				
Ongoing Operations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Completed Operations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
D. Are subcontractors required to waive their right to subrogate against the Applicant?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
E. What limits are subcontractors required to secure and maintain?	\$	/Occ.	\$	/Agg.
Does the Applicant obtain a certificate of insurance from all subcontractors prior to entering a jobsite?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If certificates are required, please identify what type of system is used to monitor compliance:				
How long are certificates kept on file?				

Does the Applicant carry Workers Compensation Insurance?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What is the WC Experience Modification Factor applicable to the current policy?				_ . ____			
Prior Mods:		First Prior:	Second Prior:	Third Prior:			
Is the Applicant Bonded for Bid and Performance Surety?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, who is your Surety Company? (Not Surety Agent)							
Please check which of the following the applicant uses:							
Roof Cleaning Tractors	<input type="checkbox"/>	Cranes	<input type="checkbox"/>	Hoists	<input type="checkbox"/>	Forklifts	<input type="checkbox"/>
Scaffolding	<input type="checkbox"/>	Are the kettles equipped with an automatic shut-off valve?				Yes	<input type="checkbox"/>
Kettles	<input type="checkbox"/>					No	<input type="checkbox"/>

Equipment Rented				
Type of Equipment	How often do you rent this equipment?			
	Daily	Monthly	Weekly	Yearly

  

Equipment Owned	

List Expiring Carrier information for previous four years:				
Carrier	Limits (\$ Occ. / \$ Agg.)	Deductible	Premium	Occurrence or Claims-Made
	\$ / \$	\$	\$	
	\$ / \$	\$	\$	
	\$ / \$	\$	\$	
	\$ / \$	\$	\$	

Does the Applicant have knowledge of any occurrence which may give rise to a claim against them?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please explain:							

Additional Comments / Notes