

Roofers Supplemental Application
(In addition to Accord Applications and Surplex Contractors Supplemental)

Applicant Name _____

Applicant Address _____

City _____ State _____ Zip Code _____

Type of Roofing %:

Residential _____% Commercial _____% Industrial _____%

Tract homes _____% Town homes _____% Condos _____%

Roofing process percentage:

Shingle _____% Hot tar _____% Torch work _____% Other _____%

Highest Number of stories _____

Years in Business or Experience _____

Prior Carrier and loss information:

<u>Carrier</u>	<u>Year</u>	<u>Premium</u>	<u>Losses- (Describe)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For Current Policy term please estimate the following:

Roofing Payroll _____ Roofing Sales _____ Roofing Subcontracted cost _____

Is any roofing work subcontracted out? _____ If so, what percentage _____%

Are certificates secured from subs with equal limits? _____

If not, what limits do they carry? _____

Is any casual labor used? _____ If so, what percentage _____%

List three largest jobs worked on over the last year:

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/she certifies that the answers are true, correct and complete to the best of his/her knowledge.

Applicant Signature _____	Date _____	Producer's Signature _____	Date _____
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