

ROOFING CONTRACTORS SUPPLEMENTAL LIABILITY APPLICATION

1. Name of Insured: _____

2. Membership and Licenses (list)

3. Number of years in business: _____

4. Payroll: _____ Receipts: _____

5. Previous insurance experience for (minimum) three years:

<u>Coverage</u>	<u>Company</u>	<u>Policy Term</u>	<u>Premium</u>	<u># of Claims</u>	<u>Claims</u>	<u>Deductibles</u>	<u>Paid \$ Losses</u>	<u>Reserve \$ Losses</u>
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6. Any policy or coverage declined, canceled or non-renewed during prior 3 years?

_____ Yes _____ No

7. Description of roofing operations: Indicate % of work falling into each category.

Residential _____ %

Commercial _____ %

Type of Roofing:

Hot composition _____ %

Shingles, tiles or slate _____ %

Metal or aluminum _____ %

Polyurethane foam _____ %

Single ply _____ %

Cold built up composition _____ %

Other (explain) _____ %

8. Give full description of any operations not connected with the roofing which you perform:

