

Roofer – Supplemental Application



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The Agent Agency

NOTE: To be submitted with a ACORD Applications

1. Applicant: _____
2. Web address: _____
3. Describe operations: _____
4. Indicate the type of work performed by you or your employees:
Inspection/Maintenance _____ % New Construction _____ %
Replacement _____ % Repair _____ %
5. Indicate the type of structures that you or your employees will work on:
Apartments _____ % Condominiums _____ % One/Two Family Dwellings _____ %
Three/Four Family Dwellings _____ % Office Buildings _____ % Retail Buildings _____ %
Schools _____ % Warehouses _____ % Plants _____ %
Other _____ %
6. Number of Stories:
1-3 Stories _____ % 4-5 Stories _____ %
7. Roof Types:
Pitched Roofs _____ % Flat Roofs _____ %
8. Roofing Materials:
Asphalt shingles _____ % Concrete shingles _____ % Fiberglass shingles _____ %
Hot tar _____ % Metal/Aluminum _____ % Rubber/Elastomeric Roofing _____ %
Sheet polyurethane foam _____ % Sprayed polyurethane foam _____ % Shingle ply _____ %
Slate shake _____ % Tile _____ % Torch applied _____ %
Wood shake _____ % Other: _____ %
9. Equipment used (owned or rented):
 Cranes Forklifts
 Hoists Kettles
 Pulleys Scaffolding
 Tractors (Roof cleaning)
10. Do you rent equipment to others? Yes No
If **YES** what type of equipment? _____
11. Do you leave materials and equipment overnight on job sites? Yes No
12. Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member, or against any person, company, or entities on whose behalf your company has assumed liability? (For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration). Yes No
If **YES** please explain: _____

13. Date of Corporate Filing or DBA: _____

14. Years of Experience: _____ Years _____ Months

15. Length of time in business: _____ Years _____ Months

16. Full-time/Part-time Full-time Part-time

17. Are you licensed? Yes No

Kind of license: _____ Year license issued: _____ License number: _____

18. Number of:

Owners: _____ Partners: _____ FT Employees: _____ PT Employees: _____ Leased Employees: _____ Day Laborers: _____

19. State/Area of operations: _____

Radius of operations from your main location: _____ Miles

20. List the past three projects including location, receipts, type of work performed, project start and end dates

Type of work performed	Receipts	Location	Start Date	End Date
	\$			
	\$			
	\$			

21. Account history for prior 3 years:

	Current Year	Last Year	Year Before Last
Employee Payroll	\$	\$	\$
Total Revenue	\$	\$	\$
Total Subcontracted Costs	\$	\$	\$

22. Do you normally use the same subcontractors? Yes No

23. Please describe the operations performed by the subcontractors for you below:

Operation	Percentage	Operation	Percentage
Carpentry	%	Guttering	%
Hot Tar	%	Insulation	%
Siding	%	Waterproofing	%
Other			%

24. Are certificates of insurance obtained from subcontractors? Yes No

Minimum Limits Required \$ _____ per Occurrence

Are you named as an additional insured on the subcontractors' policies? Yes No

25. Do you use a written contract for all your subcontractors that includes a hold harmless clause in your favor? Yes No

26. How long are certificates retained after the completion of work: _____ Years _____ Months

27. Do you use a standard service contract that sets out your responsibilities? Yes No N/A

Please attach a copy of your contract, agreement and/or warranty Attached

28. Do you ever assume responsibility for any injury or property damage that may occur regardless of who may have caused the injury or damage Yes No

29. Are all jobs inspected by a foreman or supervisor upon completion? Yes No

Is there a written record of the inspection made and retained with the job file? Yes No N/A

30. Will any work be performed in the states of Nevada, California or South Carolina? Yes No

Producers Signature _____ **Date:** _____

Applicants Signature _____ **Date:** _____

APPLICABLE IN THE STATE OF NEW YORK:

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, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.