



Swett & Crawford

Roofers Supplemental Application

Applicant's Name _____ Phone _____

Address _____

Location _____

Proposed Effective Date: From _____ to _____

Limits of Liability Requested:

General Aggregate _____

Products and Completed Operations Aggregate _____

Personal & Advertising Injury _____

Each Occurrence _____

Fire Damage (Any One Fire) _____

Medical Expense (Any One Person) _____

Please answer all of the following questions.

Description of Operation

1. Operations

Percentage of your work

Residential (homes, condos) _____ %

Commercial (office bldgs., schools, retail) _____ %

Industrial (plants, warehouses) _____ %

Residential new construction _____ %

Commercial new construction _____ %

Industrial new construction _____ %

Residential repair / patching _____ %

Commercial repair / patching _____ %

Industrial repair / patching _____ %

Residential replacement _____ %

Commercial replacement _____ %

Industrial replacement _____ %

Pitched roofs _____ %

Flat roofs _____ %

Check type of roof and give percentage: Hot Tar _____ % Tile _____ % Shingles _____ %

Slate _____ % Metal _____ % Single Ply _____ % Other (describe) _____

2. Check work done other than roofing: Waterproofing Siding Asbestos removal Rain gutters

Carpentry Insulation Other (describe) _____

3. If hot tar or torch is used, explain in detail the process and what safety precautions are used _____

4. Do you subcontract any work? Yes No. If Yes, what percentage do you subcontract? _____ %

5. Check the type of work subcontracted out: Waterproofing Siding Asbestos removal Rain gutters

Carpentry Insulation Other (describe) _____

6. What is the annual cost of work subcontracted out? \$ _____ yearly

7. Are Certificates of Insurance (of equal limits) received on all subcontracted work? Yes No

8. How long are Certificates of Insurance kept? Until job ends, One year, Two years, Three years

More than three years, Never kept.



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General Information

9. List any roofing /builder associations in which you are a member _____

10. Receipts for previous three years:

Year 19 _____ Receipts \$ _____

Year 19 _____ Receipts \$ _____

Year 19 _____ Receipts \$ _____

11. Do you offer warranties? Yes No. If Yes, attach copies of warranty.

12. What is the average height of buildings you work on? _____ stories

13. What is the highest building you will work on? _____ stories

14. Where do you dispose of trash / waste / scraps? _____

15. Is this disposal process environmentally safe? Yes No

16. Have you ever used, sold, installed or worked with asbestos? Yes No If Yes, explain _____

17. Any LEG storage? Yes No If Yes, how much? _____

How is it stored? _____

What are the safety precautions? _____

18. List five (5) largest jobs and types in the last three (3) years:

19 _____

19 _____

19 _____

19 _____

19 _____

19. Years of experience? _____

20. List the types of owned equipment used on the job _____

21. List the type of equipment rented and check the frequency of such rental:

Type of Equipment	Daily	Weekly	Monthly	Yearly
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Do you have a written safety program? Yes No

23. How do you protect the general public from potential injury? Check one or more: Rope off work area, Signs, Cones, Flashing Lights, Man always on the grounds, No protection necessary, Other (described) _____

24. How are materials lifted to the roof? Ladder, Hoist, Pulley, Crane, Other (describe) _____

25. Are materials and equipment left overnight at job site? Yes No

26. In what manner are openings in roof protected overnight? Tarp, Waterproof plywood, Never leave openings, Other(describe) _____

27. Are all jobs inspected by a foreman or the contractor at completion before leaving the job site? Yes No

Loss Information

28. List all claims or suits brought against the applicant. Give amounts paid and / or reserved date and description of loss: _____





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Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company.

Applicant's Signature / Title Telephone Number

Date

Witness

Date

Agent:
Are you personally familiar with the Applicant's operations? Yes No
Did your office control this risk in the past year? Yes No

Agent's or Broker's Name

Agent's Signature

Address Telephone Number

Dated

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

