

**CATLIN SPECIALTY INSURANCE COMPANY**



**ROOFERS SUPPLEMENTAL APPLICATION**

Agent Name: \_\_\_\_\_  
Applicant's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
Name and Phone Number for Audit: \_\_\_\_\_

**GENERAL QUESTIONS**

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_

1. Has applicant operated under any other name or names?  Yes  No  
If 'Yes' please list each name, address and years in operation: \_\_\_\_\_
2. In what geographical area do you work? \_\_\_\_\_
3. Number of years you have operated your current business: \_\_\_\_\_
4. Total number of years of experience as a roofing contractor: \_\_\_\_\_  
What was your previous occupation (if less than three years prior experience): \_\_\_\_\_
5. Your contractor's license number and type: \_\_\_\_\_

**CONSTRUCTION ACTIVITIES SURVEY**

6. Please describe your operations and type of work performed (slate, asphalt, rubber, flat, pitched, etc..) \_\_\_\_\_
7. (a) Any hot tar work?  Yes  No  
If 'Yes', what percentage: \_\_\_\_\_ %
- (b) Any Torch Down work?  Yes  No  
If 'Yes', what percentage: \_\_\_\_\_ %
8. Percentage of: Commercial \_\_\_\_\_ % Industrial \_\_\_\_\_ % Institutional \_\_\_\_\_ %  
Residential \_\_\_\_\_ %  
Roofing Receipts \_\_\_\_\_ Payroll \_\_\_\_\_  
Sheet Metal Receipts \_\_\_\_\_ Payroll \_\_\_\_\_
9. Any sheet metal work other than in connection with roofing operations?  Yes  No  
If 'Yes', please explain: \_\_\_\_\_
10. Any sprayed-on roofing?  Yes  No  
If 'Yes', what type of material? \_\_\_\_\_
11. What is maximum height (in number of stories) that your work is performed? \_\_\_\_\_
12. Percentage of work subcontracted: \_\_\_\_\_ %
13. Are certificates of insurance required of subcontractors?  Yes  No  
What limits of insurance are subcontractors required to carry? \_\_\_\_\_
14. Does applicant own a crane?  Yes  No  
If 'Yes', please provide details: \_\_\_\_\_

15. Does applicant rent a crane?  Yes  No

If 'Yes':

- a. With or without operator? \_\_\_\_\_
- b. How many times a year on average? \_\_\_\_\_
- c. What is the average size of crane? \_\_\_\_\_

17. Percent of work on a typical project performed by:

- a. Your Employees \_\_\_\_\_ %
- b. Subcontractors under your supervision \_\_\_\_\_ %

18. List the payroll of owners, supervisors and employees by class and duties performed.

Class	Payroll (\$)	Duties Performed

**SUBCONTRACTORS EXPOSURE**

If you NEVER hire subcontractors, please check here  and skip to the **Historical / Job Profile** question.

- 1. Are all subcontractors required to sign a hold-harmless or indemnification agreement in  Yes  No your favor?
- 2. Do you utilize a standardized contract with all of your subcontractors?  Yes  No  
If 'Yes', please attach a copy.
- 3. Do you require all subcontractors to:
  - a. Carry same or greater Limits and Coverages?  Yes  No
  - b. Name you as Additional Insured?  Yes  No
  - c. Furnish Certificates of Insurance for:
    - (1) General Liability?  Yes  No
    - (2) Workers' Compensation?  Yes  No

**HISTORICAL / JOB PROFILE**

1. Please describe the 3 largest projects undertaken by you in the past 5 years:

Description	Job Cost	Project Duration

2. Please describe the 3 largest projects planned for the upcoming year:

Description	Est. Job Cost	Est. Project Duration

3. What is the average dollar value of a completed project? \_\_\_\_\_

4. Please describe any types of projects that you have discontinued (i.e. no longer build, uncompleted, etc.).  
\_\_\_\_\_

**SUPPLEMENTAL INFORMATION**

1. Are you involved in any other business besides roofing?  Yes  No  
 If 'Yes', please describe: \_\_\_\_\_
2. Have you been contacted by any general contractor and/or subcontractor regarding a problem at any location you worked on with them?  Yes  No  
 If 'Yes', please describe: \_\_\_\_\_
3. Have you ever been involved in or are you aware of pending litigation concerning defective workmanship?  Yes  No  
 If 'Yes', please describe: \_\_\_\_\_

**PRIOR CARRIER INFORMATION**

1. Prior Carrier Information for the Previous Three Years:

	Year:	Year:	Year:
Carrier Name			
Policy No.			
Policy Term			
Premium			
Losses Paid			
Losses Reserved			

2. Loss History for the Previous Three Years (Enter 'None' below if no losses).

Date of Loss	Description of Loss	Date of Claim	Valuation Date	Amount Paid	Amount Reserved	Claim Status

3. Do you have any knowledge concerning any incidents that have occurred prior to the date of this application which could give rise to a future claim?  Yes  No  
 If 'Yes', please describe: \_\_\_\_\_
4. Have you had any policy or coverage declined, canceled or non-renewed during the prior five years? (Not applicable in Missouri)  Yes  No  
 If 'Yes', please describe: \_\_\_\_\_

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given that a policy shall be issued and a payment shall be made, and then only as of the commencement date of that policy and in accordance with all terms and conditions of that policy. You hereby covenant and agree that the above statements and answers are a full and true representation of all the facts and circumstances with regard to the risk to be insured, and the same are made the basis and conditions of the insurance and a warranty on the part of the insured.

Supplying false or misleading statements or omitting known information may result in no coverage.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Applicant's Signature and Title)