



Application Form

ROOFING CONTRACTOR SUPPLEMENTAL

Carrier

Western Security Surplus

Revision

May 2016

WESTERN SECURITY SURPLUS

INSURANCE BROKERS, INC.

5800 Granite Parkway, Suite 300, Plano, TX 75024

Phone: (888) 977-3255 • Fax: (972) 702-0504

ROOFING CONTRACTOR SUPPLEMENTAL APPLICATION

Please answer all questions. If the answer to a question is Not Applicable, please use the phrase N/A.

Applicant Name:

Business Address:

Length of time in business in the name of the applicant firm: _____

Date established: _____

If the answer to this question is less than three (3) years, please provide details of prior experience:

States in which the applicant operates:

Expiring Insurance Company:

Expiring Premium:

Exposure Basis		Projected	1 st Prior Year	2 nd Prior Year
Total Annual Receipts:				
Commercial Roofing Payroll	ISO Class 98677			
Residential Roofing Payroll	ISO Class 98678			
Sheet Metal Payroll	ISO Class 98884			
Cost of Subcontracted Work-Insured Subcontractors:				
Cost of Subcontracted Work-Uninsured Subcontractors:				
Does Applicant obtain a standard written agreement from all subcontractors?		Yes	No	
Does each subcontractor hold the applicant harmless?		Yes	No	
Does each subcontractor give the applicant an indemnification agreement?		Yes	No	
Does each subcontractor agree to add the insured as an Additional Insured?		Yes	No	
Does the applicant obtain certificates of insurance from subcontractors?		Yes	No	
Does the applicant have a tracking system for certificates of insurance?		Yes	No	
What is the minimum limit the applicant accepts on certificates of insurance?				
Type of Roofing Work Done (Percentage of Overall Work Performed):				
Residential:	%	Replacement:	%	
Commercial/Industrial:	%	New Construction:	%	
Must Equal 100%	100 %	Must Equal 100%	100 %	
Please describe any other work performed by the applicant:				
Any work done on buildings over three stories tall?			Yes	No
Maximum Height at which applicant will work:			Feet	
If the applicant has ever done New Construction work please advise if that work involved:				
Condominium, Townhouse or Apartment Building Projects:			Yes	No
Single Family Home Tract Housing Projects			Yes	No
Heat Application Work				
Hot Tar Application	%	Modified Bitumen	%	
Built-up Roof	%	Ethylene Propylene Diene Monomer	%	
Does insured apply torch down systems to combustible walls and decks?			Yes	No
Describe the procedure utilized by the applicant to inspect a heat application job-site prior to leaving the site for an extended period of time:				
Equipment				
Does the applicant use cranes or booms?			Yes	No
Does the applicant own this equipment?			Yes	No

Is equipment rented or leased without operator?	Yes	No				
Is equipment rented or leased with operator?	Yes	No				
Does the applicant lease or otherwise provide equipment to others?	Yes	No				
What is the length of cranes or booms?	Feet					
Has the applicant experienced any claim, incident or circumstance regarding cranes or booms during the past five years?	Yes	No				
Does the applicant use scaffolding?	Yes	No				
Is scaffolding used owned by the applicant?	Yes	No				
If rented from others does applicant do so under a rental contract?	Yes	No				
Inclement Weather Procedures						
Describe the procedure utilized by applicant to determine the possibility of the onset of inclement weather:						
Describe the procedure utilized by applicant to protect an open roof when leaving a job site for an extended period of time:						
Does insured hire tear off companies when doing re-roofing?	Yes	No				
Claims History						
Year	Paid Losses	Reserves	Incurred	Claim Count	Value Date	
1 st Prior						
2 nd Prior						
3 rd Prior						
4 th Prior						
5 th Prior						
Losses greater than \$10,000						
Date of Occurrence	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status	
					Open	Closed
					Open	Closed
					Open	Closed
Has any claim or lawsuit ever been filed against the applicant or any partnership or joint venture of which the applicant has been a member?					Yes	No
Has any claim or lawsuit ever been filed against the applicant's predecessors in business?					Yes	No
Has any claim or lawsuit ever been filed against any person, company or entity on whose behalf the applicant has assumed liability?					Yes	No
Is the applicant aware of any circumstance, incident or accusation arising out of roofing operations performed by the applicant which may give rise to a claim?					Yes	No

WARNING: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED BY:

Applicant

Date

Producer

Date