

COLONY SPECIALTY INSURANCE ROOFERS SUPPLEMENTAL APPLICATION

Applicant Name: _____ Website: _____
 Mailing Address: _____ Location Address: _____

GENERAL INFORMATION

- Types and Percentages of Roofing Systems Installed by applicant or subcontractors: (Include all that apply)

System Type	% of Total	Eligible for Roofing PDQ?
<input type="checkbox"/> Asphalt Shingles	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Clay or Concrete Tile	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Metal Roof Systems for steep slope applications	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Slate	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Treated Wood Shakes or Shingles	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Other Synthetic Coverings	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Built Up Roof Systems – “Tar and Gravel”	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Built Up Roof Systems – Polymer-Modified bitumen sheet membranes	_____	No
<input type="checkbox"/> Metal panel roof systems for low-slope applications	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Thermoplastic membranes	_____	No
<input type="checkbox"/> Thermoset membranes	_____	No
<input type="checkbox"/> Spray polyurethane foam-based	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> “Green Roof” Systems (Designed to allow planting/landscaping on roof)	_____	No
<input type="checkbox"/> Other (Please Describe) _____	_____	_____
Total of all Roofing Systems	100%	

- Type and Percentage of Roofing Work done by the applicant or subcontractors: (Check all that apply)

Type of Roofing Work	% of Receipts	Eligible for Roofing PDQ?
<input type="checkbox"/> Residential – Repair, Remodel, or Re-roof of Individual Dwellings	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Residential – Repair, Remodel, or Re-roof of Multi-family Dwellings	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Residential – Repair, Remodel, or Re-roof of Apartments	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Residential – Additions onto Individual Dwellings	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Residential – Additions onto Condos, Apartments, or Townhomes	_____	No
<input type="checkbox"/> Residential – New Construction – Individual or Custom Dwellings only	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Residential – New Construction – Tract , Condos, Apts, Townhomes	_____	No
<input type="checkbox"/> Commercial – Repair, Remodel, or Re-roof	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Commercial – New Construction	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Industrial – New Construction or Repair	_____	No
<input type="checkbox"/> Other (Please describe) _____	_____	_____
Total Roofing Work	100%	

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GENERAL INFORMATION (CONT'D)

- Years in business under this name: _____
- Years of experience in this field: _____
- Contractors License Number: _____ Year license issued: _____
- Are you a member of NRCA? (Nat'l Roofing Contractors Assoc.) Yes No
- Have you operated under any other name or names? Yes No
- If Yes, provide prior name and describe operations: _____

- States/area of operations: _____
- Number of employees: _____
- Total Annual Gross Sales/Receipts: _____

CLASSIFICATION OF OPERATIONS (PAYROLL/SUB-COSTS)

- Indicate payrolls/subcontractor costs for each type of construction work performed:

Class	Employee Payroll	Sub-Contractor Cost
Roofing – Residential	\$	\$
Roofing – Commercial	\$	\$
Carpentry (Other than involved directly with roofing)	\$	\$
Gutter Installation, Repair, or Replacement	\$	\$
Solar Panel or other Solar Energy Work	\$	\$
Waterproofing work	\$	\$
Insulation Work	\$	\$
Executive Supervisory	\$	\$
Other (Please describe)	\$	\$
Other (Please describe)	\$	\$

- Indicate any work or operations involving the following, even if subbed out:

- | | | |
|---|--|--|
| <input type="checkbox"/> Airport Facilities | <input type="checkbox"/> Equipment Rental to Others | <input type="checkbox"/> Mold Remediation |
| <input type="checkbox"/> Asbestos Work | <input type="checkbox"/> Fire Damage Restoration | <input type="checkbox"/> Nuclear facilities |
| <input type="checkbox"/> Crane rental to others | <input type="checkbox"/> Gov't Entities including Military | <input type="checkbox"/> Water Damage Restoration |
| <input type="checkbox"/> EIFS or related work | <input type="checkbox"/> Historic Building Restoration | <input type="checkbox"/> Wrap-ups – participation in |

If checked, please describe work in detail:

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PROJECTS/OPERATIONS INFORMATION

- Please list all **major projects**, including those completed in the past 3 years, in progress, and planned in the future.

OR

- Attach a project list:

Past Completed Projects (Mandatory Field)

Project Name	State	Project Description	Roofing System Type	Dates	Cost

Current and Planned/Future Projects

Project Name	State	Project Description	Roofing System Type	Dates	Cost

- Any exterior work performed **above three stories** in height from grade? Yes No
- Any work done using **untreated wood shingles**? Yes No
- If **Tar Kettles** or **Heat Process Equipment** are used, which of the following jobsite safety procedures are followed?
Check all that apply
 - All kettles or heat process equipment are placed at ground level, away from the building, during use
 - Barriers are present which prohibit the general public from entering the jobsite or heat equipment area
 - 15 lb or larger charged ABC extinguishers are present at all jobsites
 - Personnel remain at jobsite for at least 30 minutes after equipment has been shut off or removed
 - Areas where heat work was performed are personally inspected prior to leaving jobsite
 - Other (Please describe) _____

RISK TRANSFER

- Do you use written contracts or agreements with all of your subcontractors? Yes No
- Are all subcontractors required to sign a hold harmless/indemnification agreement in your favor? Yes No
- Are all subcontractors required to maintain General Liability Insurance? Yes No
 - Certificates of Insurance obtained? Yes No
 - Limits equal to our insured's required? Yes No
 - Are you named as an additional insured on all subcontractors' General Liability policies? Yes No
- Are all subcontractors required to maintain Workers Compensation Insurance? Yes No
 - Certificates of Insurance obtained? Yes No

OTHER INSURANCE

- Do you currently have Workers Compensation coverage in place? Yes No
- Any other operation(s) in addition to those which are shown in this application? Yes No
 - If yes, please describe _____
 - Where is the General Liability for this operation insured? _____

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LOSS EXPERIENCE Check here if not applicable

- Loss Summary (Please Attach Hard Copy Loss Runs)

Year	Carrier	Premium	#Claims	Incurred	Comments

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____

Date: _____

Producer: _____

Date: _____