



**ROOFING CONTRACTOR SUPPLEMENTAL APPLICATION**

Please follow these steps while completing the application.

- 1 Please complete and save this document to your local computer.
- 2 Completely answer all questions. The information requested is in addition to that which you provide in the appropriate ACORD application(s).
- 3 If you require more space, please either complete an ACORD 125 or attach separate pages showing the applicable question number you are responding to. Make sure your company name appears at the top.
- 4 This supplemental application must be signed and dated by an authorized representative of the applicant.
- 5 Please verify your information before signing and forwarding to your agent or broker.
- 6 Choose distribute from the Forms Panel in the Tool Pane on the right to send it to your recipients.
- 7 Wholesale E&S Submission email address: [submissions.wholesale.es@cfins.com](mailto:submissions.wholesale.es@cfins.com)



**CRUM & FORSTER®**  
A FAIRFAX COMPANY

Producer: \_\_\_\_\_

Producer Is:  Wholesaler  Retailer

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Excess & Surplus Lines License No.: \_\_\_\_\_

Email: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

If Renewal, Provide Current Policy No.: \_\_\_\_\_

### 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 <sup>st</sup> Prior Year   | 2 <sup>nd</sup> 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 <input type="checkbox"/>     | No <input type="checkbox"/>  |                             |
| Does each subcontractor hold the applicant harmless?  |                 | Yes <input type="checkbox"/>     | No <input type="checkbox"/>  |                             |
| Does each subcontractor give the applicant an indemnification agreement?  |                 | Yes <input type="checkbox"/>     | No <input type="checkbox"/>  |                             |
| Does each subcontractor agree to add the insured as an Additional Insured?  |                 | Yes <input type="checkbox"/>     | No <input type="checkbox"/>  |                             |
| Does the applicant obtain certificates of insurance from subcontractors?  |                 | Yes <input type="checkbox"/>     | No <input type="checkbox"/>  |                             |
| Does the applicant have a tracking system for certificates of insurance?  |                 | Yes <input type="checkbox"/>     | No <input type="checkbox"/>  |                             |
| What is the minimum limit the applicant accepts on certificates of insurance?   |                 |                                  |                              |                             |
| <b>Type of Roofing Work Done (Percentage of Overall Work Performed):</b>  |                 |                                  |                              |                             |
| 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| Maximum Height at which applicant will work:  |                 |                                  | Feet                         |                             |
| <b>If the applicant has ever done New Construction work please advise if that work involved:</b>  |                 |                                  |                              |                             |
| Condominium, Townhouse or Apartment Building Projects:  |                 |                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Single Family Home Tract Housing Projects   |                 |                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>Heat Application Work</b>  |                 |                                  |                              |                             |
| Hot Tar Application   | %               | Modified Bitumen                 | %                            |                             |
| Built-up Roof   | %               | Ethylene Propylene Diene Monomer | %                            |                             |
| <b>Does insured apply torch down systems to combustible walls and decks?</b>  |                 |                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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: |                 |                                  |                              |                             |
| <b>Equipment</b>  |                 |                                  |                              |                             |
| Does the applicant use cranes or booms?   |                 |                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the applicant own this equipment?  |                 |                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Is equipment rented or leased without operator?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is equipment rented or leased with operator?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the applicant lease or otherwise provide equipment to others?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the applicant use scaffolding?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is scaffolding used owned by the applicant?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If rented from others does applicant do so under a rental contract?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**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:

|  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>Does insured hire tear off companies when doing re-roofing?</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

**Claims History**

| Year                  | Paid Losses | Reserves | Incurred | Claim Count | Value Date |
|-----------------------|-------------|----------|----------|-------------|------------|
| 1 <sup>st</sup> Prior |             |          |          |             |            |
| 2 <sup>nd</sup> Prior |             |          |          |             |            |
| 3 <sup>rd</sup> Prior |             |          |          |             |            |
| 4 <sup>th</sup> Prior |             |          |          |             |            |
| 5 <sup>th</sup> 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 |  |
|                    |   |               |             |                 | 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| Has any claim or lawsuit ever been filed against the applicant's predecessors in business?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has any claim or lawsuit ever been filed against any person, company or entity on whose behalf the applicant has assumed liability?                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 <input type="checkbox"/> | No <input type="checkbox"/> |

State Notices: The following notices are required by the Insurance Department of the indicated states.

**Warning:** 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – see Additional Fraud Notices for these States below).

#### **ADDITIONAL FRAUD NOTICES**

##### **NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA**

**APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** 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.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Title

\_\_\_\_\_  
Applicant Signature\*

\_\_\_\_\_  
Date

\* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

**PRODUCER INFORMATION:**

\_\_\_\_\_  
Producer Name (Printed)

\_\_\_\_\_  
Producer Signature\*

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Code

\_\_\_\_\_  
License Number

\* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

\* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.