

ROOFERS SUPPLEMENTAL APPLICATION

Named Insured: _____

Address: _____

Inspection Contact: _____ Phone #: _____

1. Number of years in roofing business: _____

2. What percentage of work is residential? _____%

What percentage of work is commercial? _____%

3. What percentage of work is new construction? _____%

What percentage of work is repair/patching? _____%

What percentage of work is replacement? _____%

4. Check type of work: () Hot tar () Shingles () Other: _____

5. Type of roof: Flat _____% Pitched _____%

6. Average height of buildings worked on? _____ # of stories _____

7. Where do you dispose of trash/waste/scrap? _____

8. Are materials and equipment left overnight at the job site? _____

9. What percentage of work is subcontracted? _____%

Annual cost of work subcontracted: _____

Are certificates of insurance obtained from subcontractors? _____

10. Type of Equipment:
