

Berkley Specialty Insurance Company

Agent Name: _____ Contact: _____
Agent Number: _____ Phone # _____

Roofing Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125 & 126)
All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name: _____

Applicant Mailing Address: _____

Applicant's Phone Number _____

Web Address _____

Inspection Contact: _____

Phone Number for Inspection Contact: _____

Proposed Policy Period _____ to _____

Applicant is Individual Partnership Corporation Joint Venture Other

Location #1: _____

Location #2: _____

Location #3: _____

UNDERWRITING INFORMATION

1. Years in Business? _____ Years of Experience in this field? _____

2. Indicate the percent of each type of roofing performed.

TYPE	COMMERCIAL	RESIDENTIAL	INDUSTRIAL	% OF TOTAL OPERATIONS (MUST EQUAL 100%)	
NEW CONSTRUCTION	%	%	%	%	
REPAIR/PATCHING	%	%	%	%	
REPLACEMENT	%	%	%	%	

FLAT ROOFS	%	METAL	%	PITCH ROOFS	%
ASPHALT SHINGLE	%	SINGLE PLY	%	TILE	%
FIBERGLASS	%	WOOD	%	POLYURETHANE FOAM	%
HOT TAR	%	SLATE	%	TORCH DOWN	%
OTHER - DESCRIBE					

3. Describe any other operations or work done other than roofing (e.g., waterproofing, siding, asbestos removal, rain gutters, carpentry, etc): _____

4. Has or will any work involve the new construction of condominiums, townhouses, multi-family homes, apartments or tract homes? Yes No

If yes, please describe the work? _____

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UNDERWRITING INFORMATION (Continued)

5. Any Current Wrap-Up/OCIP Projects? Yes No
If yes, what is the projected cost associated with the Wrap-Up/OCIP Projects? _____
6. Describe what safety precautions are in place if hot tar, torch down or other hot processes are used?

7. What is the maximum height of the buildings you work on? _____
If over 3 stories, does applicant have a fall protection program in place for all jobs including one of the following systems:
Guardrail system with toes boards Yes No
Saftey net Yes No
Personal fall arrest system Yes No
8. Do you have a written safety program? Yes No
9. Owner/Partner Payroll \$ _____ Subcontractor Cost \$ _____ Uninsured Subcontractor Payroll \$ _____
Number of Employees \$ _____ Employee Payroll \$ _____ Leased Employees Payroll \$ _____
Total Gross Sales \$ _____
10. How do you protect the general public from potential injury?

11. How are materials lifted to the roof? _____
12. How are openings in the roof protected over night? _____
13. What precautions do you take when a rainstorm is imminent? _____
14. Does a foreman or contractor inspect all jobs upon completion? Yes No
15. Have you ever or do you currently perform work in AZ, CA, CO, NV, NY, OR, UT or WA? Yes No
If yes, please describe. _____
16. Have you ever used, sold, installed or removed asbestos? Yes No
If yes explain in detail:

17. Are Cranes used? Yes No
If yes, what is the size? Tons: _____ Boom Length: _____
Are barriers in place to protect the public? Yes No
If yes, are the cranes owned or rented? Owned Rented If rented, **attach** rental agreement.
If owned, is equipment under a regular maintenance schedule? Yes No
Are employees properly trained and certified? Yes No
18. Does the applicant have a "fire watch" program to assure there are no "hot spots" after completion of a job? Yes No
Describe. _____
19. Is applicant complying with all state & OSHA regulations? Yes No

ROOFING CONTRACTORS

1. Does applicant draw plans, designs or specifications? Yes No
If yes, describe. _____
2. Do your subcontractors carry coverage or limits less than yours? Yes No
If yes, what are the minimum limits you accept? _____

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ROOFING CONTRACTORS (Continued)

3. Are certificates of insurance required from subcontractors? Yes No
4. Do the subcontractors list the applicant as an Additional Insured? Yes No
5. Is a signed subcontract agreement used with all subcontractors that contains an indemnification and hold harmless clause in your favor? Yes No
If yes, **attach** a copy for our file. If no, risk may not be acceptable.
6. How long are Certificates of Insurance kept? years Other
If other is checked, provide details.

7. Describe the type of work subcontracted indicating percent for each category:

8. Does applicant lease equipment to others with or without operators? Yes No
If yes, describe equipment and forward copy of lease agreement:

9. What is the number of employees? Full-time Part-time

10. List Gross Sales for the last three years:

Year 20__ Gross Sales \$ _____
Year 20__ Gross Sales \$ _____
Year 20__ Gross Sales \$ _____

11. Do you offer warranties? Yes No
If yes, **attach** copies of warranty.

CONTRACTUAL LIABILITY

Describe All Hold Harmless Agreements (Dates, Contracting Party, Cost) and **attach** copies.

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE

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LIST THREE (3) OF YOUR LARGEST JOBS AND TYPE OF PROCESS USED IN THE LAST FIVE (5) YEARS

JOBS	TYPE OF PROCESS USED

ADDITIONAL INFORMATION OR COMMENTS

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PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

WARRANTY STATEMENT: The purpose of the supplemental questionnaire is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The under signed, therefore warrants to the best of his knowledge, information and belief. The supplemental questionnaire, and the application to which it is appended, shall be the basis of any insurance policy that may be issued and will be part of such policy.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENTS

NOTICE: In some states, 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.

To Insureds in the States of:

Alabama and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arkansas and Rhode Island: 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.

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Colorado: 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.

District of Columbia: 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.

Florida: 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.

Kentucky: 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.

Louisiana: 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.

Maryland: 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.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: 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 civil fines and criminal penalties.

New York: 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.

Ohio: 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.

Oklahoma: 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.

Pennsylvania: 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.

Maine, Tennessee, Virginia and Washington: 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.

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APPLICATION MUST BE SIGNED BY APPLICANT

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonable lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

_____	_____	_____	_____
Producer's Signature	Date	Applicant's Signature	Date