

# Berkley Specialty Insurance Company

Agent Name: RICK CLINE Contact: Rick Cline/Gerry Jones  
Agent Number: \_\_\_\_\_ Phone # 303-932-1700

## 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?  
\_\_\_\_\_

# Berkley Specialty Insurance Company

## 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? \_\_\_\_\_

# Berkley Specialty Insurance Company

**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, <b>attach</b> a copy for our file. If no, risk may not be acceptable. |   |       |    |
| 6.  | How long are Certificates of Insurance kept? ..... <u>      </u> 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 2025	Gross Sales \$ _____
Year 2024	Gross Sales \$ _____
Year 2023	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

CERTIFICATE REQUIREMENTS/ADDITIONAL INTERESTS			
NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE

# Berkley Specialty Insurance Company

## 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

--

## 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.

# Berkley Specialty Insurance Company

**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.

# Berkley Specialty Insurance Company

**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.

Rick Cline			
_____	_____	_____	_____
Producer's Signature	Date	Applicant's Signature	Date