



CONTRACTOR SUPPLEMENTAL APPLICATION

Agency Name _____ Policy or Quote Number _____ Date Completed _____
Agency # _____ Producer Name: _____

General																																																																		
	Applicant Name: _____ Effective Date: _____ 1. Is this contracting operation a new venture? <input type="checkbox"/> Yes <input type="checkbox"/> No Year Business Started: _____ 2. Years of experience in this type of work: _____																																																																	
	1. Describe the business operations: _____ 2. Please check the following operations performed by the applicant's employees (check all that apply): <table border="0"><tr><td><input type="checkbox"/> Alarm Installation/Service</td><td><input type="checkbox"/> Flooring Installation</td><td><input type="checkbox"/> Pool Installation/Service</td></tr><tr><td><input type="checkbox"/> Carpentry – Framing</td><td><input type="checkbox"/> Gas Main or Line Work</td><td><input type="checkbox"/> Roofing</td></tr><tr><td><input type="checkbox"/> Carpentry – Interior</td><td><input type="checkbox"/> Grading of Land</td><td><input type="checkbox"/> Sewer/Water Main or Line Work</td></tr><tr><td><input type="checkbox"/> Cabinet Installation</td><td><input type="checkbox"/> Heating and Air Conditioning</td><td><input type="checkbox"/> Sheet Metal Work</td></tr><tr><td><input type="checkbox"/> Concrete Construction</td><td><input type="checkbox"/> Insulation</td><td><input type="checkbox"/> Siding Installation</td></tr><tr><td><input type="checkbox"/> Demolition</td><td><input type="checkbox"/> Landscape/Lawn Care</td><td><input type="checkbox"/> Sign Erection</td></tr><tr><td><input type="checkbox"/> Driveway/Sidewalk Paving</td><td><input type="checkbox"/> Masonry</td><td><input type="checkbox"/> Snow Removal</td></tr><tr><td><input type="checkbox"/> Drywall</td><td><input type="checkbox"/> Painting</td><td><input type="checkbox"/> Street/Road Construction</td></tr><tr><td><input type="checkbox"/> Electrical</td><td><input type="checkbox"/> Plastering/Stucco Work</td><td><input type="checkbox"/> Tile, Stone, Marble Work</td></tr><tr><td><input type="checkbox"/> Excavation</td><td><input type="checkbox"/> Plumbing</td><td><input type="checkbox"/> Window/Door Installation</td></tr><tr><td colspan="3"><input type="checkbox"/> Other (please describe): _____</td></tr></table> 3. Please check the following operations performed by the applicant's subcontractors (check all that apply): <table border="0"><tr><td><input type="checkbox"/> Alarm Installation/Service</td><td><input type="checkbox"/> Flooring Installation</td><td><input type="checkbox"/> Pool Installation/Service</td></tr><tr><td><input type="checkbox"/> Carpentry – Framing</td><td><input type="checkbox"/> Gas Main or Line Work</td><td><input type="checkbox"/> Roofing</td></tr><tr><td><input type="checkbox"/> Carpentry – Interior</td><td><input type="checkbox"/> Grading of Land</td><td><input type="checkbox"/> Sewer/Water Main or Line Work</td></tr><tr><td><input type="checkbox"/> Cabinet Installation</td><td><input type="checkbox"/> Heating and Air Conditioning</td><td><input type="checkbox"/> Sheet Metal Work</td></tr><tr><td><input type="checkbox"/> Concrete Construction</td><td><input type="checkbox"/> Insulation</td><td><input type="checkbox"/> Siding Installation</td></tr><tr><td><input type="checkbox"/> Demolition</td><td><input type="checkbox"/> Landscape/Lawn Care</td><td><input type="checkbox"/> Sign Erection</td></tr><tr><td><input type="checkbox"/> Driveway/Sidewalk Paving</td><td><input type="checkbox"/> Masonry</td><td><input type="checkbox"/> Snow Removal</td></tr><tr><td><input type="checkbox"/> Drywall</td><td><input type="checkbox"/> Painting</td><td><input type="checkbox"/> Street/Road Construction</td></tr><tr><td><input type="checkbox"/> Electrical</td><td><input type="checkbox"/> Plastering/Stucco Work</td><td><input type="checkbox"/> Tile, Stone, Marble Work</td></tr><tr><td><input type="checkbox"/> Excavation</td><td><input type="checkbox"/> Plumbing</td><td><input type="checkbox"/> Window/Door Installation</td></tr><tr><td colspan="3"><input type="checkbox"/> Other (please describe): _____</td></tr></table> 4. Has the applicant performed any other types of construction in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ 5. What is the approximate breakdown of the applicant's work (total should equal 100%) _____ % Residential _____ % Commercial _____ % Industrial 6. What is the approximate breakdown of the applicant's work (total should equal 100%) _____ % New Construction _____ % Remodel/Repair 7. What is the percentage of work (if any) done in each category below: _____ % Hospitals _____ % Nursing Homes _____ % Government/Municipalities _____ % Schools _____ % Tract Homes 8. Does the applicant perform work more than three stories above grade? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what percentage? _____ % What is the maximum height at which the applicant will work? _____ feet 9. Any current or past involvement with OCIP/wrap-up jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ 10. Any current or past projects involving the use of exterior insulation and finish systems (EIFS)? <input type="checkbox"/> Yes <input type="checkbox"/> No 11. Is the applicant involved in any third-party design, consulting, project management, or inspection? (Check all that apply) <input type="checkbox"/> Design <input type="checkbox"/> Consulting <input type="checkbox"/> Project Management <input type="checkbox"/> Inspection 12. Does the applicant have a professional liability or contractor's errors & omissions policy in place? <input type="checkbox"/> Yes <input type="checkbox"/> No 13. Does the applicant have a workers' compensation policy in place? <input type="checkbox"/> Yes <input type="checkbox"/> No 14. What is the radius of the applicant's operations? _____	<input type="checkbox"/> Alarm Installation/Service	<input type="checkbox"/> Flooring Installation	<input type="checkbox"/> Pool Installation/Service	<input type="checkbox"/> Carpentry – Framing	<input type="checkbox"/> Gas Main or Line Work	<input type="checkbox"/> Roofing	<input type="checkbox"/> Carpentry – Interior	<input type="checkbox"/> Grading of Land	<input type="checkbox"/> Sewer/Water Main or Line Work	<input type="checkbox"/> Cabinet Installation	<input type="checkbox"/> Heating and Air Conditioning	<input type="checkbox"/> Sheet Metal Work	<input type="checkbox"/> Concrete Construction	<input type="checkbox"/> Insulation	<input type="checkbox"/> Siding Installation	<input type="checkbox"/> Demolition	<input type="checkbox"/> Landscape/Lawn Care	<input type="checkbox"/> Sign Erection	<input type="checkbox"/> Driveway/Sidewalk Paving	<input type="checkbox"/> Masonry	<input type="checkbox"/> Snow Removal	<input type="checkbox"/> Drywall	<input type="checkbox"/> Painting	<input type="checkbox"/> Street/Road Construction	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plastering/Stucco Work	<input type="checkbox"/> Tile, Stone, Marble Work	<input type="checkbox"/> Excavation	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Window/Door Installation	<input type="checkbox"/> Other (please describe): _____			<input type="checkbox"/> Alarm Installation/Service	<input type="checkbox"/> Flooring Installation	<input type="checkbox"/> Pool Installation/Service	<input type="checkbox"/> Carpentry – Framing	<input type="checkbox"/> Gas Main or Line Work	<input type="checkbox"/> Roofing	<input type="checkbox"/> Carpentry – Interior	<input type="checkbox"/> Grading of Land	<input type="checkbox"/> Sewer/Water Main or Line Work	<input type="checkbox"/> Cabinet Installation	<input type="checkbox"/> Heating and Air Conditioning	<input type="checkbox"/> Sheet Metal Work	<input type="checkbox"/> Concrete Construction	<input type="checkbox"/> Insulation	<input type="checkbox"/> Siding Installation	<input type="checkbox"/> Demolition	<input type="checkbox"/> Landscape/Lawn Care	<input type="checkbox"/> Sign Erection	<input type="checkbox"/> Driveway/Sidewalk Paving	<input type="checkbox"/> Masonry	<input type="checkbox"/> Snow Removal	<input type="checkbox"/> Drywall	<input type="checkbox"/> Painting	<input type="checkbox"/> Street/Road Construction	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plastering/Stucco Work	<input type="checkbox"/> Tile, Stone, Marble Work	<input type="checkbox"/> Excavation	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Window/Door Installation	<input type="checkbox"/> Other (please describe): _____	
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2800 South Taylor Drive • Sheboygan, WI 53081
920.458.9131

Operations (Continued)	15. In the last three years, has any work been performed outside the state in which you are located? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the states and total receipts: State _____ Total Receipts _____ State _____ Total Receipts _____ State _____ Total Receipts _____ State _____ Total Receipts _____ Describe any out-of-state projects: _____																											
	16. List and describe the last five projects completed: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 40%;">Job Description</th> <th style="width: 20%;">City, State</th> <th style="width: 20%;">Duration of Job</th> <th style="width: 20%;">Job Price</th> </tr> <tr><td> </td><td> </td><td> </td><td>\$</td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td></tr> </table>				Job Description	City, State	Duration of Job	Job Price				\$				\$				\$				\$				\$
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17. List and describe the three largest projects completed, in progress, or planned with the last three years: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 40%;">Job Description</th> <th style="width: 20%;">City, State</th> <th style="width: 20%;">Duration of Job</th> <th style="width: 20%;">Job Price</th> </tr> <tr><td> </td><td> </td><td> </td><td>\$</td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td></tr> <tr><td> </td><td> </td><td> </td><td>\$</td></tr> </table>				Job Description	City, State	Duration of Job	Job Price				\$				\$				\$									
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Payroll / Receipts	Provide the following information for the past three years (use audited information if possible) and give an estimate for the next 12 months. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 30%;">Year</th> <th style="width: 20%;">Receipts</th> <th style="width: 20%;">Contracting Payroll*</th> <th style="width: 30%;">Total Subcontractor Cost</th> </tr> <tr> <td>1st Previous Year</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>2nd Previous Year</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>3rd Previous Year</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Projected Estimate</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> </table>				Year	Receipts	Contracting Payroll*	Total Subcontractor Cost	1 st Previous Year	\$	\$	\$	2 nd Previous Year	\$	\$	\$	3 rd Previous Year	\$	\$	\$	Projected Estimate	\$	\$	\$				
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<i>* Contracting Payroll – Include owners/officers/partners at state fixed GL payroll amount. Exclude standard exception classes – clerical, outside sales, executive supervisors, and contractors permanent yard.</i>																												
Subcontractor	<div style="background-color: yellow; padding: 2px; margin-bottom: 5px;">Complete if work is subcontracted to others:</div> <div style="display: flex; justify-content: space-between;"> <div> 1. Does the applicant require a certificate of insurance from subcontractors? 2. Indicate the liability limit required of all subcontractors: \$ _____ 3. Does the applicant require all subcontractors to name them as an additional insured primary/noncontributory on their policy? 4. Does the applicant require all subcontractors to carry a workers' compensation policy? </div> <div style="text-align: right;"> Yes No Yes No Yes No </div> </div>																											
Subcontractor Agreement	<div> 1. How long has the applicant had the subcontractor agreement? _____ 2. What percent of jobs use the subcontractor agreement? _____ % 3. Does the applicant have the following contract management controls in place: <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;">a. Legal counsel has reviewed subcontractor agreement language within last three years?</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> <tr> <td>b. Applicant requires certificate of insurance and has suspense system for tracking?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>c. Applicant requires a listing of all endorsements on the certificate?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>d. Applicant obtains copies of additional insured endorsements?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>e. Applicant maintains project files with contracts, certificates, and additional insured endorsements?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>f. Applicant requires copies of subcontractors' insurance policies be available upon request?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table> </div>				a. Legal counsel has reviewed subcontractor agreement language within last three years?	Yes	No	b. Applicant requires certificate of insurance and has suspense system for tracking?	Yes	No	c. Applicant requires a listing of all endorsements on the certificate?	Yes	No	d. Applicant obtains copies of additional insured endorsements?	Yes	No	e. Applicant maintains project files with contracts, certificates, and additional insured endorsements?	Yes	No	f. Applicant requires copies of subcontractors' insurance policies be available upon request?	Yes	No						
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Claims/ Lawsuits	Has the applicant been involved in any past or pending claims and/or litigation regarding: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> a. Faulty or defective construction or workmanship? b. Subsidence or any other type of earth movement? </div> <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> Please explain all "yes" answers: _____																											

Instructions: Complete the following only if work is completed in Arizona, Colorado, Georgia, Nevada and/or Oregon

Operations

1. If work is done in AZ, GA, NV, or OR, does the applicant have a contractor license? ☐ Yes ☐ No License # _____
2. What is the approximate breakdown of the applicant's work:
 - _____ % General/Prime Contractor
 - _____ % Tract housing (more than 20 new homes built in any one year)
 - _____ % Multi-family (apartments, condos, townhomes, or mixed-use buildings)
 - _____ % Custom single-family (no more than 20 new homes built in any one year)
 - _____ % Commercial
 - _____ % Industrial
 - _____ % Other (please explain): _____
 - = 100%**
 - _____ % Subcontractor – Work done as sub to other contractors
 - _____ % Tract housing (work for GC who has built >20 new homes in any one year)
 - _____ % Multi-family (apartments, condos, townhomes, or mixed-use buildings)
 - _____ % Custom single-family (work for GC who had not built >20 new homes in any one year)
 - _____ % Repair or warranty work done for GC or developer of tract or multi-family housing
 - _____ % Commercial
 - _____ % Industrial
 - _____ % Other (please explain): _____
 - = 100%**
 - _____ % Service or repair work done directly for customer (remodeling contractors – see GC or Sub above)
 - _____ % Residential single-family (tract or custom)
 - _____ % Multi-family (apartments, condos, townhomes, or mixed-use buildings)
 - _____ % Commercial
 - _____ % Industrial
 - _____ % Other (please explain): _____
 - = 100%**
3. Has any new residential construction (single or multi-family) been done in the past 8 years? ☐ Yes ☐ No
 If yes, please complete the following:
 - a. Has the applicant ever acted as a general/prime contractor or developer? ☐ Yes ☐ No
 - b. Maximum # of new homes in any one subdivision/development on which you have worked? _____
 If >20, what is the maximum # for any single GC/developer in that subdivision/development? _____
 - c. Maximum # of units in any new multi-family building on which you have worked? _____
 - d. Maximum # of buildings in any new multi-family complex on which you have worked? _____

** 3c and 3d are required for Colorado*
4. On average, how many projects does the applicant complete each year? _____ (optional for new venture)
5. Any work on landfill or subsidence areas or on hillsides with a slope steeper than 25%? ☐ Yes ☐ No
 If yes, please explain: _____

Operations	Complete the following only if work is completed in Colorado and/or Nevada	
	<p>1. Is there any work ongoing or completed in the past 8 years:</p> <p>a. East of the Rocky Mountains (i.e., Colorado Front Range/foothills east to the KS/NE border)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. As a general contractor, builder/vendor, developer, engineer, or architect for:</p> <p>(1) The construction of any building or structure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(2) Additions or structural renovations to any building or structure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Any street, road, utility, or land development or improvement project? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. In which the applicant has contracted directly with the owner of a building or piece of land to do (or sub out) any of the following types of work?</p> <p>(1) Excavation/backfill? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(2) Grading of land? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Retaining walls more than 4 feet in height? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Foundations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(5) Shoring, underpinning, pier drilling, or caisson work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(6) Street or road construction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain all "yes" answers: _____</p> <p>_____</p> <p>2. Is there any work ongoing or completed in the past 6 years, in which the applicant is the party responsible for completing geotechnical soil analysis? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes:</p> <p>a. Describe work: _____</p> <p>b. Number of jobs in which the applicant was responsible for soil analysis: _____</p> <p>c. Has applicant done such analysis on all required jobs in the last 6 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Are all recommendations followed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. How long are records retained? _____</p>	

Instructions: Complete the following only if applicant specializes in roofing operations

Operations

1. What percentage of the applicant's work is done on the following types of roofs (total should equal 100%):
 _____ % Flat Roofs _____ % Pitched Roofs
 2. What is the approximate breakdown of the applicant's work (total should equal 100%):
 _____ % Built-Up Roof (Tar & Gravel) _____ % Metal Panel _____ % Asphalt/Fiberglass Shingles
 _____ % Modified Bitumen _____ % Coated Roofing System _____ % Wood Shingles/Shakes
 _____ % Thermoplastic Membrane _____ % Green Roofing _____ % Slate Shingles
 _____ % Thermoset Membrane (Rubber) _____ % Tile (Concrete or Clay) _____ % Other _____
 3. Does the applicant perform torch-applied roofing (or flashing) work? ☐ Yes ☐ No
 If yes, what percentage? _____ %
 4. If the applicant performs torch-applied work, are all their applicators CERTA trained? ☐ Yes ☐ No
 5. Has any asbestos abatement work been done on the interior of a building or below the roof deck? ☐ Yes ☐ No
 If yes, please explain: _____
 6. Is the applicant licensed to do asbestos abatement work? ☐ Yes ☐ No
 7. If work is subcontracted to others, what percentage of the subcontracted work does residential roofing comprise? _____ %
 8. Provide the following information (use audited figures if possible) and give an estimate for the next 12 months.
- | Year | Roofing Receipts | Commercial Roofing Payroll
(excluding owners/partners)* | Residential Roofing Payroll
(excluding owner/partners)** |
|-------------------------------|------------------|------------------------------------------------------------|-------------------------------------------------------------|
| 1 st Previous Year | \$ _____ | \$ _____ | \$ _____ |
| 2 nd Previous Year | \$ _____ | \$ _____ | \$ _____ |
| 3 rd Previous Year | \$ _____ | \$ _____ | \$ _____ |
| Projected Estimate | \$ _____ | \$ _____ | \$ _____ |
- * 98677 – Commercial Roofing
 ** 98678 – Residential Roofing
9. Provide the average number of full-time and part-time employees over the last 12 months.
 _____ Full-Time Employees _____ Part-Time Employees
 10. Does the applicant have a written safety program in place? ☐ Yes ☐ No
 11. Does the applicant have a documented and enforced fall protection program that meets minimum OSHA requirements? Yes No
 12. Are there written procedures requiring openings to be covered and anchored before leaving the job site? Yes No
 13. Are all jobs inspected by a foreman or the contractor at completion before leaving the job site? Yes No
 14. Does the applicant check and document weather conditions before starting work? Yes No
 15. Are work areas barricaded or roped off and flagged with appropriate signs? Yes No
 16. Is proper perimeter/leading edge protection used on roofs? Yes No
 17. If heat process equipment or tar kettles are used, which job site safety procedures are followed? *Check all that apply.*
 All heat process equipment or kettles are placed at ground level (away from the building) during use.
 Barriers are present that prohibit the general public from entering the job site or heating equipment area.
 Minimum of two 20 lb. or larger dry chemical or carbon dioxide fire extinguishers are within 25 ft. of the kettle.
 Personnel remain at job site 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 the job site.
 18. Does the applicant remove old roofing? Yes No
 If yes:
 - a. Where does the applicant dispose of trash/waste/scraps? _____
 - b. Is this disposal process environmentally safe? Yes No
 19. Does the applicant do any rooftop snow removal? Yes No
 If yes, are services only performed from the ground? Yes No
 20. Does the applicant provide ice dam mitigation or removal services? Yes No

Remarks	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Anti-Fraud	<p>Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in AR, CO, FL, HI, KS, KY, MA, MD, ME, NE, OH, OK, OR, TN, TX, or VT; in DC, LA, and WA, insurance benefits may also be denied)</p> <p>Arkansas: 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.</p> <p>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.</p> <p>Kansas: 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.</p> <p>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.</p> <p>Maine: 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 a denial of insurance benefits.</p> <p>Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or 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.</p> <p>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.</p> <p>Oregon: 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.</p> <p>Tennessee and Virginia: 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.</p>
Signatures	<p>Applicant's Signature _____ Date _____</p> <p>Producer's Signature _____</p>