



**COLONY INSURANCE COMPANY
ROOFING
SUPPLEMENTAL APPLICATION**

General Agent Name _____

Insured: _____ Date: _____

Prohibited

- Any Commercial/Industrial roofing
- Torch down roofing
- Any work on new, residential construction

Owner/Partner Payroll \$ _____ # of Employees # _____ Employee Payroll \$ _____

Advise if the insured does any work other than roofing: _____

Repair/Patching/Replacement _____% Hot tar _____ % Heat applied roofing _____ %

What type of materials do you use for the roofing?

- Composition shingles Wood shake Tile Rolled roofing Metal Foam
 Other _____

What is the maximum height of buildings you work on? _____ stories

Do you use scaffolding in the operation? Yes No

Annual cost of subcontracted work: \$ _____

Check the type of work that is subcontracted out:

- Waterproofing Siding Hot tar Rain Gutters Carpentry Insulation
 Other _____

Are Certificates of Insurance (of equal limits) received on all subcontractors? Yes No

Are hold harmless agreements required for all work involving subcontractors? Yes No

- Receipts for the previous three years: Year _____ Receipts _____
Year _____ Receipts _____ Year _____ Receipts _____

What are the safety precautions used by the applicant to avoid trip and fall claims in and around the construction area? _____

What are the safety precautions used by the applicant to protect the roof and/or the interior of the structure in the event of rain? _____

How are materials lifted to the roof? _____

How are roofs protected overnight? _____

List the last 3 jobs including the cost of those jobs:

Location	Type of Job	Job Receipts
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any prior losses: _____

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____