

WELLINGTON SPECIALTY INSURANCE COMPANY

ROOFERS SUPPLEMENTAL APPLICATION

Wellington
Specialty
Insurance Company



Agent Name: _____

Agent Address: _____

Applicant's Name: _____

Mailing Address: _____

Location Address: _____

Name and Phone Number for Audit: _____

GENERAL QUESTIONS

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

1. Has applicant operated under any other name or names? Yes No

If 'Yes' please list each name, address and years in operation: _____

2. In what geographical area do you work? _____

3. Number of years you have operated your current business: _____

4. Total number of years of experience as a roofing contractor: _____

What was your previous occupation (if less than three years prior experience): _____

5. Your contractor's license number and type: _____

CONSTRUCTION ACTIVITIES SURVEY

6. Please describe your operations and type of work performed (slate, asphalt, rubber, flat, pitched, etc.): _____

7. (a) Any hot tar work? Yes No

If 'Yes', what percentage: _____ %

(b) Any Torch Down work? Yes No

If 'Yes', what percentage: _____ %

8. Percentage of: Commercial _____ % Industrial _____ % Institutional _____ % Residential _____ %

Roofing Receipts _____

Payroll _____

Sheet Metal Receipts _____

Payroll _____

9. Any sheet metal work other than in connection with roofing operations? Yes No

If 'Yes', please explain: _____

10. Any sprayed-on roofing? Yes No

If 'Yes', what type of material? _____

11. What is maximum height (in number of stories) that your work is performed? _____

12. Percentage of work subcontracted: _____ %

13. Are certificates of insurance required of subcontractors? Yes No

What limits of insurance are subcontractors required to carry? _____

15. Does applicant own a crane? Yes No

If 'Yes', please provide details: _____

16. Does applicant rent a crane? Yes No

If 'Yes':

- a. With or without operator? _____
- b. How many times a year on average? _____
- c. What is the average size of crane? _____
- d.

17. Percent of work on a typical project performed by:

- a. Your Employees _____ %
- b. Subcontractors under your supervision _____ %

18. List the payroll of owners, supervisors and employees by class and duties performed.

Class	Payroll (\$)	Duties Performed

SUBCONTRACTORS EXPOSURE

If you NEVER hire subcontractors, please check here and skip to the **Historical / Job Profile** question.

- 1. Are all subcontractors required to sign a hold-harmless or indemnification agreement in your favor? Yes No
- 2. Do you utilize a standardized contract with all of your subcontractors? Yes No
If 'Yes', please attach a copy.
- 3. Do you require all subcontractors to:
 - a. Carry same or greater Limits and Coverages? Yes No
 - b. Name you as Additional Insured? Yes No
 - c. Furnish Certificates of Insurance for:
 - (1) General Liability? Yes No
 - (2) Workers' Compensation? Yes No

HISTORICAL / JOB PROFILE

1. Please describe the 3 largest projects undertaken by you in the past 5 years:

	Description	Job Cost	Project Duration
1.			
2.			
3.			

2. Please describe the 3 largest projects planned for the upcoming year:

	Description	Est. Job Cost	Est. Project Duration
1.			
2.			
3.			

3. What is the average dollar value of a completed project? _____

4. Please describe any types of projects that you have discontinued (i.e. no longer build, uncompleted, etc.).

SUPPLEMENTAL INFORMATION

- 1. Are you involved in any other business besides roofing? Yes No
If 'Yes', please describe: _____
- 2. Have you been contacted by any general contractor and/or subcontractor regarding a

problem at any location you worked on with them? Yes No
 If 'Yes', please describe: _____

3. Have you ever been involved in or are you aware of pending litigation concerning defective workmanship? Yes No
 If 'Yes', please describe: _____

PRIOR CARRIER INFORMATION

1. Prior Carrier Information for the Previous Three Years:

	Year:	Year:	Year:
Carrier Name			
Policy No.			
Policy Term			
Premium			
Losses Paid			
Losses Reserved			

2. Loss History for the Previous Three Years (Enter 'None' below if no losses).

Date of Loss	Description of Loss	Date of Claim	Valuation Date	Amount Paid	Amount Reserved	Claim Status

3. Do you have any knowledge concerning any incidents that have occurred prior to the date of this application which could give rise to a future claim? Yes No
 If 'Yes', please describe: _____

4. Have you had any policy or coverage declined, canceled or non-renewed during the prior five years? (Not applicable in Missouri) Yes No
 If 'Yes', please describe: _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given that a policy shall be issued and a payment shall be made, and then only as of the commencement date of that policy and in accordance with all terms and conditions of that policy. You hereby covenant and agree that the above statements and answers are a full and true representation of all the facts and circumstances with regard to the risk to be insured, and the same are made the basis and conditions of the insurance and a warranty on the part of the insured.

Supplying false or misleading statements or omitting known information may result in no coverage.

Signed: _____ Date: _____

(Applicant's Signature and Title)