



# AGENTS INSURANCE MARKETS, INC.

P. O. Box 71360  
 Richmond, VA 23255-1360  
 800-627-0505 (Phone)/804-285-4945(Fax)

## Roofing Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

Web Address \_\_\_\_\_

Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_ to \_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

### UNDERWRITING

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
NEW CONSTRUCTION	%	%	%	%
REPAIR/PATCHING	%	%	%	%
REPLACEMENT	%	%	%	%

FLAT ROOFS	%	METAL	%
PITCH ROOFS	%	SINGLE PLY	%
ASPHALT SHINGLE	%	TILE	%
FIBERGLASS	%	POLYURETHANE FOAM	%
WOOD	%	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. Describe what safety precautions are in place if hot tar, torch down or other hot processes are used? \_\_\_\_\_

**UNDERWRITING (Continued)**

5. 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  
 Safety net .....  Yes  No  
 Personal fall arrest system .....  Yes  No
6. Do you have a written safety program? .....  Yes  No
7. Owner/Partner Payroll \$ \_\_\_\_\_ Subcontractor Cost \$ \_\_\_\_\_ Uninsured Subcontractor Payroll \$ \_\_\_\_\_  
 Number of Employees \$ \_\_\_\_\_ Employee Payroll \$ \_\_\_\_\_ Leased Employees Payroll \$ \_\_\_\_\_  
 Total Gross Sales \$ \_\_\_\_\_
8. How do you protect the general public from potential injury? \_\_\_\_\_  
 \_\_\_\_\_
9. How are materials lifted to the roof? \_\_\_\_\_
10. How are openings in the roof protected over night? \_\_\_\_\_
11. What precautions do you take when a rainstorm is imminent? \_\_\_\_\_
12. Does a foreman or contractor inspect all jobs upon completion? .....  Yes  No
13. 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. \_\_\_\_\_
14. Have you ever used, sold, installed or removed asbestos? .....  Yes  No  
 If yes explain in detail: \_\_\_\_\_  
 \_\_\_\_\_
15. 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
16. Does the applicant have a "fire watch" program to assure there are no "hot spots" after completion of a job? .....  Yes  No  
 Describe. \_\_\_\_\_
17. Is applicant complying with all state & OSHA regulations? .....  Yes  No

**LIMITS – GENERAL LIABILITY (PER OCCURRENCE)**

<b>GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS)</b>	\$ _____
<b>PRODUCTS &amp; COMPLETED OPERATIONS AGGREGATE</b>	\$ _____
<b>PERSONAL &amp; ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION)</b>	\$ _____
<b>EACH OCCURRENCE</b>	\$ _____
<b>DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES)</b>	\$ _____
<b>MEDICAL EXPENSE (ANY ONE PERSON)</b>	\$ _____

**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? \_\_\_\_\_
3. Are certificates of insurance required from subcontractors? .....  Yes  No  
Do the subcontractors list the applicant as an Additional Insured? .....  Yes  No
4. Is a signed subcontract agreement used with all subcontractors? .....  Yes  No  
If yes, **attach** a copy for our file. If no, risk may not be acceptable.
5. How long are Certificates of Insurance kept? .....  Until job ends  One year  Other  
If other is checked, provide details. \_\_\_\_\_
6. Describe the type of work subcontracted indicating percent for each category: \_\_\_\_\_
7. Does applicant lease equipment to others with or without operators? .....  Yes  No  
If yes, describe equipment and forward copy of lease agreement: \_\_\_\_\_
8. What is the number of employees? ..... Full-time \_\_\_\_\_ Part-time \_\_\_\_\_
9. List Gross Sales for the last three years:  

Year 20__	Gross Sales \$ _____
Year 20__	Gross Sales \$ _____
Year 20__	Gross Sales \$ _____
10. 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
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>

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

JOBS	TYPE OF PROCESS USED
_____ _____	_____ _____
_____ _____	_____ _____
_____ _____	_____ _____
_____ _____	_____ _____
_____ _____	_____ _____

**ADDITIONAL INFORMATION OR COMMENTS**


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

**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 STATEMENT**

**To Insureds in the States of:**

**Alabama, Alaska, Arizona, California, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:**

**NOTICE:** In some states, any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**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.

## **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 claiming with regard to a settlement or award payable for 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 insurance company files a statement of claim 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.

## **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 commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

## **Ohio**

Any person who, with intent to defraud or knowing that he/she 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 act, which is a crime, and subjects such person to criminal and civil penalties.

