

MUSIC Roofers Supplemental Application

Applicant's Name _____

Agent Name _____
 Address _____

Mailing Address _____

Proposed Effective Date:
 From _____ To _____

Web Address _____

(12:01 am Standard Time at the address of the Applicant)

Applicant is: Individual Corporation Partnership Joint Venture LLC Other _____

States of Operation _____

Licensed? Yes No

License Type _____

Years doing business under current name _____ years

License # _____

Years of Experience _____ years * Must have at least 3 years of experience as a roofing contractor

Have you worked under any other name? Yes No

If yes, please explain: _____

Note: In the construction defect states of AZ, CA, CO, NV, OR, TX, UT and WA, only roofers doing repair and replacement work will be acceptable.

Any operations in the states of New Hampshire, New York or Vermont are prohibited.

Limits of Liability Requested	
Each Occurrence	\$
Personal & Advertising Injury	\$
Products & Completed Operations Aggregate	\$
General Aggregate	\$
Damages to Premises Rented to you	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, or Endorsements requested:	
Deductible \$	BI/PD per Claim - LAE

Description of Operations _____

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Type of Roofing Operating			
Check what type of work is performed	Provide percent of operation		
	Residential	Commercial	Industrial
<input type="checkbox"/> New Construction (No more than 25% both residential and commercial combined)	%	%	%
<input type="checkbox"/> Repair/Patching	%	%	%
<input type="checkbox"/> Replacement	%	%	%
<input type="checkbox"/> Pitched Roofs	%	%	%
<input type="checkbox"/> Flat Roofs	%	%	%
<input type="checkbox"/> Shingles/Shakes	%	%	%
<input type="checkbox"/> Asphalt	%	%	%
<input type="checkbox"/> Fiberglass	%	%	%
<input type="checkbox"/> Wood	%	%	%
<input type="checkbox"/> Concrete	%	%	%
<input type="checkbox"/> Slate	%	%	%
<input type="checkbox"/> Metal	%	%	%
<input type="checkbox"/> Sheet Metal	%	%	%
<input type="checkbox"/> Shingle Ply	%	%	%
<input type="checkbox"/> Tile	%	%	%
<input type="checkbox"/> Polyurethane Foam: Sheet Form	%	%	%
<input type="checkbox"/> Polyurethane Foam: Sprayed	%	%	%
<input type="checkbox"/> Hot Tar	%	%	%
<input type="checkbox"/> Hot Mop	%	%	%
<input type="checkbox"/> Torch Down	%	%	%
<input type="checkbox"/> Rubber	%	%	%
<input type="checkbox"/> Membrane Work	%	%	%
<input type="checkbox"/> Other (describe)	%	%	%

Check work done other than roofing:

- Waterproofing
 Siding
 Asbestos Removal
 Rain Gutters
 Carpentry
 Insulation
 Other (describe) _____

If hot tar, torch or other "hot process" is used, explain in detail the process and what safety precautions are used: _____

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What percentage of your work is residential? _____ %

What percentage of your work is commercial? _____ %

What percentage of your work is industrial? _____ %

Any new tract homes, condominiums or town homes or similar multi unit developments? If yes, at what percentage? Yes No _____ %

Total 100%

Is any of the work subcontracted? Yes No

If Yes, at what percentage? _____ %

What is the annual cost of the work subcontracted out? \$ _____

Do any of your contracts require Per Project Aggregate Limits? Yes No

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

Check the type of work subcontracted out:

- Waterproofing Siding Hot Tar Rain Gutters Carpentry
- Insulation Other (describe) _____

List the type of equipment used on the job:	How often do you rent this equipment?					
	Owned	Rented	Daily	Weekly	Monthly	Yearly

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What is the average height of buildings worked on? _____ stories

What is the tallest building you will work on? _____ stories

How are equipment and materials lifted to the roof? *Cranes rented to others are prohibited

Ladder
 Hoist
 Pulley
 Crane
 Other (describe) _____

How are roof openings protected overnight?

Tarp
 Waterproof plywood
 Never leave openings
 Other (describe) _____

What on-the-job precautions do you take on a rainy day?

Leave job immediately
 Keep working
 Seal openings
 Never start job
 Other (describe) _____

Remarks (be specific) _____

Are equipment and materials left overnight at the job site? Yes No

What are your methods of disposal for scraps/trash/waste? _____

Are all jobs inspected by the foreman or the contractor before leaving the job site at completion? Yes No

Do you have a written safety program? Yes No

How is the general public protected from all potential injuries? Check one or more below:

Roped off work area
 Hazard Lights
 Signs
 Cones
 Security Guard
 No protection necessary
 Other (describe) _____

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

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Is a warranty offered?

Yes No

If yes, please attach

Are Automobile Liability and Worker's Compensation Coverages in force?

Yes No

If Yes, please provide:

Company Name	Policy Term	Limits of Liability
(A)		
(WC)		

Please list receipts and payroll for current and prior 3 years:

Year	Receipts	Payroll
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Please list the 3 largest projects you have completed in the last 3 years

Description of Project	Duration	Cost

Additional Insureds

Interest	Description of Job	Cost of Job	Duration

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In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you? Yes No

If yes, please describe. _____

Do you have any known events occurred prior to the proposed effective date of this policy that may result in a claim? Yes No

If yes, please describe. _____

Prior Carrier Information

Year	Carrier	Premium

Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

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This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature _____ Date _____

Agents Signature _____ Date _____