

AUM Roofing Contractor Supplemental Application

Please answer all questions. If the answer to a question is Not Applicable, please use the phrase N/A.

Applicant Name:			
Business Address:			
Length of time in business in the name of the applicant firm: _____			
Date established: _____			
If the answer to this question is less than three (3) years, please provide details of prior experience. _____			
States in which the applicant operates:			
Expiring Insurance Company:			
Expiring Premium:			
Exposure Basis	Projected	1st Prior Yr	2nd Prior Year
Total Annual Receipts:			
Commercial Roofing Payroll	ISO Class 98677		
Residential Roofing Payroll	ISO Class 98678		
Sheet Metal Payroll	ISO Class 98884		
Cost of Subcontracted Work-Insured Subcontractors:			
Cost of Subcontracted Work-Uninsured Subcontractors:			
Does Applicant obtain a standard written agreement from all subcontractors?	Yes	No	
Does each subcontractor hold the applicant harmless	Yes	No	
Does each subcontractor give the applicant an indemnification agreement?	Yes	No	
Does each subcontractor agree to add the insured as an Additional Insured?	Yes	No	
Does the applicant obtain certificates of insurance from subcontractors?	Yes	No	
Does the applicant have a tracking system for certificates of insurance?	Yes	No	
What is the minimum limit the applicant accepts on certificates of insurance?			
Type of roofing work done (Percentage of overall work performed):			
Residential:	%	Replacement	%
Commercial/Industrial	%	New Construction:	%
Must Equal 100%	100 %	Must Equal 100%	100 %
Please describe any other work performed by the applicant:			
Any work done on buildings over three stories tall?	Yes	No	
Maximum Height at which applicant will work:	Feet		
If the applicant has ever done New Construction work please advise if that work involved:			
Condominium, Townhouse or Apartment Building Projects:	Yes	No	
Single Family Home Tract Housing Projects	Yes	No	
Heat Application Work			
Hot Tar Application	%	Modified Bitumen	%
Built-up Roof	%	Ethylene Propylene Diene Monomer	%
Describe the procedure utilized by the applicant to inspect a heat application job-site prior to leaving the site for an extended period of time: _____			

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Equipment						
Does the applicant use cranes or booms?					Yes	No
Does the applicant own this equipment?					Yes	No
Is equipment rented or leased without operator?					Yes	No
Is equipment rented or leased with operator?					Yes	No
Does the applicant lease or otherwise provide equipment to others?					Yes	No
What is the length of cranes or booms?					Feet	
Has the applicant experienced any claim, incident or circumstance regarding cranes or booms during the past five years?					Yes	No
Does the applicant use scaffolding?					Yes	No
Is scaffolding used owned by the applicant?					Yes	No
If rented from others does applicant do so under a rental contract?					Yes	No
Inclement Weather Procedures						
Describe the procedure utilized by applicant to determine the possibility of the onset of inclement weather: _____ _____						
Describe the procedure utilized by applicant to protect an open roof when leaving a job site for an extended period of time:						
Claims History						
Year	Paid Losses	Reserves	Incurred	Claim Count	Value Date	
2001-2002						
2000-2001						
1999-2000						
1998-1999						
1997-1998						
Losses greater than \$10,000						
Date of Occurrence	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status	
					Open	Closed
					Open	Closed
					Open	Closed
Has any claim or lawsuit ever been filed against the applicant or any partnership or joint venture of which the applicant has been a member?					Yes	No
Has any claim or lawsuit ever been filed against the applicant's predecessors in business?					Yes	No
Has any claim or lawsuit ever been filed against any person, company or entity on whose behalf the applicant has assumed liability?					Yes	No
Is the applicant aware of any circumstance, incident or accusation arising out of roofing operations performed by the applicant which may give rise to a claim?					Yes	No

FLORIDA FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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Applicant Signature:	Date:	
Producer Signature:		Date: