



www.CoverX.com

Producer: _____

Producer Is: Wholesaler Retailer

Address: _____

Telephone: _____

Fax: _____

Excess & Surplus Lines License No.: _____

Email: _____

Proposed Effective Date: _____

If Renewal, Provide Current Policy No.: _____

MICHIGAN

26600 TELEGRAPH ROAD
SOUTHFIELD, MICHIGAN 48033
(248) 358-4010 Telephone
(248) 358-2459 Fax
coverxuw@coverx.com Underwriting Email

TEXAS

311 S. JUPITER, SUITE 200
ALLEN, TEXAS 75002
(214) 495-7717 Telephone
(214) 495-7062 Fax
coverxtx@coverx.com Underwriting Email

BOSTON

TEN POST OFFICE SQUARE, SUITE 705 NORTH
BOSTON, MASSACHUSETTS 02109
(617) 426-6262 Telephone
(617) 426-8488 Fax
coverxma@coverx.com Underwriting Email

CALIFORNIA – COVERX INSURANCE SERVICES – License #0573926

777 S. FIGUEROA STREET, SUITE 395
LOS ANGELES, CALIFORNIA 90017
(888) 536-6440 Telephone
(888) 452-1996 Fax
coverxca@coverx.com Underwriting Email

WASHINGTON

720 OLIVE WAY, SUITE 840
SEATTLE, WASHINGTON 98101
(206) 624-6335 Telephone
(866) 684-6140 Fax
coverxwa@coverx.com Underwriting Email

GEORGIA

PARKSIDE TERRACE WEST, SUITE 100
3780 MANSELL ROAD
ALPHARETTA, GEORGIA 30022
(770) 649-9450 Telephone
(877) 340-7545 Fax
coverxga@coverx.com Underwriting Email

Resident or Non-Resident Surplus Lines Licensee Information for Applicant’s State of Domicile:

SL License State: _____

SL License No.: _____

SL License Expiration Date: _____

SL Licensee Name: _____

Affiliation with Producer (e.g., Owner, Executive Officer, Employee): _____

SL Licensee Agency Name (if Entity License): _____

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	1 st Prior Year	2 nd 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 <input type="checkbox"/>	No <input type="checkbox"/>	
Does each subcontractor hold the applicant harmless?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does each subcontractor give the applicant an indemnification agreement?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does each subcontractor agree to add the insured as an Additional Insured?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the applicant obtain certificates of insurance from subcontractors?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the applicant have a tracking system for certificates of insurance?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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 <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
Single Family Home Tract Housing Projects			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heat Application Work				
Hot Tar Application	%	Modified Bitumen	%	
Built-up Roof	%	Ethylene Propylene Diene Monomer	%	
Does insured apply torch down systems to combustible walls and decks?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
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:				
Equipment				
Does the applicant use cranes or booms?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the applicant own this equipment?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is equipment rented or leased without operator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Is equipment rented or leased with operator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Does the applicant lease or otherwise provide equipment to others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
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 <input type="checkbox"/>	No <input type="checkbox"/>				
Does the applicant use scaffolding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Is scaffolding used owned by the applicant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
If rented from others does applicant do so under a rental contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
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:						
Does insured hire tear off companies when doing re-roofing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Claims History						
Year	Paid Losses	Reserves	Incurred	Claim Count	Value Date	
1 st Prior						
2 nd Prior						
3 rd Prior						
4 th Prior						
5 th Prior						
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 <input type="checkbox"/>	No <input type="checkbox"/>
Has any claim or lawsuit ever been filed against the applicant's predecessors in business?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any claim or lawsuit ever been filed against any person, company or entity on whose behalf the applicant has assumed liability?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>

State Notices: The following notices are required by the Insurance Department of the indicated states.

WARNING: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO ARKANSAS APPLICANTS: 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.

NOTICE TO ARIZONA APPLICANTS: For your protection Arizona law requires the following statement to appear on this form. "Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: 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 INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: 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.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED BY:

Applicant

Date

Producer

Date

CONTINUED

NOTICE:

- 1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE:www.insurance.ca.gov.**
- 5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.**
- 6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER’S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**

Date: _____
Insured: _____