



# Granite Insurance Services, Inc.

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## ROOFING – COMMERCIAL GENERAL LIABILITY SUPPLEMENTAL APPLICATION

APPLICANT NAME AND ADDRESS:

AGENT:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Location Address: \_\_\_\_\_  
 (if more than one location attach separate sheet)

Individual     Corporation     Partnership     Joint Venture     Other: \_\_\_\_\_

Inspection/Audit (Contact/Phone): \_\_\_\_\_

Proposed Policy Period      From: \_\_\_\_\_      To: \_\_\_\_\_

### UNDERWRITING

Years in Business? \_\_\_\_\_      Years of Experience in this field? \_\_\_\_\_

1. 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			%

2. Describe any other operations or work done other than roofing (e.g., waterproofing, siding, asbestos removal, rain gutters, carpentry, etc): \_\_\_\_\_

3. Describe what safety precautions are in place if hot tar, torch down or other hot processes are used? \_\_\_\_\_

4. What is the maximum height of the buildings you work on? \_\_\_\_\_

5. Do you have a written safety program? .....  Yes  No

- 6. How do you protect the general public from potential injury? \_\_\_\_\_  
\_\_\_\_\_
  - 7. How are materials lifted to the roof? \_\_\_\_\_
  - 8. How are openings in the roof protected over night? \_\_\_\_\_
  - 9. What precautions do you take when a rainstorm is imminent? \_\_\_\_\_  
\_\_\_\_\_
  - 10. Does a foreman or contractor inspect all jobs upon completion? .....  Yes  No
  - 11. Have you ever or do you currently perform work in CA, NV, AZ, CO or UT? .....  Yes  No
  - 12. Have you ever used, sold, installed or removed asbestos? .....  Yes  No
- If yes explain in detail: \_\_\_\_\_  
\_\_\_\_\_

**LIMITS**

Occurrence Form:

General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Damage to Premises Rented or Leased to You	\$
Medical Expense (any one person)	\$

**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
- 4. Is a signed sub contract agreement used with all sub contractors? .....  Yes  No  
If yes, forward 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. Employees: ..... Full-time \_\_\_\_\_ Part-time \_\_\_\_\_
9. List receipts for the last three years:  
 Year 19 \_\_\_\_\_ Receipts \$ \_\_\_\_\_  
 Year 20 \_\_\_\_\_ Receipts \$ \_\_\_\_\_  
 Year 20 \_\_\_\_\_ Receipts \$ \_\_\_\_\_
10. Do you offer warranties? .....  Yes  No  
 If yes, attach copies of warranty.

**CONTRACTUAL LIABILITY**

11. Describe All Hold Harmless Agreements (Dates, Contracting Party, Cost) and attach copies: \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS**

	NAME & ADDRESS	RELATIONSHIP TO INSURED	
1.	_____	_____	<input type="checkbox"/> Add'l Ins'd <input type="checkbox"/> Certificate
	_____		
2.	_____	_____	<input type="checkbox"/> Add'l Ins'd <input type="checkbox"/> Certificate
	_____		
3.	_____	_____	<input type="checkbox"/> Add'l Ins'd <input type="checkbox"/> Certificate
	_____		
4.	_____	_____	<input type="checkbox"/> Add'l Ins'd <input type="checkbox"/> Certificate
	_____		

List three (5) of your largest jobs and type of process used in the last five (5) years:

1. \_\_\_\_\_  
 \_\_\_\_\_
2. \_\_\_\_\_  
 \_\_\_\_\_
3. \_\_\_\_\_  
 \_\_\_\_\_
4. \_\_\_\_\_  
 \_\_\_\_\_
5. \_\_\_\_\_  
 \_\_\_\_\_

**ADDITIONAL INFORMATION OR COMMENTS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRIOR CARRIER HISTORY & LOSS INFORMATION**

**PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

12. During the past three years, has any company ever cancelled, declined or refused to issue any similar insurance to the applicant? .....  Yes  No  
 If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

**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.