



Roofers Choice Insurance

We wish to take this opportunity to thank you for allowing Roofers Choice Insurance the opportunity to discuss your insurance needs.

Our insurance program was developed exclusively for Residential and Commercial Roofers for all states with A+ rated companies. We pride ourselves on prompt and courteous service and our personnel are the best in the insurance industry.

To provide your business with an insurance proposal please complete the Roofers Choice Insurance Quick Quote application and return as soon as possible. We will contact you if additional information is needed.

We have samples of the broad endorsements that are provided with all our insurance proposals, sample safety manual, sample independent contractor agreement and sample sub-contractor agreement for roofing and construction in the event you do not have the required documentation at this time.

If you should have any questions please do not hesitate to call our office and ask to speak with Jack, Rodney or Brett.

Roofers Choice Insurance



We Cover What You Cover!

www.rooferschoiceinsurance.com

ROOFERS CHOICE INSURANCE QUICK QUOTE

1-855-766-3980 phone 1-877-937-7521 fax app@rooferschoiceinsurance.com

GENERAL INFORMATION

Contact Name _____ Date _____

DBA _____

Mail Address: _____ City _____ County _____ State _____ Zip _____

Location Address: _____ City _____ County _____ State _____ Zip _____

Telephone #: _____ Fax #: _____ Email Address: _____

FEIN# _____ S.S.# _____

Description of Operations _____

Number of years in Business _____ Number of years Experience _____ GAF Certified (tier) & ID _____

States You Do Business In _____

Office Locations _____

Where did you hear about Roofers Choice Insurance: _____

EXPOSURE INFORMATION

Year	Gross Receipts	Payroll W-2	Uninsured Cost Sub Contractor	Insured Cost Sub Contractor
20__	_____	_____	_____	_____
20__	_____	_____	_____	_____
20__	_____	_____	_____	_____

INSURANCE & CLAIMS INFORMATION

Current Insurance Company: _____

Any Claims in last 5 years: YES _____ NO _____ (If yes please provide year and short description of claim.)

OPERATIONS

Roofing Operations: Residential _____% Commercial _____% **Type of Slopes:** Pitched _____% Flat _____% Other _____%

Methods: Asphalt Shingle _____% Tile _____% Metal _____% Hot Tar _____% Hot Air Welding _____% Torch Down _____% Other _____%

Construction Operations: Residential _____% Commercial _____% Gross Sales for Construction: _____

Any Apartments/condos: Yes _____ No _____ Maximum Height _____

Do Your Sub-Contractors Carry Insurance: Yes _____ No _____

Any Autos Titled in Company Name: Yes _____ No _____

List Last 3 Jobs:	Type of Work Performed	Value of Job
	1 _____	1 _____
	2 _____	2 _____
	3 _____	3 _____

WORKERS COMPENSATION

(Optional Coverage If Needed)

Current Insurance Company: _____

List Any Losses: _____

Clerical	Payroll \$ _____	Number of Clerical Employees	_____
Sales Persons	Payroll \$ _____	Number of Sales Employees	_____
Executive Officers	Payroll \$ _____	Number of Executive Officers	_____
Roofers Employed	Payroll \$ _____	Number of Roofers Employed	_____
Roofers Uninsured Sub	Payroll \$ _____	Roofers Uninsured Sub	_____

BUSINESS AUTO

(Optional Coverage If Needed)

Current Insurance Company: _____

List Any Losses: _____

Auto Information

<u>Year</u>	<u>Make & Model</u>	<u>VIN</u>	<u>Cost New</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Driver Information

<u>Complete Name</u>	<u>Date of Birth</u>	<u>License No.</u>	<u>State of Issuance</u>	<u>Violations</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____