



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

P.O. Box 2567 Waxahachie, Texas 75168
855.766-3980 ph. 972.938.0087 fax
www.rooferschoiceinsurance.com

“We Cover, What You Cover”



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 _____

EXPOSURE INFORMATION

<u>Year</u>	<u>Gross Receipts</u>	<u>Payroll</u>	<u>Sub Contractor Cost</u>
Upcoming	_____	_____	_____
Current	_____	_____	_____
Prior	_____	_____	_____

INSURANCE INFORMATION & CLAIMS FOR THE PRIOR 5 YEARS

Current Insurance Carrier: _____

<u>Date of Occurrence</u>	<u>Type/Description Occurrence or Claim</u>	<u>Date of Claim</u>	<u>Amount Paid</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: _____

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

Any Autos Titled in Company Name: Yes _____ No _____

Where did you hear about Roofers Choice Insurance: _____