



We Cover What You Cover!

www.rooferschoiceinsurance.com

Today's Date: _____ **Contact Name:** _____ **Date Coverage Needed:** _____
Full Business Legal Name: _____ **DBA:** _____
Other Names, DBA's or Trade Names: _____
Business Type (Corp, LLC, LP, Sole Proprietor, Partnership, etc.): _____
Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Location Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Other Office Locations: _____
Phone Number: _____ **Cell:** _____ **Email:** _____ **Okay to Text?** Y N
FEIN Number #: _____ **SS #:** _____ **Contractor License Number:** _____
Description of Operations: _____
% Of Roofing Operations: _____ **States you do business in:** _____
Years in Business under this name: _____ **Number of Years' Experience:** _____
How did you hear about Roofers Choice Insurance: _____

% Of all Sub-contracted work (Roofing and Other)

<u>Year</u>	<u>Gross Receipts</u>	<u>EMPLOYEE Payroll W-2</u>	<u>INSURED Sub-Contractor</u>	<u>UNINSURED Sub-Contractor</u>
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Current Projection

20____
 20____
 20____

Roofing: Residential ____% Commercial ____% **Types of Slopes:** Pitched ____% Flat ____% Other ____%
Methods: Asphalt Shingle % Tile % Metal % Hot Tar % Hot Air Welding % Torch Down %
 Other: % Description:

Any Apartment Work? Y N **Any work on New Apartments:** Y N **Repair Existing Only** Y N
What percentage of your overall work is on Apartments: _____
Any Townhome Work? Y N **Any work on New Townhomes:** Y N **Repair Existing Only** Y N
What percentage of your overall work is on Townhomes: _____
Any work on Condominiums: Y N **Any work on New Condos:** Y N **Repair Existing Only** Y N
Any Condo Conversions: Y N **What percentage of your overall work is on Condominiums:** _____
Any New Residential Tract Homes? Y N **What percentage of your overall work is on New Tract Homes:** _____
Any New Custom Homes? Y N **What percentage of your overall work is on New Custom Homes:** _____

List % of your roofing operations work performed in connection with:

New Construction – Residential _____	Re-Roofing _____
New Construction – Commercial _____	Roof Repair _____
Total 100% _____	Total 100% _____

OTHER THAN ROOFING: Description: _____

Residential ____% Commercial ____%

Gross Sales for Construction OTHER THAN ROOFING: \$ _____

Any Apartments/Condos/Townhomes: Yes ____ No ____ Max Height: _____

Any New Construction on Apartments/Condos/Townhomes: Yes ____ No ____

If yes, please describe work: _____

Any Autos Titled in Company Name: Yes ____ No ____ Do you have Commercial Auto Policy: Yes ____ No ____

Do you have a written safety program? Yes ____ No ____

INSURANCE AND CLAIMS INFORMATION

Current Insurance Company: _____ Expiration date of current policy: _____

Any claims in last 5 years: Yes ____ No ____ If yes, please provide year and short description of claim (below):

****Please Provide Sub-Contractor Agreement****

Do your Sub-Contractors carry their own insurance: Yes ____ No ____ ←

Do you require Certificates of Insurance from Sub-contractors: Yes ____ No ____ ←

List Last 3 Jobs:

Type of Work Performed	Value of Job
1. _____	_____
2. _____	_____
3. _____	_____

List Top 5 Sub-Contractors:

Our agency provides the following lines of business. If you have interest in any other lines, please let us know:

- Excess Liability (If yes, What limit _____)
- Auto Liability Worker's Compensation Builders Risk Coverage
- Property Coverage Bonds Pollution Liability
- Inland Marine (rented equipment, owned equipment, tools, and roofing materials)
- Cyber Liability