



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 \_\_\_\_\_ Today's Date \_\_\_\_\_

Date coverage needed \_\_\_\_\_

Full Business Name \_\_\_\_\_ DBA \_\_\_\_\_

Other Names or DBA's \_\_\_\_\_

Business Type (Corp, LLC, LP, Sole Proprietor, Partnership etc) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Location Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Other Office Locations \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

FEIN# \_\_\_\_\_ S.S.# \_\_\_\_\_ Contractors License # \_\_\_\_\_

Description of Operations \_\_\_\_\_

% of Roofing Operations \_\_\_\_\_ States You Do Business In \_\_\_\_\_

# of years in Business Under This Name \_\_\_\_\_ Number of years Experience \_\_\_\_\_ GAF Certified (tier) & ID \_\_\_\_\_

Where did you hear about Roofers Choice Insurance: \_\_\_\_\_

**EXPOSURE INFORMATION**

% of ALL Sub-contracted work (Roofing & Other) \_\_\_\_\_

**FOR ROOFING**

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

Roofing: Residential \_\_\_\_\_% Commercial \_\_\_\_\_% Type of Slopes: Pitched \_\_\_\_\_% Flat \_\_\_\_\_% Other \_\_\_\_\_%

Methods: Asphalt Shingle \_\_\_\_\_% Tile \_\_\_\_\_% Metal \_\_\_\_\_% Hot Tar \_\_\_\_\_% Hot Air Welding \_\_\_\_\_%

Torch Down \_\_\_\_\_% Other (Description) \_\_\_\_\_%

Any Apartments/condos: Yes \_\_\_\_\_ No \_\_\_\_\_ Maximum Height \_\_\_\_\_

**OTHER THAN ROOFING** Description: \_\_\_\_\_

Residential \_\_\_\_\_% Commercial \_\_\_\_\_% Gross Sales for Construction OTHER THAN ROOFING: \_\_\_\_\_

Any Apartments/condos: Yes \_\_\_\_\_ No \_\_\_\_\_ Maximum Height \_\_\_\_\_

Any Autos Titled in Company Name: Yes \_\_\_\_\_ No \_\_\_\_\_ Do you have a Commercial Auto Policy: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a written safety program: Yes \_\_\_\_\_ No \_\_\_\_\_

**INSURANCE & 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.)

\_\_\_\_\_

\_\_\_\_\_

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

Sub-Contractors Carry 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 _____	1 _____
	2 _____	2 _____
	3 _____	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:

- Auto Liability \_\_\_\_\_
- Worker's Compensation \_\_\_\_\_
- Excess Liability \_\_\_\_\_
- Property Coverage \_\_\_\_\_
- Inland Marine (rented equipment, owned equipment, tools, and roofing materials) \_\_\_\_\_
- Bonds \_\_\_\_\_
- Pollution Liability \_\_\_\_\_
- Builders Risk Coverage \_\_\_\_\_