



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 very experienced in the insurance industry.

Our Commercial Insurance Manager, Bobbie James, (bobbie@b-sig.com) has been with our agency for over 20 years and in the insurance industry for over 35. She will do everything possible to provide you with the best coverage you need and has the resources and knowledge to obtain the best rates and appropriate coverage needed for your business.

To provide you with the insurance proposal you require please complete the enclosed Insurance Checklist and return with the documentation required. 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.

If you should have any questions please do not hesitate to let me know.

Sincerely,

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"

Roofers Choice Insurance Checklist

Required for all submissions:

Commercial Insurance Information – this is information about your company.

**List of Locations (if more than one) and company name (if different name)
(example Roofers Roofing dba Best Roofing)**

Individual Sales/Sub Cost for each location. If you operate in different states we need the breakdown per state (all states do not have same rates).

General Liability Information:

Roofing Contractors Questionnaire – please complete in its entirety. If items do not apply NA in the section applicable. If you should need help on this please do not hesitate to call.

Hired/Non-Owned Liability – this is coverage needed especially if you do commercial roofing. Most general contractors require this coverage. Only available if you do not have a commercial automobile policy inforce.

Loss Run – Most companies like to see loss information from current company to evaluate the risk. If losses we need details if available.

Safety Manual and Sub-contractor agreements – companies like to see that you are serious about sub- contractor and safety. If you do not have a safety manual or sub-contractor agreement we do have several samples that our roofers use. We can forward you a copy for review.

Copy of existing or expired General Liability Policy. We like to review the current policy for limits, coverage, endorsements, etc. It also allows us to provide you with a quote with current limits and to recommend coverage changes.

Complete the Contractors Questionnaire only if you provide services other than roofing.

WE DO HAVE PROGRAMS AVAILABLE FOR WORKERS COMPENSATION, COMMERCIAL AUTOMOBILE, BONDS, PROPERTY, FLOATERS AND EXCESS LIABILITY.

Business Owners Information

Complete Business Name:

DBA: _____

Mailing Address:

Physical address (if more than one complete next page:

Work phone number: _____ **Cell Phone:** _____

Fax Number: _____

Email address: _____

Contact Person: _____

Federal ID/Social Security Number: _____

Prior Insurance Carrier: Name: _____

Policy Number: _____ **Agent:** _____

Any claims/losses for last three years:

Any Other Pertinent Information:

Referred by: _____

List of locations and Company Name:

#1

#2

#3

#4

#5

Individual Sales/Sub Cost Each Location

<u># Locations</u>	<u>Gross Sales</u>	<u>Sub-Cost- %</u>
<u>#1 -</u>		
<u>#2 -</u>		
<u>#3-</u>		
<u>#4 -</u>		
<u>#5 -</u>		
<u>#6 -</u>		
<u>#7 -</u>		
<u># 8</u>		

(example –

_Gross Sales for next 12 months is \$5,000,000. Have four locations - #1 – 2,000,000 (of total gross sales) x 30% (Sub Cost). Location #2 – 1,500,000 (of total sales) x 30% (Sub Cost). Location #3 – 500,000 (of total sales) x 30% (sub Cost). Location #4 – 1,000,000 (of total sales) x 30% (Sub Cost). Total of all locations equal the total annual sales. Standard percentage for sub cost is 30% - however if yours is more or less provide the percentage and I will figure the sub cost for you).



ROOFING CONTRACTORS QUESTIONNAIRE

ALL QUESTIONS MUST BE ANSWERED

1. Applicant Name: _____
 Address: _____ Website Address: _____

Years in business under the applicant name: _____
 Are you an NRCA (National Roofing Contractors Association) member? ☐ Yes ☐ No
 Percentage of Roofing Operations receipts to total Receipts _____ %

2. Contractor's license number: _____
 States in which you do business: _____
 Have you ever worked in, or do you anticipate working in New York State? ☐ Yes ☐ No
 Have you ever worked in, or do you anticipate working in any of the 5 boroughs of New York City? ☐ Yes ☐ No
 Have you ever worked in, or do you anticipate working in Colorado? ☐ Yes ☐ No

3. List all other business names & licenses applicant has used in the past 10 years:

Describe the operations:

4. Does applicant currently own or operate any other business? ☐ Yes ☐ No
 If yes, please provide the name of the business and percentage of ownership:

Describe the operations:

5. Percentage of current operations: General Contractor _____ % Subcontractor _____ % Construction Mgr: _____ %

6. Exposure Data	Gross Receipts	Payroll	Sub Contract Costs
Projections for the upcoming year	_____	_____	_____
Estimate for the year just completed	_____	_____	_____
Actual for the first prior year	_____	_____	_____
Actual for the second prior year	_____	_____	_____
Actual for the third prior year	_____	_____	_____

7. Roofing Operations

Building Type	Percentage of Work
Residential	
Commercial	%
Industrial	%
Other	%

Method	Percentage of Work
Asphalt Shingle	%
Wood/Shake Shingle	%
Slate	%
Tile	%
Metal	%
Polyurethane Foam	%
Hot Tar	%

Slope	Percentage of Work
Pitched	%
Low Slope	%
Flat	%
Other	%

Method	Percentage of Work
Torch Down	%
Hot Air Welding	%
Modified Bitumen (hot)	%
Modified Bitumen (cold)	%
EPDM (hot)	%
EPDM (cold)	%
Other	%

8. Please list the percentage of your roofing operations work performed in connection with:

New Construction – Residential	%
New Construction Commercial	%

Re-Roofing	%
Roof Repair	%

9. Will your upcoming work involve new construction on condominiums?

☐ Yes ☐ No

If yes, what is the percentage of total roofing operations?

%

Will your upcoming work involve repair or remodel work on condominiums?

☐ Yes ☐ No

Will your upcoming work involve new construction on tract home developments?

☐ Yes ☐ No

If yes please advise the maximum number of homes in the entire tract development?

Will your upcoming work involve new construction on townhouses?

☐ Yes ☐ No

Will your upcoming work involve repair or remodel work on townhouses?

☐ Yes ☐ No

Will you do work for a stalled, abandoned or otherwise interrupted construction project?

☐ Yes ☐ No

Have you ever worked on the conversion of apartments to condominiums?

☐ Yes ☐ No

10. Do you perform roof tear off operations?

☐ Yes ☐ No

Do you subcontract roof tear off operations to others?

☐ Yes ☐ No

11. Please describe your weather detection procedures

12. Do you have a procedure for limiting the amount of roof to be opened at a time?

☐ Yes ☐ No

Please describe the procedure utilized

Are there circumstances under which will you leave an unattended and “open roof” for a period of more than two hours?

☐ Yes ☐ No

If yes, please describe the circumstances

Please describe your “open roof” protection procedures

13. Heat Application Work

Do you perform any Heat Application Roofing operations, including but not limited to Hot Tar, Torch Down, Hot Air Welding or use any equipment that has an open flame or produces heat or sparks? ☐ Yes ☐ No
 Do you perform any work utilizing the spraying of flammable liquids? ☐ Yes ☐ No
 Are your employees NRCA Torch Application certified? ☐ Yes ☐ No
 Prior experience with heat application roofing operations _____ Years

What is the minimum length of time, in hours, that you remain on a heat application job site after the cessation of the application for any reason?

Please describe your Heat Application fire safety inspection procedures

14. Do you use Subcontractors? ☐ Yes ☐ No
 Percentage of Work subcontracted _____ %
 Does the type of subcontracted work include the following:

Residential Roofing	☐ Yes ☐ No	Framing	☐ Yes ☐ No	Siding	☐ Yes ☐ No
Commercial Roofing	☐ Yes ☐ No	Plumbing	☐ Yes ☐ No	Welding	☐ Yes ☐ No
Torch Down Application	☐ Yes ☐ No	Sheet Metal	☐ Yes ☐ No	Heating/AC	☐ Yes ☐ No
Hot Tar Application	☐ Yes ☐ No	Gutters	☐ Yes ☐ No	Demolition	☐ Yes ☐ No
Window Installation	☐ Yes ☐ No	Debris Removal	☐ Yes ☐ No		

Do you utilize a standard subcontractor indemnification agreement that has been approved by counsel? ☐ Yes ☐ No

Do you obtain a standard written agreement from all subcontractors on all jobs? ☐ Yes ☐ No

If yes, please attach a copy to this questionnaire.

Do you collect Certificates of Insurance showing Additional Insured coverage for you from all subcontractors? ☐ Yes ☐ No

Do you allow subcontractors to begin work prior to the collection of Certificates of Insurance? ☐ Yes ☐ No

Do you have a procedure for reviewing and maintaining Certificates of Insurance? ☐ Yes ☐ No

15. Describe your three largest project over the past five years

Project Name/Description

Construction/Job Value

1 _____
 2 _____
 3 _____

16. Equipment

Do you use cranes? ☐ Yes ☐ No

Is this equipment rented? ☐ Yes ☐ No

Is equipment rented with operator? ☐ Yes ☐ No

Do you own or use scaffolding? ☐ Yes ☐ No

17. What is the maximum height at which you work? _____ Feet

18. Have there been any claims or suits against you in the past five years? ☐ Yes ☐ No

Are there any claims or legal actions pending against any entity named in this application? ☐ Yes ☐ No

After inquiry do you have knowledge of any pre-existing act, omission, event, condition or damage to any person or property that might reasonably be expected to give rise to any future claim or legal action against any person or entity identified in this application? ☐ Yes ☐ No

Have you been accused of any faulty construction in the past five years? ☐ Yes ☐ No

Have you been accused of breach of contract in the past five years? ☐ Yes ☐ No

Please explain any yes answers to the questions above:

DEFINITIONS:

GENERAL CONTRACTOR – A contractor, who exercises primary control of the job site, typically subcontracts a significant portion of the work, and/or is named in the construction documents as the general contractor of record.

OPEN ROOF – Any roof or section of roof where the outermost layers of protective covering have been removed leaving exposed the underlying material structure, structure interior or its contents.

TORCH APPLIED ROOFING (MODIFIED BITUMEN) – This process which is also called torch welding, involves a modified bitumen installed on a roofing deck by means of a torch. A membrane is laid on the roof, heated by a torch and allowed to cool so that the material solidifies in place. The asphalt component in the membrane serves as an adhesive between the surface material and roof substrate.

MODIFIED BITUMEN – Also called “modbit” membranes consist of an asphalt and polymer blend which allow the asphalt to take on characteristics of the polymer.

HOT AIR WELDING – Hot Air Welding is a system utilizing a heating source (either electric or propane flame) attached to a hose, which blows hot air onto the membrane.

TRACT HOUSING – Developments where the houses are similar in price, physical characteristics, lot size and square footage; numerous houses of similar or complementary design constructed on a given expense of land, by a single builder.

WARRANTY: The purpose of this Roofing Contractors Questionnaire is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of the applicant's insurability. Material misstatements or errors made on this form may provide a basis for the company's rescission of the policy at any time during the term of the policy, with the return of unearned premium. The undersigned, therefore, warrants that the information contained herein (consisting of 3 pages) is true and accurate to the best of his knowledge, information and belief. The Supplemental Questionnaire shall be the basis of any insurance policy that may be issued.

Signature of Applicant:* _____

Name & Title: _____

Date: _____

*Must be owner, executive officer or partner of the company



**Vela Hired Auto & Non-Owned Auto Liability
Supplemental Application**

Applicant Name: _____

General Information

- 1) Is there an auto policy in force in the name of the applicant? ☐ Yes ☐ No
- 2) Prior to approving any employee to use their personal auto, or to hire an auto, do you review their MVR (Motor Vehicle Record), including any out of state license? ☐ Yes ☐ No
- 3) Are MVR's reviewed annually for any employee renting or using their own vehicles for business purposes? ☐ Yes ☐ No
- 4) Do you have guidelines for acceptable drivers? ☐ Yes ☐ No
- 5) Do you preclude drivers with any major violations or frequent citations or accidents from driving their own or hired auto in the course of their employment duties? ☐ Yes ☐ No

Owned Autos

- 6) Are any autos titled to the applicant? ☐ Yes ☐ No
 - 7) Does the applicant lease autos on a long term basis? ☐ Yes ☐ No
 - 8) Do your employee's lease autos on your behalf? ☐ Yes ☐ No
- If yes, under whose name are autos leased? ☐ Employee ☐ Insured

Hired Autos

- 9) Does the applicant rent (hire) autos on a short term basis: ☐ Yes ☐ No
- 10) Estimated rental cost Current Year: _____ Last Year: _____
- 11) Types of autos are rented? _____

Non-Owned Autos

- 12) How many employees use their own auto during the course of performing their employment duties? _____
- 13) What types of non-owned autos will be used in the insured's business? _____
How will they be used? _____
- 14) Maximum distance (miles) that a non-owned auto may be driven from the Insured's premises: _____

15) How often are non-owned autos used in the insured's business?

☐ Daily ☐ Weekly ☐ Monthly

Estimated number of miles per month: _____

16) Do you require employees to have their own insurance?

☐ Yes ☐ No

If yes, what are minimum limits required? _____

17) Will you use non-owned autos other than those owned by your employees?

☐ Yes ☐ No

If yes, describe relationship to owner:

LITIGATION AND CLAIM INFORMATION

1. Have the Applicant and/or any of its directors, officers and/or employees, its predecessors, subsidiaries, affiliates, employees and/or any other person or entity proposed for this insurance been involved in or have knowledge or should have known of any pending or completed governmental, regulatory, investigative or administrative proceedings? ☐ Yes ☐ No If yes, explain.

2. After inquiry have any claims been made against the Applicant and/or any of its directors, officers and/or employees, its predecessors, subsidiaries, affiliates, employees and/or any other person or entity proposed for this insurance during the past five (5) years? ☐ Yes ☐ No

If yes, how many claims have been made in the past five (5) years? _____

Please complete explain on a separate sheet and attach.

3. Does the applicant and/or any of its directors, officers and/or employees, or its predecessors, subsidiaries, affiliates, and employees have knowledge of any occurrence, bodily injury, property damage, act, error or omission which might reasonably be expected to give rise to a claim against him/her, the Applicant firm or any predecessor firm? ☐ Yes ☐ No

If yes, please provide complete supplemental Claim Information form for each.

REPRESENTATIONS

Vela Insurance Services (the Company) is authorized to make any inquiry in connection with this application, at any time. Completion and/or signing this application does not bind the Company to provide, or the Applicant to purchase, the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which the Company receives notice is on file with the Company. The Company will have relied upon this application, the terms of this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Company, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMPLETS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MI, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RENEWAL OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO, OR CONCEALS, FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMPLETS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

AGREEMENT AND WARRANTY

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim(s) information from any prior insurer to the Company.

Applicant: _____ Title: _____

Applicant's signature: _____ Date: _____

Agent/Broker Name: _____

UNDERWRITING INFORMATION

Required underwriting information in addition to the signed and dated Vela Hired Auto & Non-Owned Auto Liability Supplemental Questionnaire:

- A current drivers list that includes anyone who could drive their personal vehicle, or hire/rent a vehicle, for company business.
- Current MVR's for each driver on the list
- A copy of the applicant's Risk Management Program