



New England Excess Exchange, Ltd.

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Please visit our website: www.neee.com

ROOFING – COMMERCIAL GENERAL LIABILITY SUPPLEMENTAL APPLICATION

APPLICANT NAME AND ADDRESS:

AGENT:

Location Address: _____
(if more than one location attach separate sheet)

Individual Corporation Partnership Joint Venture Other: _____

Inspection/Audit (Contact/Phone): _____

Proposed Policy Period From: _____ To: _____

UNDERWRITING

Years in Business? _____ Years of Experience in this field? _____

1. Indicate the percent of each type of roofing performed.

Type	Commercial	Residential	Industrial	% of Total Operations
New Construction	%	%	%	
Repair/Patching	%	%	%	
Replacement	%	%	%	

Flat Roofs	%	Metal	%
Pitch Roofs	%	Single Ply	%
Asphalt Shingle	%	Tile	%
Fiberglass	%	Polyurethane Foam	%
Wood	%	Hot Tar	%
Slate	%	Torch down	%
Other - Describe			%

2. Describe any other operations or work done other than roofing (e.g., waterproofing, siding, asbestos removal, rain gutters, carpentry, etc): _____

3. Describe what safety precautions are in place if hot tar, torch down or other hot processes are used? _____

4. What is the maximum height of the buildings you work on? _____

5. Do you have a written safety program? Yes No

6. How do you protect the general public from potential injury? _____

7. How are materials lifted to the roof? _____
8. How are openings in the roof protected over night? _____
9. What precautions do you take when a rainstorm is imminent? _____

10. Does a foreman or contractor inspect all jobs upon completion? Yes No
11. Have you ever or do you currently perform work in CA, NV, AZ, CO or UT? Yes No
12. Have you ever used, sold, installed or removed asbestos? Yes No
- If yes explain in detail: _____

LIMITS

Occurrence Form:

General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Damage to Premises Rented or Leased to You	\$
Medical Expense (any one person)	\$

ROOFING CONTRACTORS

1. Does applicant draw plans, designs or specifications? Yes No
 If yes, describe: _____
2. Do your subcontractors carry coverage or limits less than yours? Yes No
 If yes, what are the minimum limits you accept? _____
3. Are certificates of insurance required from subcontractors? Yes No
4. Is a signed sub contract agreement used with all sub contractors? Yes No
 If yes, forward copy for our file. If no, risk may not be acceptable.
5. How long are Certificates of Insurance kept? Until job ends One year Other
 If other is checked, provide details: _____

6. Describe the type of work subcontracted indicating percent for each category: _____

7. Does applicant lease equipment to others with or without operators? Yes No

If yes, describe equipment and forward copy of lease agreement: _____

8. Employees: Full-time _____ Part-time _____

9. List receipts for the last three years:

Year 19 _____ Receipts \$ _____

Year 20 _____ Receipts \$ _____

Year 20 _____ Receipts \$ _____

10. Do you offer warranties? Yes No

If yes, attach copies of warranty.

CONTRACTUAL LIABILITY

11. Describe All Hold Harmless Agreements (Dates, Contracting Party, Cost) and attach copies: _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME & ADDRESS

RELATIONSHIP TO INSURED

1. _____ Add'l Ins'd Certificate

2. _____ Add'l Ins'd Certificate

3. _____ Add'l Ins'd Certificate

4. _____ Add'l Ins'd Certificate

List three (5) of your largest jobs and type of process used in the last five (5) years:

1. _____

2. _____

3. _____

4. _____

5. _____

ADDITIONAL INFORMATION OR COMMENTS:

PRIOR CARRIER HISTORY & LOSS INFORMATION

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

12. During the past three years, has any company ever cancelled, declined or refused to issue any similar insurance to the applicant? Yes No
 If yes, please explain: _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

_____ Applicant's Signature

_____ Date

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.