

Basic Application

ROOFERS GENERAL LIABILITY INSURANCE



Commerical Insurance Personal Insurance
PEO-Employee Leasing

941-723-1400

fax : 941-723-1440

sales@heritagefla.com

www.heritagefla.com

Basic ROOFERS Application

Business Name: _____

Address: _____

Phone: _____ Cell: _____

Fax: _____ FEIN: _____

Average Roof Height: _____ ft **Operations:** General Contractor _____ %

Subcontractor _____ %

Maximum Roof Height _____ ft Construction Mgr _____ %

# of Employees	Job Description	Total Payroll
1.		
2.		
3.		
4.		

Anticipated Annual Revenues (Gross Sales)

2008
2007
2006

Payroll by Classification

Payroll

Residential Roofing
Commercial Roofing
Sheet Metal
Sub Contractors (Cost)

Percentage of Roofing Operations

Commercial %
Residential %

Percentage of Roofing Operations by TYPE

New Construction %
Re-roofing %
Service Repair %

Residential Breakdown by Percentage

Single Family Homes %
Condominiums %
Apartments %
Multi Family Town homes %

Overall Operations Breakdown

Slope Breakdown

Built up Roofs %	Dead Level %
Modified Bitumen %	Low Slope 4:12 %
Single Ply %	Steep Slope over 4:12%
Spray Foam %	Extra Steep Slope over 12:12 %
Polyurethane %	
Metal %	
Slate/ Tile %	
Shingle %	

	Yes	No
Do you have any current or past involvement with OCIPs?	_____	_____
Any residential wrap ups?	_____	_____
Have you had any litigation regarding defective construction?	_____	_____
Do you perform torch applied roofing operations?	_____	_____
Percentage of work involving torch applied _____%		
Do you perform torch applied applications on wood decks?	_____	_____
Loss prevention methods in place for torch applications:		

Do you perform any spray application of polyurethane form?	_____	_____
Do you perform hot tar operations?	_____	_____
Percentage of operations involving hot tar _____%		
Safety measures in place for hot tar operations:		

Current Insurance Provider (Company, not Agency) _____

Current Policy Number: _____ Expiration Date: _____

Any Losses within the last 5 years (please list): _____

License type and number: _____

Any additional requirements:

This application will be submitted in addition to standard insurance applications. It is not considered a stand-alone application.

Signature of Applicant: _____

Title: _____

Date: _____