

**COLONY SPECIALTY INSURANCE  
ROOFERS SUPPLEMENTAL APPLICATION**

Applicant Name: \_\_\_\_\_ Website: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Location Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**GENERAL INFORMATION**

- Types and Percentages of Roofing Systems Installed by applicant or subcontractors: (Include all that apply)

System Type	% of Total	Eligible for Roofing PDQ?
<i>(Any form of Torch Down work with these systems is Prohibited and not eligible)</i>		
<input type="checkbox"/> Asphalt Shingles	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Clay or Concrete Tile	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Metal Roof Systems for steep slope applications	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Slate	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Treated Wood Shakes or Shingles	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Other Synthetic Coverings	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Built Up Roof Systems – "Tar and Gravel"	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Built Up Roof Systems – Polymer-Modified bitumen sheet membranes	_____	No
<input type="checkbox"/> Metal panel roof systems for low-slope applications	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Thermoplastic membranes	_____	No
<input type="checkbox"/> Thermoset membranes	_____	No
<input type="checkbox"/> Spray polyurethane foam-based	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> "Green Roof" Systems (Designed to allow planting/landscaping on roof)	_____	No
<input type="checkbox"/> Other (Please Describe) _____	_____	
Total of all Roofing Systems	100%	

- Type and Percentage of Roofing Work done by the applicant or subcontractors: (Check all that apply)

Type of Roofing Work	% of Receipts	Eligible for Roofing PDQ?
<input type="checkbox"/> Residential – Repair, Remodel, or Re-roof of Individual Dwellings	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Residential – Repair, Remodel, or Re-roof of Multi-family Dwellings	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Residential – Repair, Remodel, or Re-roof of Apartments	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Residential – Additions onto Individual Dwellings	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Residential – Additions onto Condos, Apartments, or Townhomes	_____	No
<input type="checkbox"/> Residential – New Construction – Individual or Custom Dwellings only	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Residential – New Construction – Tract, Condos, Apts, Townhomes	_____	No
<input type="checkbox"/> Commercial – Repair, Remodel, or Re-roof	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Commercial – New Construction	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Industrial – New Construction or Repair	_____	No
<input type="checkbox"/> Other (Please describe) _____	_____	
Total Roofing Work	100%	

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**GENERAL INFORMATION (CONT'D)**

- Years in business under this name: \_\_\_\_\_
- Years of experience in this field: \_\_\_\_\_
- Contractors License Number: \_\_\_\_\_ Year license issued: \_\_\_\_\_
- Are you a member of NRCA? (Nat'l Roofing Contractors Assoc.)  Yes  No
- Have you operated under any other name or names?  Yes  No
- If Yes, provide prior name and describe operations: \_\_\_\_\_  
\_\_\_\_\_
- States/area of operations: \_\_\_\_\_
- Number of employees: \_\_\_\_\_
- Total Annual Gross Sales/Receipts: \_\_\_\_\_

**CLASSIFICATION OF OPERATIONS (PAYROLL/SUB-COSTS)**

- Indicate payrolls/subcontractor costs for each type of construction work performed:

Class	Employee Payroll	Sub-Contractor Cost
Roofing – Residential	\$	\$
Roofing – Commercial	\$	\$
Carpentry (Other than involved directly with roofing)	\$	\$
Gutter Installation, Repair, or Replacement	\$	\$
Solar Panel or other Solar Energy Work	\$	\$
Waterproofing work	\$	\$
Insulation Work	\$	\$
Executive Supervisory	\$	\$
Other (Please describe)	\$	\$
Other (Please describe)	\$	\$

- Indicate any work or operations involving the following, even if subbed out:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Airport Facilities     | <input type="checkbox"/> Equipment Rental to Others        | <input type="checkbox"/> Mold Remediation            |
| <input type="checkbox"/> Asbestos Work          | <input type="checkbox"/> Fire Damage Restoration           | <input type="checkbox"/> Nuclear facilities          |
| <input type="checkbox"/> Crane rental to others | <input type="checkbox"/> Gov't Entities including Military | <input type="checkbox"/> Water Damage Restoration    |
| <input type="checkbox"/> EIFS or related work   | <input type="checkbox"/> Historic Building Restoration     | <input type="checkbox"/> Wrap-ups – participation in |

If checked, please describe work in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PROJECTS/OPERATIONS INFORMATION**

- Please list all **major projects**, including those completed in the past 3 years, in progress, and planned in the future.

**OR**

- Attach a project list:

**Past Completed Projects (Mandatory Field)**

Project Name	State	Project Description	Roofing System Type	Dates	Cost

**Current and Planned/Future Projects**

Project Name	State	Project Description	Roofing System Type	Dates	Cost

- Any exterior work performed **above three stories** in height from grade?  Yes  No
- Any work done using **untreated wood shingles**?  Yes  No
- If **Tar Kettles** or **Heat Process Equipment** are used, which of the following jobsite safety procedures are followed?  
*Check all that apply*
  - All kettles or heat process equipment are placed at ground level, away from the building, during use
  - Barriers are present which prohibit the general public from entering the jobsite or heat equipment area
  - 15 lb or larger charged ABC extinguishers are present at all jobsites
  - Personnel remain at jobsite for at least 30 minutes after equipment has been shut off or removed
  - Areas where heat work was performed are personally inspected prior to leaving jobsite
  - Other (Please describe) \_\_\_\_\_

**RISK TRANSFER**

- Do you use written contracts or agreements with all of your subcontractors?  Yes  No
- Are all subcontractors required to sign a hold harmless/indemnification agreement in your favor?  Yes  No
- Are all subcontractors required to maintain General Liability Insurance?  Yes  No
  - Certificates of Insurance obtained?  Yes  No
  - Limits equal to our insured's required?  Yes  No
  - Are you named as an additional insured on all subcontractors' General Liability policies?  Yes  No
- Are all subcontractors required to maintain Workers Compensation Insurance?  Yes  No
  - Certificates of Insurance obtained?  Yes  No

**OTHER INSURANCE**

- Do you currently have Workers Compensation coverage in place?  Yes  No
- Any other operation(s) in addition to those which are shown in this application?  Yes  No
  - If yes, please describe \_\_\_\_\_
  - Where is the General Liability for this operation insured? \_\_\_\_\_

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**LOSS EXPERIENCE**     Check here if not applicable

- Loss Summary (Please Attach Hard Copy Loss Runs)

Year	Carrier	Premium	#Claims	Incurred	Comments

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Producer: \_\_\_\_\_

Date: \_\_\_\_\_