

# CoverX

The Coverage Experts  
[www.coverx.com](http://www.coverx.com)

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

Producer Is:     Wholesaler     Retailer

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Excess & Surplus Lines License No.: \_\_\_\_\_

Email: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

If Renewal, Provide Current Policy No.: \_\_\_\_\_

## TEXAS

311 S. JUPITER, SUITE 200  
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## CALIFORNIA – COVERX INSURANCE SERVICES – License #0573926

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## GEORGIA

PARKSIDE TERRACE WEST, SUITE 100  
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[coverxga@coverx.com](mailto:coverxga@coverx.com)                      Underwriting Email

### Resident or Non-Resident Surplus Lines Licensee Information for Applicant's State of Domicile:

SL License State: \_\_\_\_\_

SL License No.: \_\_\_\_\_

SL License Expiration Date: \_\_\_\_\_

SL Licensee Name: \_\_\_\_\_

Affiliation with Producer (e.g., Owner, Executive Officer, Employee): \_\_\_\_\_

SL Licensee Agency Name (if Entity License): \_\_\_\_\_

## ROOFING CONTRACTOR SUPPLEMENTAL APPLICATION

Please answer all questions. If the answer to a question is Not Applicable, please use the phrase N/A.

Applicant Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Length of time in business in the name of the applicant firm: \_\_\_\_\_

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

If the answer to this question is less than three (3) years, please provide details of prior experience:

States in which the applicant operates: \_\_\_\_\_

Expiring Insurance Company: \_\_\_\_\_

Expiring Premium: \_\_\_\_\_

Exposure Basis		Projected	1 <sup>st</sup> Prior Year	2 <sup>nd</sup> Prior Year
Total Annual Receipts:				
Commercial Roofing Payroll	ISO Class 98677			
Residential Roofing Payroll	ISO Class 98678			
Sheet Metal Payroll	ISO Class 98884			
Cost of Subcontracted Work-Insured Subcontractors:				
Cost of Subcontracted Work-Uninsured Subcontractors:				
Does Applicant obtain a standard written agreement from all subcontractors?		Yes ..	No ..	
Does each subcontractor hold the applicant harmless?		Yes ..	No ..	
Does each subcontractor give the applicant an indemnification agreement?		Yes ..	No ..	
Does each subcontractor agree to add the insured as an Additional Insured?		Yes ..	No ..	
Does the applicant obtain certificates of insurance from subcontractors?		Yes ..	No ..	
Does the applicant have a tracking system for certificates of insurance?		Yes ..	No ..	
What is the minimum limit the applicant accepts on certificates of insurance?				
<b>Type of Roofing Work Done (Percentage of Overall Work Performed):</b>				
Residential:	%	Replacement:	%	
Commercial/Industrial:	%	New Construction:	%	
Must Equal 100%	100 %	Must Equal 100%	100 %	
Please describe any other work performed by the applicant:				
Any work done on buildings over three stories tall?			Yes ..	No ..
Maximum Height at which applicant will work:			Feet	
<b>If the applicant has ever done New Construction work please advise if that work involved:</b>				
Condominium, Townhouse or Apartment Building Projects:			Yes ..	No ..
Single Family Home Tract Housing Projects			Yes ..	No ..
<b>Heat Application Work</b>				
Hot Tar Application	%	Modified Bitumen	%	
Built-up Roof	%	Ethylene Propylene Diene Monomer	%	
<b>Does insured apply torch down systems to combustible walls and decks?</b>			Yes ..	No ..
Describe the procedure utilized by the applicant to inspect a heat application job-site prior to leaving the site for an extended period of time:				
<b>Equipment</b>				
Does the applicant use cranes or booms?			Yes ..	No ..
Does the applicant own this equipment?			Yes ..	No ..

Is equipment rented or leased without operator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is equipment rented or leased with operator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the applicant lease or otherwise provide equipment to others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the length of cranes or booms?	Feet	
Has the applicant experienced any claim, incident or circumstance regarding cranes or booms during the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the applicant use scaffolding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is scaffolding used owned by the applicant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If rented from others does applicant do so under a rental contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Inclement Weather Procedures**

Describe the procedure utilized by applicant to determine the possibility of the onset of inclement weather:

Describe the procedure utilized by applicant to protect an open roof when leaving a job site for an extended period of time:

<b>Does insured hire tear off companies when doing re-roofing?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**Claims History**

Year	Paid Losses	Reserves	Incurred	Claim Count	Value Date
1 <sup>st</sup> Prior					
2 <sup>nd</sup> Prior					
3 <sup>rd</sup> Prior					
4 <sup>th</sup> Prior					
5 <sup>th</sup> Prior					

Losses greater than \$10,000

Date of Occurrence	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status		
					Open		Closed
					Open		Closed
					Open		Closed

Has any claim or lawsuit ever been filed against the applicant or any partnership or joint venture of which the applicant has been a member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any claim or lawsuit ever been filed against the applicant's predecessors in business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any claim or lawsuit ever been filed against any person, company or entity on whose behalf the applicant has assumed liability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the applicant aware of any circumstance, incident or accusation arising out of roofing operations performed by the applicant which may give rise to a claim?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

State Notices: The following notices are required by the Insurance Department of the indicated states.

**WARNING:** Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO ARIZONA APPLICANTS:** For your protection Arizona law requires the following statement to appear on this form. "Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** 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.

**NOTICE TO VIRGINIA APPLICANTS:** 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.

**NOTICE TO WASHINGTON APPLICANTS:** 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.

**NOTICE TO WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED BY:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer

\_\_\_\_\_  
Date

CONTINUED

**NOTICE:**

- 1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE:[www.insurance.ca.gov](http://www.insurance.ca.gov).**
- 5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.**
- 6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER’S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**

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