



Kinsale Insurance Company
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ROOFING CONTRACTOR'S SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.
 ATTACH ADDITIONAL SHEETS AS NECESSARY.
 ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

APPLICANT'S INFORMATION

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

STREET ADDRESS (if different): _____

CITY, STATE, ZIP CODE: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

GENERAL INFORMATION

Note: RESIDENTIAL means single-family dwellings, multi-family dwellings, condominiums, townhomes, townhouses, apartments and cooperatives.

- Indicate the percentage of work to be performed by you or on your behalf by subcontractors during the next twelve months:
 Residential _____% + Commercial/Industrial _____% = 100%
- Indicate the percentage of work performed by you or on your behalf by subcontractors during the past five years:
 Residential _____% + Commercial/Industrial _____% = 100%
- Indicate the percentage of RESIDENTIAL work to be performed by you or on your behalf by subcontractors:

Single-Family Dwellings	%
Condominiums, Townhomes and Townhouses	%
Apartments and Cooperatives	%
TOTAL =	100%



4. Indicate the percentage of RESIDENTIAL ROOFING work that is:

	%		TYPE OF ROOF WORK	PERCENTAGE
New construction				
Repair/patching	%		Hot tar	%
Replacement	%		Tile	%
TOTAL =	100%		Shingles	%
On pitched roofs?	%		Slate	%
On flat roofs	%		Metal	%
TOTAL =	100%		Single Ply	%
			Other (describe) _____	%
			TOTAL =	100%

5. Indicate the percentage of COMMERCIAL/INDUSTRIAL ROOFING work that is:

	%		TYPE OF ROOF WORK	PERCENTAGE
New construction				
Repair/patching	%		Hot tar	%
Replacement	%		Tile	%
TOTAL =	100%		Single Ply	%
On pitched roofs	%		EPDM	%
On flat roofs	%		Shingles	%
TOTAL =	100%		Built Up	%
			PVC	%
			Metal	
			Other (describe) _____	%
			TOTAL =	100%

6. Check work done other than roofing: Waterproofing Siding Asbestos removal Rain gutters
 Carpentry Insulation EIFS/Synthetic Stucco Other (describe): _____

7. Describe the work performed on your behalf by subcontractors including the cost for each category: _____



8. Provide exposure history for the past three years and your estimates for the next 12 months:

YEAR	DIRECT LABOR PAYROLL	AMOUNT PAID TO SUBS	GROSS REVENUES
NEXT 12 MONTHS			

9. Are all subcontractors hired under a standard written subcontractor's agreement? Yes No
 (attach a copy)

10. What are the standard insurance requirements for your subcontractors? _____

11. Are certificates of insurance collected from all subcontractors? Yes No
 How long are they retained? _____

12. Provide details if you rent cranes or other equipment from others – including whether rented with or without operator – and the corresponding cost of such rentals: _____

13. Indicate the number of cranes you own or lease long-term from others (please attach schedule). _____

14. If hot tar is used or torch work is performed, explain in detail the process and safety precautions used to prevent fires during and after work hours: _____

15. Indicate the percentage of work to be performed involving the use of torches: _____%
 Is all such work performed by employees certified by the National Roofing Contractors Association or a similar industry organization? Yes No

16. Explain the precautions used to prevent weather infiltration: _____

17. Indicate the height of buildings on which you perform work: Average: _____ stories Maximum: _____ stories

18. Explain your employee fall-protection procedures: _____

19. Indicate the number of employees who are: Union _____ Non-Union _____

20. Indicate the average wage of your hourly workforce: _____ per hour

21. Do you employ casual or temporary labor? Yes No
 If yes, are such workers covered by your Workers Compensation insurance? Yes No



22. Do you hire employees or independent contractors through employment agencies? Yes No
 If yes, who is responsible for maintaining Workers Compensation insurance for such workers? _____
23. Are the employment agencies responsible for performing background checks on such workers including verification of United States citizenship, valid Green Cards or valid Work Visas? Yes No
24. Indicate the number of job supervisors and foremen you employ: _____
25. Are all jobs inspected by a job supervisor or foreman upon completion of work but before leaving the job site? If yes, please explain in detail: Yes No

26. Are you a member of the National Roofing Contractors Association? Yes No
 Membership Identification #: _____

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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 policy holder 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 any 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 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 an 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 \$5,000 and the stated value of the claim for each such violation.



NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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

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 a 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 the 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant’s acceptance of the company’s quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant’s Signature: _____ Date: _____

Agent/Broker Name: _____

