



**EXCESS CASUALTY  
 ROOFERS**

Name of Insured: \_\_\_\_\_

Location: \_\_\_\_\_

Type of Construction	Percentage	Work Performed As	Percentage
Residential	%	General Contractor	%
Commercial	%	Subcontractor	%
Industrial	%		

1. Maximum height of any job in number of stories: \_\_\_\_\_ Steepest Pitch: \_\_\_\_\_

Type of Roofing	Percentage
Hot Composition	%
Nailing on shingles	%
Metal	%
Polyurethane	%

2. Percentage of work subcontracted: \_\_\_\_\_%      Receipts: \$ \_\_\_\_\_  
 a. Are certificates of insurance required of subcontractors?       No  Yes  
 b. What limits are required of subcontractors?      \$ \_\_\_\_\_  
 c. Please provide a description of work subcontracted: \_\_\_\_\_

3. Description of the last three largest jobs:

Job	Type of Work	# of Stories	Receipts
			\$
			\$
			\$

4. Any crane rental?  No  Yes       With or  without operators?  
 If "Yes," please provide details: \_\_\_\_\_

\* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.  
 \* not applicable in all states

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

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