



NRCA

National Roofing Contractors Association

**NATIONAL ROOFING CONTRACTORS ASSOCIATION  
ARCHITECTS, ENGINEERS and MISCELLANEOUS  
PROFESSIONAL ROOFING LIABILITY INSURANCE APPLICATION  
UNDERWRITER**

Certain Underwriters at Lloyd's

**ADMINISTRATOR**

Norman-Spencer, Inc.

150 E. 22nd St., Lombard, IL 60148, Phone: 800-842-3653, Fax: 630-705-1056

**HIGHLIGHTS**

Tailored program including broad insurance clauses and definition of professional services available.

**HOW TO APPLY**

1. Type or print complete answers to all questions. Include a reason if a question is "not applicable."
2. If more space is needed, continue on a separate sheet and indicate question number.
3. Forward application signed and dated by firm's principal with attachments to ADMINISTRATOR (above).

**INCOMPLETE APPLICATIONS CAN NOT BE PROCESSED.**

1. Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  Proprietorship  Partnership  Corporation  Other

Telephone/Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

2. Number of Offices: \_\_\_\_ (Provide addresses on branches.) 3. Date Established: \_\_\_\_\_

4. Number of Staff: Last Year: \_\_\_\_\_ This Year: \_\_\_\_\_

Principals/Partners/Directors: \_\_\_\_\_

Other Licensed Professionals: \_\_\_\_\_

Other Staff: \_\_\_\_\_

Total Licensed Professionals: \_\_\_\_\_

5. Annual Staff Turnover: \_\_\_\_\_

6. Name all principals, partners, directors and employed professionals. (**Attach** extra sheet if needed.)

Full Name Years with firm. Date first licensed. Professional bodies of which a member.

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

7.  Yes (**attach details**)  No Has/does the applicant plan to change name or merge with another firm?

8. Indicate the four states and the percentages where highest total billings occurred for the last year.

State/% \_\_\_\_\_ State/% \_\_\_\_\_ State/% \_\_\_\_\_ State/% \_\_\_\_\_

9. Describe nature and types of professional services the Applicant is engaged in and percentage of revenues for each.

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

10. What services does the Applicant wish to have covered by the Professional Liability Insurance?

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

11. Disciplines as a percentage of billings, if applicable:

\_\_\_\_\_ % Structural Engineering

\_\_\_\_\_ % Electrical Engineering

\_\_\_\_\_ % Mechanical Engineering

\_\_\_\_\_ % Construction Management

\_\_\_\_\_ % Other(Describe): \_\_\_\_\_

\_\_\_\_\_ % Total

12. Provide the following on the 3 largest projects for the past five years.

	Name/Location	Client/Owners	Project Type	Professional Fees	Contract Price	Completion Date
12.1	_____	_____	_____	_____	_____	_____
12.2	_____	_____	_____	_____	_____	_____
12.3	_____	_____	_____	_____	_____	_____

13. Indicate types of projects as a percentage of Applicant's billings:

Last Year This Year

_____ %	_____ %	Hotels/Motels/Convention Centers
_____ %	_____ %	Office Buildings/Retail Outlets
_____ %	_____ %	Hospitals
_____ %	_____ %	Schools/Colleges/Recreational
_____ %	_____ %	Sports Arenas/Stadiums
_____ %	_____ %	Condominiums
_____ %	_____ %	Warehouses
_____ %	_____ %	Other Residential
_____ %	_____ %	Manufacturing/Industrial Facilities
_____ %	_____ %	Other/Please specify: _____
_____ %	_____ %	Total

14. Client Profile: Indicate percentage of billings derived from each of the following categories.

_____ %	Contractors	_____ %	Lending Institutions
_____ %	Other Design Professionals	_____ %	Federal Governments
_____ %	Commercial	_____ %	State Governments
_____ %	Owners/Corporations	_____ %	Local Governments
_____ %	Real Estate Developers	_____ %	Other _____

15.  Yes  No Were more than 20% of Applicant's billings during the past fiscal year derived from a single client or contract? If yes, **attach details** including client, project(s) services rendered.

16. Is Applicant or any subsidiary, parent or other organization related thereto, engaged in:

- a.  Yes  No Actual construction, fabrication or erection.
- b.  Yes  No Development, sale or leasing of computer software.
- c.  Yes  No Real Estate development
- d.  Yes  No Manufacture, sale, leasing or distribution of any product or process.

17.  Yes  No Does Applicant, subsidiary, parent or other organization related thereto, provide professional services as a partner in any joint venture projects established during last two complete fiscal years? If yes, **attach details** including project name, description, contract price, professional services performed by Applicant and other joint venture parties and the status of the project.

18. List all professional services subcontracted by Applicant and percentage of total billings for each.

\_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %

19.  Yes  No Do you maintain current consultant certificates of insurance for professional liability?

20. Indicate total gross billings (collected or not) excluding revenues unrelated to professional services, such as interest and rental. NOTE: Roofing Contractor firms without specific professional services billings: enter gross roofing billings (for use in calculation). New firms: enter estimated total billings for next 12 months.

Next Year Estimate \$ \_\_\_\_\_ Current Year \$ \_\_\_\_\_ Past Year \$ \_\_\_\_\_ Check if roofing billings.

21.  Yes  No Has Applicant or any director, officer, employee or partner of Applicant been subject to disciplinary action as a result of professional activities provided for Applicant? If yes, **attach details**.

22. \_\_\_\_\_ % Indicate fees % of professional services rendered under AIA/EJCDC standard forms.

23.  Yes  No Does Applicant use written contracts on every project? If no, **attach details**.

24.  Yes  No If non-standard or modified AIA/EJCDC contracts or "letter" agreements are used, are they reviewed by Applicant's legal counsel for liability implications prior to signing?

25. Indicate yes or no on the following. If any of the answers are yes, **attach details**.
- a.  Yes  No After inquiry, have any claims or suits been made against Applicant, including all projects in the last five years?
  - b.  Yes  No After inquiry, is Applicant or any director, officer, employee or partner aware of any circumstances, allegations or contentions as to any incident which may result in a claim being made against Applicant?
  - c.  Yes  No Has insurance of this type for which Applicant is now applying ever been declined, cancelled or had the renewal thereof refused to the proposed insured in the last five years?

26. Indicate details on past three years professional liability insurance including predecessor firm coverage.  
 Carrier      Policy No. (NEEDED)    Limits (claim/aggregate)    Deductible    Premium    Effective From/To

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27. \_\_\_\_\_ Indicate retroactive coverage date in current policy.

28. Coverage Limits of Liability required:

\$ _____ any one claim \$ _____ annual aggregate (both including costs and expenses)	\$ _____ self insured retention, each and every claim, including costs and expenses
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29. **Attach copies of your company's brochure and your standard written contract.**

The Applicant declares that, after inquiry, to the best knowledge of all persons to be insured the statements set forth herein and any attachments made hereto are true and no material facts have been suppressed, omitted or misstated.

Underwriters reserve the right to amend the terms, conditions and limitations of any policy issued as a result of this application, if subsequent to the date of this application, but prior to the inception date of such policy, there are any material alterations to the information contained herein. In the event of such material alteration, as aforesaid, the Applicant agrees to give immediate written notice to Underwriters and such notice shall attach to and form part of this application. Signing this application does not bind Underwriters to complete the insurance, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters should a policy be issued. This application is signed on behalf of all owners, principals, partners, shareholders, directors and employees.

\_\_\_\_\_  
 AUTHORIZED SIGNATURE OF APPLICANT

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Effective Date Requested for This Insurance\*

\*The policy covered under the application will not cover acts, errors or omissions which took place prior to the inception date of the policy or the retroactive coverage date in the current policy. (Note that coverage does not apply to known or expected claims or those the insured should have foreseen.)

**THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ARE ANSWERED AND ATTACHMENTS INCLUDED.**

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