



Roofers Plus GL

INSURANCE APPLICATION

ADMINISTRATOR: Norman-Spencer, Inc., 150 E 22nd, Lombard, IL 60148, T: 800-842-3653, F: 630-705-1056
HOW TO APPLY: Print complete answers to all questions. Include a reason if a question is "not applicable." If more space is needed, continue on a separate sheet. Forward completed application to ADMINISTRATOR (above).

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED. Additional Paperwork Required to Bind.

Proposed Date			
Name			
Business Name			
Mailing Address			
City / State / Zip			
Telephone / Fax			
FEIN or SSN			
Physical Address			
Contact Name & Telephone			
Email Address			
Years in Business	New attach resume of experience		
Years as Current			
Years Experience			
Number of Employees (Full Time and Part Time)			
Contractors License #			
Entity of Company	Individual	Partnership	Corporation LLC Other -
Additional Business Names	In addition to name above, list business names used in past or currently.		
States in which you operate			
Complete Description of Operations (Required)			
% Work Performed	Residential %	Commercial %	(Should add to 100%)
% Work Performed	New%	Remodel/Service Repair %	(Should add to 100%)
% Tract Work	Tract Work %	Size of tract projects \$	
% Class Codes (Total should add to 100%)	Carpentry Framing % GC New Res % Painting Exterior % Roofing New Comm % Roofing Repair Res % Other % Describe _____	Carpentry Interior % GC Remodel Comm % Painting Interior % Roofing New Res % Sheet Metal %	GC New Comm % GC Remodel Res % Handyman % Roofing Repair Comm %
Describe Largest Project in the last 5 years, including total cost.			
List Top Current Projects	State	Work Type	Start Date End Date Cost of Project
	1.		
	2.		
	3.		
Exposures - Estimated Receipts During Proposed Policy Period	Projected Gross Receipts (X-OCIP Projects)		\$
	Projected Subcontracting Costs (include costs of materials)		\$
	Projected Payroll (Excluding Owner Payroll)		\$
Previous Exposures – 12 Month Period Prior (Required)	Gross Receipts (X-OCIP Projects)		\$
	Subcontracting Costs (include costs of material)		\$
	Payroll (Excluding Owner Payroll)		\$
	Number Projects/Homes Started: _____ Completed _____		
Experience	Total # Years Experience	# Years as Current	
Employees	# of Employees (including owner)		
Subcontractor's License	No.	No License	

Prior GL Information	Carrier	Premium \$	Policy Expiration
Any Action by Licensing Authority?	Yes No	If Yes, describe:	
Any allowing of your license to be used by others?	Yes No	If Yes, describe:	
Any OCIP (wrap-up) work?	Yes No	If Yes, % separately covered OCIP	% non-OCIP
Any work involving (including subbing) blasting, PCEs, hazardous waste, asbestos, mold, medical, life support, oil fields, pipe lines, levees, dams, bridges, quarries, airports, railroads, schools, earthquake retrofit, playgrounds, fuel tanks? Yes No If Yes , describe:			
Subcontracting Out Work Yes No If Yes , answer questions to right. If No , coverage cannot be offered.	Yes No	Always collect certificates of insurance from subs. Require general liability of \$1mil or more. Require subcontractors to name you as additional insured. Have standard formal written contracts with all subs. Include contractual hold harmless/indemnification agreement in your favor.	
New Condos/Town Homes	Yes No	Any of your work involve new construction? Repair only for individual unit owners?	
Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member of your company's predecessors in business, or against any person, company or entities on whose behalf your company has assumed liability? No Yes If Yes , describe:			
Is your company aware of any facts, circumstances, incidents, situations, damages or accidents (including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve your company? No Yes, describe: If Yes , underwriting review is required before a quote can be issued. <i>Please include 5 years loss history.</i>			

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts. The undersigned Applicant warrants that the representation and information supplied in each of the above sections entitled Applicant information, Entity of Company, Additional Business Names, Description of Operations, Estimated Exposures, Previous Exposures, and Work Experience are specifically relied upon in the determination of insurability, are material to the risk to be insured, and will be a part of any policy issued. It is understood this insurance will not provide coverage or supplementary payments for defense or expense cost under any parts of the policy arising out of the following operations and affirm such operations are not performed by your company: Operations which are not customary to the classification of operations shown in the classification schedule of the application used to determine and bind coverage. The undersigned Applicant understands that any misrepresentation or omission of any information to any part of this Application shall constitute grounds for immediate cancellation of coverage and denial of claims, if any. Furthermore, the Applicant authorizes the Company, as administrative and servicing manage, to make any investigation and inquiry in connection with the Application as it may deem necessary. Applicant agrees to notify Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based on such changes at the sole discretion of the company. Notwithstanding any of the foregoing, the Applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based on this Application. The Applicant understands that the broker has no authority to act on behalf of the insurance company. The Applicant further understands that, if a policy is issued, all of the information contained in this Application will be incorporated into and form a part of such policy. The applicant additional understands that, if a policy is issued, the policy will include an Arbitration Endorsement by which the Company and the Applicant agree to submit to binding arbitration any and all disputes relating to or arising out of any insurance policy.

Signature of Applicant

Title (Owner, Officer, Partner)

Date

Signature of Broker

Date