

SKELTON, CARNEGIE & HITZEMAN

Insurance Specialty Corporation

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ROOFING CONTRACTOR SUPPLEMENTAL QUESTIONNAIRE

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

1. Applicant Name: _____

2. Business Address: _____

3. Length of time in business in the name of the applicant firm: _____
 Date applicant firm was established: _____
 If the applicant firm has been in business less than three (3) years, please provide details of prior experience.

	Current Year	Previous Year
Total Annual Receipts:		
Owner/Partner Payroll:		
Total All Payroll:		
Cost of Subcontracted Work to Insured Subcontractors:		
Cost of Subcontracted Work to uninsured Subcontractors:		
Minimum Limits required of Subcontractors:		

Type of roofing work done (Percentage of overall work performed):

Residential:	%	Replacement	%
Commercial/Industrial	%	New Construction:	%
Must Equal 100%	100 %	Must Equal 100%	100 %

Percentage of Hot Tar: %
 Other Heat Application work: % (Specify type of application):
 Any work done on buildings over three stories tall? Yes No

List all claims or occurrences that may give rise to a claim for the prior five (5) years:

Check here if none: See Attached Loss Summary

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, or any claim otherwise been made against the applicant or any partnership or joint venture of which the applicant has been a member? Yes No
 If yes, please provide full details.

Has any claim or lawsuit ever been filed, or any claim otherwise been made against the applicant's predecessors in business, or against any person, company or entities on whose behalf the applicant has assumed liability? Yes No If yes, please provide full details.

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 No

Applicant Signature: _____ Date: _____
 Producer Signature: _____ Date: _____