



**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	<input type="checkbox"/>	<input type="checkbox"/>	6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)	<input type="checkbox"/>	<input type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input type="checkbox"/>	<input type="checkbox"/>	7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>	<input type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	<input type="checkbox"/>	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	<input type="checkbox"/>	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/>	<input type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>	<input type="checkbox"/>	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/>	<input type="checkbox"/>	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:	<input type="checkbox"/>	<input type="checkbox"/>
			12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
<b>GENERAL LIABILITY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
	AGGREGATE																
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>AUTOMOBILE</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>PROPERTY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>PROPERTY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	
						OPEN	CLSD

<b>REMARKS</b>	<b>NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY</b>	<b>ATTACHMENTS</b>

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

**NOTICE OF INSURANCE INFORMATION PRACTICES** PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.



# COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)				
	FAX (A/C, No):					
CODE:	SUB CODE:	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT
AGENCY CUSTOMER ID:		FOR COMPANY USE ONLY				

**COVERAGES****LIMITS**

<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$	PREMIUMS
<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	PERSONAL & ADVERTISING INJURY	\$	PRODUCTS
	EACH OCCURRENCE	\$	
<b>DEDUCTIBLES</b>	DAMAGE TO RENTED PREMISES (each occurrence)	\$	OTHER
<input type="checkbox"/> PROPERTY DAMAGE \$	MEDICAL EXPENSE (Any one person)	\$	
<input type="checkbox"/> BODILY INJURY \$	EMPLOYEE BENEFITS	\$	TOTAL
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)			

**SCHEDULE OF HAZARDS**

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS

**RATING AND PREMIUM BASIS** (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT  
(S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

**CLAIMS MADE (Explain all "Yes" responses)****EMPLOYEE BENEFITS LIABILITY**

1. PROPOSED RETROACTIVE DATE:	1. DEDUCTIBLE PER CLAIM: \$
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:	2. NUMBER OF EMPLOYEES:
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	4. RETROACTIVE DATE:
REMARKS	REMARKS

**CONTRACTORS**

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:		# FULL-TIME STAFF:	# PART-TIME STAFF:		

**PRODUCTS/COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?				6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)				7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?			
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?				8. PRODUCTS UNDER LABEL OF OTHERS?			
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?				9. VENDORS COVERAGE REQUIRED?			
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?				10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?			
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC							

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**

**ACORD 45 attached for additional names**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR					ITEM DESCRIPTION:	

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?				12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?				13. ANY DEMOLITION EXPOSURE CONTEMPLATED?			
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)				14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?				15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?				16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?			
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?			
7. ANY PARKING FACILITIES OWNED/RENTED?				18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			
8. IS A FEE CHARGED FOR PARKING?				19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?			
9. RECREATION FACILITIES PROVIDED?				20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			
10. IS THERE A SWIMMING POOL ON THE PREMISES?							
11. SPORTING OR SOCIAL EVENTS SPONSORED?							
REMARKS							

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# Roofers PDQ Supplemental Application

Applicant Name: \_\_\_\_\_

Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

## GENERAL INFORMATION

- Types and Percentages of Roofing Systems Installed by applicant or subcontractors: (Include all that apply)

System Type	% of Total	Eligible for Roofing PDQ?
<input type="checkbox"/> Asphalt Shingles	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Clay or Concrete Tile	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Metal Roof Systems for steep slope applications	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Slate	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Treated Wood Shakes or Shingles	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Other Synthetic Coverings	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Built Up Roof Systems – "Tar and Gravel"	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Built Up Roof Systems – Polymer-Modified bitumen sheet membranes	_____	No
<input type="checkbox"/> Metal panel roof systems for low-slope applications	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Thermoplastic membranes	_____	No
<input type="checkbox"/> Thermoset membranes	_____	No
<input type="checkbox"/> Spray polyurethane foam-based	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> "Green Roof" Systems (Designed to allow planting/landscaping on roof)	_____	No
<input type="checkbox"/> Other (Please Describe) _____	_____	
Total of all Roofing Systems	100%	

- Type and Percentage of Roofing Work done by the applicant or subcontractors: (Check all that apply)

Type of Roofing Work	% of Receipts	Eligible for Roofing PDQ?
<input type="checkbox"/> Residential – Repair, Remodel, or Re-roof of Individual Dwellings	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Residential – Repair, Remodel, or Re-roof of Multi-family Dwellings	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Residential – Repair, Remodel, or Re-roof of Apartments	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Residential – Additions onto Individual Dwellings	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Residential – Additions onto Condos, Apartments, or Townhomes	_____	No
<input type="checkbox"/> Residential – New Construction – Individual or Custom Dwellings only	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Residential – New Construction – Tract , Condos, Apts, Townhomes	_____	No
<input type="checkbox"/> Commercial – Repair, Remodel, or Re-roof	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Commercial – New Construction	_____	No
<input type="checkbox"/> Industrial – New Construction or Repair	_____	No
<input type="checkbox"/> Other (Please describe) _____	_____	

# Roofers PDQ Supplemental Application

Member Argo Group

Total Roofing Work

100%

## GENERAL INFORMATION (CONT'D)

- Years in business under this name: \_\_\_\_\_
- Years of experience in this field: \_\_\_\_\_
- Contractors License Number: \_\_\_\_\_ Year license issued: \_\_\_\_\_
- Are you a member of NRCA? (Nat'l Roofing Contractors Assoc.)  Yes  No
- Have you operated under any other name or names?  Yes  No
- If Yes, provide prior name and describe operations: \_\_\_\_\_  
\_\_\_\_\_
- States/area of operations: \_\_\_\_\_
- Number of employees: \_\_\_\_\_
- Total Annual Gross Sales/Receipts: \_\_\_\_\_

## CLASSIFICATION OF OPERATIONS (PAYROLL/SUB-COSTS)

- Indicate payrolls/subcontractor costs for each type of construction work performed:

Class	Employee Payroll	Sub-Contractor Cost
Roofing – Residential	\$	\$
Roofing – Commercial	\$	\$
Carpentry (Other than involved directly with roofing)	\$	\$
Gutter Installation, Repair, or Replacement	\$	\$
Solar Panel or other Solar Energy Work	\$	\$
Waterproofing work	\$	\$
Insulation Work	\$	\$
Executive Supervisory	\$	\$
Other (Please describe)	\$	\$
Other (Please describe)	\$	\$

- Indicate any work or operations involving the following, even if subbed out:

Airport Facilities	Equipment Rental to Others	Mold Remediation
Asbestos Work	Fire Damage Restoration	Nuclear facilities
Colony		

# Roofers PDQ Supplemental Application

Member Argo Group

Crane rental to others  
EIFS or related work

Gov't Entities including Military  
Historic Building Restoration

Water Damage Restoration  
Wrap-ups – participation in

If checked, please describe work in detail:

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## PROJECTS/OPERATIONS INFORMATION

- Please list all **major projects**, including those completed in the past 3 years, in progress, and planned in the future.

**OR**

- Attach a project list:

Project Name	Project Description	Roofing System Type	Dates	Cost

- Any exterior work performed **above three stories** in height from grade?  Yes  No
- Any work done using **untreated wood shingles**?  Yes  No
- If **Tar Kettles** or **Heat Process Equipment** are used, which of the following jobsite safety procedures are followed?  
*Check all that apply*
  - All kettles or heat process equipment are placed at ground level, away from the building, during use
  - Barriers are present which prohibit the general public from entering the jobsite or heat equipment area
  - 15 lb or larger charged ABC extinguishers are present at all jobsites
  - Personnel remain at jobsite for at least 30 minutes after equipment has been shut off or removed
  - Areas where heat work was performed are personally inspected prior to leaving jobsite
  - Other (Please describe) \_\_\_\_\_

## RISK TRANSFER

- Do you use written contracts or agreements with all of your subcontractors?  Yes  No
- Are all subcontractors required to sign a hold harmless/indemnification agreement in your favor?  Yes  No
- Are all subcontractors required to maintain General Liability Insurance?  Yes  No
  - Certificates of Insurance obtained?  Yes  No
  - Limits equal to our insured's required?  Yes  No
  - Are you named as an additional insured on all subcontractors' General Liability policies?  Yes  No
- Are all subcontractors required to maintain Workers Compensation Insurance?  Yes  No
  - Certificates of Insurance obtained?  Yes  No

## OTHER INSURANCE

- Do you currently have Workers Compensation coverage in place?  Yes  No
- Any other operation(s) in addition to those which are shown in this application?  Yes  No
  - If yes, please describe \_\_\_\_\_
  - Where is the General Liability for this operation insured? \_\_\_\_\_

Member Argo Group

# Roofers PDQ Supplemental Application

**LOSS EXPERIENCE**      Check here if not applicable

- Loss Summary (Please Attach Hard Copy Loss Runs)

Year	Carrier	Premium	#Claims	Incurred	Comments

**I hereby certify that all information is accurate to the best of my knowledge.**

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

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

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

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