Quaker Special Risk

ROOFERS PROGRAM APPLICATION
General Liability

APPLICANT INFORMATION

Name _____

Address _____

City, State, Zip _____

Telephone _____ Contractor License Number (if required) _____

Policy Term: _____

Business Description: ☐Individual ☐Partnership ☐Corporation ☐Other _____

Limits Requested: Occurrence _____ Personal Injury/Advertising _____

General Aggregate _____ Medical Payments _____

Products/Comp Ops Aggregate _____ Fire Legal _____

Estimated annual payroll $ _____ Estimated annual receipts $ _____

Years in business _____ Average number of employees _____

Years experience in roofing _____ Percentage use of part-time employees _____ %

Percentage use of hot tar _____ % Percentage use of subcontractors _____ %

(Note: Subcontractors must provide certificates of general liability and workers' compensation insurance)

Percentage use of torchdown work _____ %

Percentage of commercial jobs to total _____ % Maximum height of buildings worked on _____

Describe largest typical job contracted on _____

Describe any use of cranes or heavy equipment _____

_____

Workers' Compensation insurer and policy number _____

FIVEYEAR LOSS EXPERIENCE (Use a separate sheet if necessary)

Date	Losses (description and amounts paid and incurred)

Comments _____

_____

_____

_____

_____

_____ _____

Applicant Signature Producer Name & Address