



**COLONY INSURANCE COMPANY  
ROOFING  
SUPPLEMENTAL APPLICATION**

General Agent Name \_\_\_\_\_

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

**Prohibited**

- Any Commercial/Industrial roofing
- Torch down roofing
- Any work on new, residential construction

Owner/Partner Payroll \$ \_\_\_\_\_ # of Employees # \_\_\_\_\_ Employee Payroll \$ \_\_\_\_\_

Advise if the insured does any work other than roofing: \_\_\_\_\_

Repair/Patching/Replacement \_\_\_\_\_ % Hot tar \_\_\_\_\_ % Heat applied roofing \_\_\_\_\_ %

What type of materials do you use for the roofing?

- Composition shingles    Wood shake    Tile    Rolled roofing    Metal    Foam  
 Other \_\_\_\_\_

What is the maximum height of buildings you work on? \_\_\_\_\_ stories

Do you use scaffolding in the operation?    Yes    No

Annual cost of subcontracted work: \$ \_\_\_\_\_

Check the type of work that is subcontracted out:

- Waterproofing    Siding    Hot tar    Rain Gutters    Carpentry    Insulation  
 Other \_\_\_\_\_

Are Certificates of Insurance (of equal limits) received on all subcontractors?    Yes    No

Are hold harmless agreements required for all work involving subcontractors?    Yes    No

- Receipts for the previous three years: Year \_\_\_\_\_ Receipts \_\_\_\_\_  
Year \_\_\_\_\_ Receipts \_\_\_\_\_ Year \_\_\_\_\_ Receipts \_\_\_\_\_

What are the safety precautions used by the applicant to avoid trip and fall claims in and around the construction area? \_\_\_\_\_

What are the safety precautions used by the applicant to protect the roof and/or the interior of the structure in the event of rain? \_\_\_\_\_

How are materials lifted to the roof? \_\_\_\_\_

How are roofs protected overnight? \_\_\_\_\_

List the last 3 jobs including the cost of those jobs:

Location	Type of Job	Job Receipts
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any prior losses: \_\_\_\_\_

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

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

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