

Brokerage **Huckaby Insurance Services**

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Roofing Contractors

**Quote ONLY
Application**

PROGRAM DESCRIPTION

General Liability program for small to medium Artisan Contractors located in California with less than \$500,000 in annual payroll and \$2,000,000 annual receipts. (Higher receipts are acceptable in certain situations. Please check with Broker)

INSTRUCTIONS

If a question is not applicable mark it NA or put a line through it. Do not leave it blank. If there is insufficient space for any answer please use a separate sheet of paper. Fax or email completed quote application to fax number or email address above. If you have any questions you may call toll free number above. **Information provided in this application will be HELD IN CONFIDENCE and shared only with Insurance providers from which we seek quotes.**

APPLICANT INFORMATION Bus ph# _____ Bus Fax # _____
Cell ph# _____ Email _____

List named Insured's and DBA - Business is a: Corporation ___ Partnership ___ Sole Proprietorship ___ Joint Venture ___
Other _____

Mailing Address _____ State _____ Zip Code _____

Business Address _____ State _____ Zip Code _____

Website Address _____ FEIN number _____

Contact Person _____ Title _____

License number(s) / type(s): _____, _____, _____, _____

*Years in Business _____ Years of Experience _____

PRIOR INSURANCE

Name of current Insurance Carrier _____ Expiring premium \$ _____
(We will try to provide quote matching coverage's listed above.)

Policy Limits \$ _____ Deductible amount: \$ _____

Occurrence Policy form Yes ___ No ___ Claim Made Policy form: Yes ___ No ___ (If Claim Made form provide retro date) _____

OPERATIONS

Describe all operations _____

Indicate Direct Payroll, Subcontract Costs and Gross Receipts (exclude business insured elsewhere)

| | Direct Payroll | Subcontract Costs | Gross Receipts |
|----------------------------|----------------|-------------------|----------------|
| Next 12 Months Estimate | \$ _____ | \$ _____ | \$ _____ |
| Current Year Estimate | \$ _____ | \$ _____ | \$ _____ |
| 1 st Prior Year | \$ _____ | \$ _____ | \$ _____ |
| 2 nd Prior Year | \$ _____ | \$ _____ | \$ _____ |
| 3 rd Prior Year | \$ _____ | \$ _____ | \$ _____ |
| 4 th Prior Year | \$ _____ | \$ _____ | \$ _____ |

What proportion of work is (a) Performed by you: _____ %
 (b) Performed by others on your behalf: _____ %
 Total: _____ 100 %

Percentage of work performed:

One/Two Family Dwellings _____% Apartments _____% Condo's _____% Office Buildings _____% Industrial Buildings _____%
 Other _____% *Explain other* _____

Maximum percentage of work per year your business has has performed during the last ten years on Condo's and Townhouses _____%

Percentage of work which is:

A. Roofs _____% Repair/ Patch work _____% Roofs _____%
 B. 1 to 3 Story Bldgs _____% 4 to 5 Story Bldgs _____% Over 5 Stories _____%
 C. Slate / Tile _____% Wood shake / shingle _____% Composition _____%
 Hot / Composition _____% Polyurethane form _____% Metal Aluminum _____%
 Flat Roofs _____% Pitched Roofs _____%

Other _____ % Explain other _____

OPERATIONS - Continued

1) Do you use "Hot Tar"

Yes ___ No ___ *If yes, what percentage is "Hot Tar" work? _____ %*

2) Do you sub out "Hot Tar" work?

Yes ___ No ___ *If yes, what estimated annual cost of subs for "Hot Tar" work? _____ %*

3) Do you install foofing systems that require use of setting fire (torch work) to asphalt for application of other roofing materials?

Yes ___ No ___ *If yes, describe process and percentage of work involving this? _____*

4) Do you use any spray method for applying roofing materials?

Yes ___ No ___ *If yes, are flammable liquids or catalysts used? Yes, ___ No ___*

5) Do you install any type of clastomer roof coverings requiring spraying or use of flammable liquid or open fires?

Yes ___ No ___

6) Are all jobs inspected by a foreman or the contractor at the completion before leaving job site?

Yes ___ No ___

7) Which of the following do you use?

Cranes Yes ___ No ___ Kettles Yes ___ No ___ Roof Cleaning Tractors Yes ___ No ___
Hoists Yes ___ No ___ Forklifts Yes ___ No ___ Scaffolding Yes ___ No ___

8) Do you sub-contract out work?

Yes ___ No ___ *If yes, what is total costs of sub-contracted work \$ _____ Describe type of work is sub-contracted*

9) Do you obtain certificates of liability insurance from sub-contractors?

Yes ___ No ___ *If yes, do you require that they carry equal to or higher liability limits than you? Yes ___ No ___*

GENERAL INFORMATION - Explain all yes responses in Remarks at end of section

1) Is your business a subsidiary of another entity or does the applicant have any subsidiaries?

Yes ___ No ___

2) Do you draw plans, designs, and specifications?

Yes ___ No ___

GENERAL INFORMATION - Continued

3) Does the applicant lease equipment with / without operations?

Yes ___ No ___

4) Any policy or coverage declined, cancelled or non-renewed during last 5 years?

Yes ___ No ___

5) Do you hold a General Contractor or Builders License?

Yes ___ No ___

6) Does your business sell products under its name?

Yes ___ No ___

7) Do you sponsor sporting or social events?

Yes ___ No ___

8) Do you ever do any asbestos removal?

Yes ___ No ___

9) Has your business performed any work of new residential properties, such as tract homes, town homes, condominiums, row houses?

Yes ___ No ___

10) Have you ever performed work on new residential properties, such as tract homes, town homes, condominiums, row homes, apartments, housing project or dwelling?

Yes ___ No ___

11) Have you ever had any construction defects, products liability or other negligence claim made against them?

Yes ___ No ___

12) Have you ever been named in a lawsuit alleging construction defects?

Yes ___ No ___

REMARKS - Explain any yes answers not explained above

LIST ANY LOSSES DURING LAST 3 YEARS *(if you need more space use separate sheet of paper and send with application)*

Indicate other coverage/s you may need/want.

Number of Additional Insured Certificates you want _____ *(Names and addresses not needed for quoting purposes)*

Building coverage: Value of Building \$ _____ Insurance amount \$ _____

Equipment: Value \$ _____

Inventory: Value \$ _____

Commercial Vehicles: Number of Vehicles? _____, Expiration date of current policy? _____

Signature **X** _____ Date _____

Send completed forms to Email Address contractors@huckabyins.com

Fax to: 408-249-7446 local Fax toll free to: 888-266-0067