



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 _____ % Maximum height of buildings worked on _____
Percentage of commercial jobs to total _____ %
Describe largest typical job contracted on _____
Describe any use of cranes or heavy equipment _____
Workers' Compensation insurer and policy number _____

THREE YEAR LOSS EXPERIENCE

| <u>Date</u> | <u>Losses (description and amounts paid and incurred)</u> |
|-------------|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |



ROYAL OAK UNDERWRITERS, INC.
Excess and Surplus Lines Insurance Wholesalers

8417 Patterson Avenue
Richmond, Virginia 23229
Telephone: (804) 741-7999
WATTS: (800) 628-2967
Fax: (804) 741-9401
www.royaloakunderwriters.com

Comments _____

Applicant Signature

Producer Name & Address

Date