

RIBS NY, LLC
1110 SOUTH AVENUE
STATEN ISLAND, NY 10314

Producer: _____

Producer Is: Wholesaler Retailer

Address: _____

Telephone: _____

Fax: _____

Excess & Surplus Lines License No.: _____

Email: _____

Proposed Effective Date: _____

If Renewal, Provide Current Policy No.: _____

Resident or Non-Resident Surplus Lines Licensee Information for Applicant's State of Domicile:

SL License State: _____

SL License No.: _____

SL License Expiration Date: _____

SL Licensee Name: _____

Affiliation with Producer (e.g., Owner, Executive Officer, Employee): _____

SL Licensee Agency Name (if Entity License): _____

ROOFING CONTRACTOR SUPPLEMENTAL APPLICATION

Please answer all questions. If the answer to a question is Not Applicable, please use the phrase N/A.

Applicant Name:
Business Address:
Length of time in business in the name of the applicant firm: _____
Date established: _____
If the answer to this question is less than three (3) years, please provide details of prior experience:
States in which the applicant operates:
Expiring Insurance Company:
Expiring Premium:

Exposure Basis		Projected	1 st Prior Year	2 nd Prior Year
Total Annual Receipts:				
Commercial Roofing Payroll	ISO Class 98677			
Residential Roofing Payroll	ISO Class 98678			
Sheet Metal Payroll	ISO Class 98884			
Cost of Subcontracted Work-Insured Subcontractors:				
Cost of Subcontracted Work-Uninsured Subcontractors:				
Does Applicant obtain a standard written agreement from all subcontractors?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does each subcontractor hold the applicant harmless?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does each subcontractor give the applicant an indemnification agreement?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does each subcontractor agree to add the insured as an Additional Insured?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the applicant obtain certificates of insurance from subcontractors?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the applicant have a tracking system for certificates of insurance?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What is the minimum limit the applicant accepts on certificates of insurance?				
Type of Roofing Work Done (Percentage of Overall Work Performed):				
Residential:	%	Replacement:	%	
Commercial/Industrial:	%	New Construction:	%	
Must Equal 100%	100 %	Must Equal 100%	100 %	
Please describe any other work performed by the applicant:				
Any work done on buildings over three stories tall?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Maximum Height at which applicant will work:			Feet	
If the applicant has ever done New Construction work please advise if that work involved:				
Condominium, Townhouse or Apartment Building Projects:			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Single Family Home Tract Housing Projects			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heat Application Work				
Hot Tar Application	%	Modified Bitumen	%	
Built-up Roof	%	Ethylene Propylene Diene Monomer	%	
Does insured apply torch down systems to combustible walls and decks?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Describe the procedure utilized by the applicant to inspect a heat application job-site prior to leaving the site for an extended period of time:				
Equipment				
Does the applicant use cranes or booms?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the applicant own this equipment?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is equipment rented or leased without operator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Is equipment rented or leased with operator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Does the applicant lease or otherwise provide equipment to others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
What is the length of cranes or booms?	Feet					
Has the applicant experienced any claim, incident or circumstance regarding cranes or booms during the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Does the applicant use scaffolding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Is scaffolding used owned by the applicant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
If rented from others does applicant do so under a rental contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Inclement Weather Procedures						
Describe the procedure utilized by applicant to determine the possibility of the onset of inclement weather:						
Describe the procedure utilized by applicant to protect an open roof when leaving a job site for an extended period of time:						
Does insured hire tear off companies when doing re-roofing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Claims History						
Year	Paid Losses	Reserves	Incurred	Claim Count	Value Date	
1 st Prior						
2 nd Prior						
3 rd Prior						
4 th Prior						
5 th Prior						
Losses greater than \$10,000						
Date of Occurrence	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status	
					Open	Closed
					Open	Closed
					Open	Closed
Has any claim or lawsuit ever been filed against the applicant or any partnership or joint venture of which the applicant has been a member?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any claim or lawsuit ever been filed against the applicant's predecessors in business?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any claim or lawsuit ever been filed against any person, company or entity on whose behalf the applicant has assumed liability?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the applicant aware of any circumstance, incident or accusation arising out of roofing operations performed by the applicant which may give rise to a claim?					Yes <input type="checkbox"/>	No <input type="checkbox"/>

State Notices: The following notices are required by the Insurance Department of the indicated states.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME. (Note: This notice is required by New York insurance regulations, but may also be a crime in other states.)

NOTICE TO TENNESSEE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE INSURANCE, NOR DOES REVIEW OF THE APPLICATION BIND THE INSUROR TO ISSUE A POLICY. IT IS AGREED, HOWEVER, THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED BY:

Applicant

Date

Producer

Date

CONTINUED

NOTICE

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NON-ADMITTED" OR "SURPLUS LINES" INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT WHICH APPLIES TO CALIFORNIA LICENSED INSURERS.
3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.
4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE:
WWW.INSURANCE.CA.GOV.
5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.
6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY THAT YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

Date: _____

Insured: _____