

# **Continental/Marmorstein & Malone**

**EXCESS AND SURPLUS LINES 305 ROUTE 17 SOUTH P.O. BOX 586 PARAMUS, NJ 07652**  
**SPECIAL RISK UNDERWRITERS (201)261-5100 1-800-932-0849 FAX: (201)261-8922**

## APPLICATION FOR ASPHALT SHINGLE ROOFERS

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Inspection Contact \_\_\_\_\_ Phone number \_\_\_\_\_

Proposed Policy Term \_\_\_\_\_ to \_\_\_\_\_

Applicant is:  Individual  Partnership  Corporation  Joint Venture  Other

Number of years in business \_\_\_\_\_ Number of years experience \_\_\_\_\_

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

Modular Homes work?  YES  NO Do you use Scaffolding?  YES  NO

Do you use Subcontractors?  YES  NO

Are Hold Harmless Agreements required?  YES  NO

Do you require Certificates of Insurance from contractors with the same limits you carry?  
 YES  NO Additional Insured status obtained  YES  NO

Receipts for the last three years:

Year \_\_\_\_\_ Receipts \_\_\_\_\_ Year \_\_\_\_\_ Receipts \_\_\_\_\_ Year \_\_\_\_\_ Receipts \_\_\_\_\_

Anticipated payroll for the year: owner/partner payroll \_\_\_\_\_ employee payroll \_\_\_\_\_

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

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

List any other operations performed by insured: \_\_\_\_\_

Prior carrier past 5 years \_\_\_\_\_

Loss history past 5 years \_\_\_\_\_

\_\_\_\_\_  
Producer Signature Date

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