



CREATIVE UNDERWRITERS CORPORATION

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Roofers Supplemental Application

Applicant Name _____

Applicant Address _____

City _____ **State** _____ **Zip Code** _____

Type of Roofing %:

Residential _____% Commercial _____% Industrial _____%

Tract homes _____% Town homes _____% Condos _____%

Number of stories _____ **Years in Business** _____

Prior Carrier and loss information:

<u>Carrier</u>	<u>Year</u>	<u>Premium</u>	<u>Losses (Describe)</u>

Payroll _____ **Sales** _____ **Subcontracted Cost** _____

Roofing process percentage:

Shingle _____% Hot tar _____% Torch work _____% Other _____%

Is any work subcontracted out? _____ **If so, what percentage** _____%

Are certificates secured from subs with equal limits? _____

If not, what limits do they carry? _____

Is any casual labor used? _____ **If so, what percentage** _____%

List three largest jobs worked on over the last year:

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/she certifies that the answers are true, correct and complete to the best of his/her knowledge.

Applicant Signature Date Producer Signature Date