

E-Z Application

Full Name of Business: _____ FEIN: _____

Business Entity Type: Sole Proprietor Corporation LLC Date Business Started _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____

Owner: _____ Contact Person: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Number of: Applicators _____ Applicator Assistants _____ Sales _____ Clerical _____ Owners _____

Annual Payroll for entire operation (EXCLUDING owner, clerical & sales): \$ _____

Is owner an applicator? Yes No Number of years in SPF business: _____ # of certified employees: _____

SPFA Membership #: _____ Chemical brand(s) sprayed : _____

Percentage of work done (Must add up to 100%):

Residential/New: _____% Residential/Remodel: _____% Condos/Townhouses: _____% Commercial: _____%

Any past or current operations on new condominiums or townhouses/townhomes? Yes No

Average job size: \$ _____ Estimated gross sales: \$ _____ States of Operation: _____

Are you involved in the following operations? Fireproofing: Yes No Waterproofing: Yes No

Does your contract contain a "Hold Harmless" statement? Yes No

Current Insurance Carrier: _____ Expiration Date: _____

Are you involved in any other contracting operations, other than spray foam insulation? Yes No If yes, explain:

ROOFING OPERATIONS

No Roofing Operations Apply

Years of experience as Conventional Roofer: _____ Years of experience as SPF Roofer: _____

Number of employees assigned to Roofing Application: _____ Is owner a Roofing Applicator? Yes No

Are employees interchanged between SPF Roofing and Open Cell Application? Yes No

Total employee payroll for Roofing Operation ONLY: \$ _____ # Jobs per year: _____

How many employees in your operation are certified for Roofing Application: _____

Do you follow all overspray recommendations? Yes No Do you use car covers in your operation? Yes No

Which manufacturer's chemical do you use for Roofing? _____

Please fax completed application to (870) 741-4714 or email to sales@spfinsurancegroup.com.

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ROOFING OPERATIONS (cont.)

Do you contract Retrofit Roofing jobs? Yes No If so, what percentage of your overall roofing business is Retrofit? _____ Do you have a "Hold Harmless Agreement" for this type of operation? Yes No

SPRAY FOAM EQUIPMENT

Standard Trailer with equipment: Yes No

Trailer Value: \$ _____ Equipment Value: \$ _____ Chemical Value: \$ _____

Standard Truck used to haul trailer: Year _____ Make _____ Model _____

VIN # _____ Value: \$ _____ Full Coverage Yes No

Standard Box Truck with equipment: Yes No

Truck Value: \$ _____ Equipment Value: \$ _____ Chemical Value: \$ _____

Year _____ Make _____ Model _____ VIN # _____ Full Coverage Yes No

** If you have additional vehicles, please list them on a separate sheet. **

Radius of Operations: 0 to 50 miles 51 to 150 miles over 150 miles

Driver's Name as it appears on license: _____

State: _____ Driver's license #: _____ Date of birth: _____

****Please forward a copy of the Loss History Report on your company for the past 3 years. (This report is available through your current agent. Please contact them to request.)****

NOTE: If no losses have occurred in the past 3 years, please sign below.

X _____
 Signature of Authorized Company Representative

PLEASE PROVIDE THE FOLLOWING DOCUMENTS IN ORDER TO UNDERWRITE YOUR ACCOUNT:

1. Copy of the current Common Policy Declarations Page.
2. Copy of the current General Liability Declarations Page.
3. Copy of the current Workers Compensation Declarations Page. (If applying for WC)
4. Copy of the current Inland Marine Declarations Page.

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry that the statements set forth in this application are true and complete and may be used in quoting and issuing policies. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will provide notification of such changes and the quote may be modified or withdrawn.

SIGNATURE	DATE
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