

SUPPLEMENTAL APPLICATION FOR NEW YORK WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE – ROOFING CONTRACTORS

APPLICANT INSTRUCTIONS:

1. This application must be completed and signed by you if you are engaged in the installation and/or repair of residential and/or commercial building roofs.
2. Answer all questions; attach all required documents. Failure to do so may delay your application for insurance. If the question is not applicable, then place "n/a" in the corresponding field.
3. You must attach a copy of either your US Corporation Tax Return (1120), Partnership Return (1065), or Schedule C (1040), and your Certificate of Incorporation, Partnership Agreement or Business Certificate, whichever is applicable.

1. Name(s) of Business: _____

2. If located in New York City, Nassau, Suffolk or Rockland counties, what is your Consumer Affairs Home Improvement Contractor license number? _____

What is the name and address of the company that provided a bond that is required for your HIC license number?

Name/Address: _____

3. How many motor vehicles are registered and/or operated by your business?

Number of commercial vehicles: _____ Number of private passenger vehicles: _____

4. What were your gross sales or receipts for the last 12 months? _____

5. What are your estimated gross sales or receipts for the next 12 months? _____

6. Do you currently, or intend to, do any work for the State of New York or a city, town, village or school district in the State of New York? Yes No

If yes, what is the name of the agency or governmental body for which work is (will) being (be) performed?

7. Do you subcontract, or do you intend to subcontract, any of your work? Yes No

If yes, what are the subcontractors' names and the dollar amounts of the subcontracts?

Do you have WC certificates of insurance for all the subcontractors who work for you? Yes No

8. Does your business currently lease or otherwise contract for the services of employees from any other business? Yes No

If yes, identify the number/type of employees involved and the name/address of the business which provides these employees to you.

NYSIF ROOFING QUESTIONNAIRE

9. Do you or will you employ relatives or family members (paid or unpaid)? Yes No

If yes, list the names of each relative or family member and their respective salaries, if any:

10. Will the owner(s) or corporate officer(s) of the business be performing any roofing work or supervision at job sites? Yes No

11. Do you perform any work at locations outside of New York State? Yes No

If yes, where and how often?

12. Will the majority of your work be residential or commercial roofs? Residential Commercial

13. Will the majority of your work be sloped or flat roofs? Sloped Flat Roof

14. Do you expect to employ any day laborers over the next 12 months? Yes No

If yes, how will wages be paid (cash, check or other) and recorded?

15. What is the maximum number of employees used on a roofing job? _____

16. Do you have a yard or warehouse where you store materials or equipment? Yes No

If yes, please list the address of the location.

Any person who willfully makes a false statement or representation, deliberately conceals any material fact, or engages in any other fraudulent scheme or device for the purpose of obtaining or attempting to obtain, or for the purpose of aiding or abetting any person to obtain insurance in NYSIF at less than the proper rate for such insurance or payment out of the NYSIF to which such person is not entitled, is guilty of a crime. In addition, NYSIF shall have a right of action to recover civil damages equal to three times the amount wrongfully obtained, or five-thousand dollars, whichever is greater. This right of action is in addition to any other remedy provided by law.

The applicant understands and agrees that the information contained herein becomes part of the Application for New York Workers' Compensation and Employers' Liability Insurance and is subject to the same representations and conditions.

Name of Owner, Officer or Partner (Type or Print)

Title

Signature of Owner, Officer or Partner

Date

To ensure prompt service and processing, please mail your fully completed and signed application along with your deposit premium check and supporting documentation to:

NEW YORK STATE INSURANCE FUND
PO Box 66699
ALBANY, NY 12206