

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 or intend to be engaged in the installation and/or repair of residential and/or commercial building roofs.
2. Please type or print your answers in ink.
3. Answer all questions; leave no blank spaces; attach all required documents. Failure to do so will void your application for insurance. If the question is not applicable, then place "n/a".
4. 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.
5. You MUST attach a copy of your current general liability insurance policy showing the classifications and payrolls used as a basis of premium. If you are a new business and have just applied for insurance, you must then attach a copy of your application for general liability insurance. Failure to do so will void your application.
6. This completed supplemental application together with all required documentation must be attached to and submitted with your Application for New York Workers Compensation and Employers Liability Insurance, Form UE-4.

1. Name(s) of Business:	
2. What is the telephone number listed by the telephone company for your business?	
3. How long have you been in business under the name(s) shown in question 1?	
3a. If answer to #3 is less than 1 year, who employed you previously?	
Address:	
3b. Nature of business of previous employer:	
4. If located in New York City, Nassau, Suffolk or Rockland counties, what is your Consumer Affairs Home Improvement Contractor license number?	
4a. What is the name and address of company that provided a bond that is required for your HIC license number?	
Address:	
5. How many motor vehicles are registered and/or operated by your business?	
Number of commercial vehicles:	
Number of private passenger vehicles:	
6. What were your gross sales or receipts for the last twelve months?	
7. What are your estimated gross sales or receipts for the next twelve months?	

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8. 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? If yes, what is the name of the agency or governmental body for which work is (will) being (be) performed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	
9. Do you or do you intend to subcontract out any of your work? If yes, what are the subcontractors' names and the dollar amounts of the subcontracts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	
(Attach additional sheets if necessary)	
Do you have certificates of Workers' Compensation insurance for all the subcontractors who work for you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Does your business currently lease or otherwise contract for the services of employees from any other business? If yes, identify the number and kind of employees involved and address of the business which provides these employees to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	
11. How many employees do you currently employ and what are their names?	
<input type="text"/>	
(Attach additional sheets if necessary)	
12. Do you or will you employ relatives or family members whether paid or not? If yes, list the names of each relative or family member and their respective salaries, if any:	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	
(Attach additional sheets if necessary)	
13. Do or will the owner(s) or corporate officer(s) of the business be performing any roofing work or supervision at job sites?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Do you do any work out-of-state? If yes, where and how often?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	
15. Will the majority of your work be residential or commercial roofs?	
<input type="text"/>	
16. Will the majority of your work be sloped or flat roofs?	
<input type="text"/>	
17. Do you or will you use scaffolding? If yes, what kind of scaffolding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	
18. Do you expect to employ any day laborers over the next twelve months? If yes, how will wages be paid (cash, check or other) and recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	
19. What is the maximum number of employees used on a roofing job?	
<input type="text"/>	
20. What is the minimum number of employees used on a roofing job?	
<input type="text"/>	
21. Do you have a yard or warehouse where you store materials or equipment? If yes, what is the address of this location?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	

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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 the New York State Insurance Fund at less than the proper rate for insurance, or payment out of the New York State Insurance Fund to which such person is not entitled, is guilty of a crime. In addition, the New York State Insurance Fund 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
DOCUMENT CONTROL CENTER – NEW BUSINESS
1 WATERVLIET AVENUE EXTENSION
ALBANY, NY 12206

For additional assistance, customer service and contact information:

Please visit our website at NYSIF.COM or telephone us at 1-888-875-5790