Roofing Supplemental

NATIONAL FIRE & MARINE INSURANCE COMPANY NATIONAL INDEMNITY COMPANY OF THE SOUTH

Name of Applicant Website						IP Code (of premises) revious Policy (for renewals)			
1.	Fill d								
		(a) (b)							
		Residential		%	New	%			
		Commercial		%	Repair/Remodel	%			
		Industrial		%	Total	100 %			
		Total	100	%					
2.	ls ai	ny work done on a	ny buildings	grea	ter than 3 stories in	height? 🗌 Yes 🗌 No			
3.	Is any of the work done involving hot tar, torchdown, or spray foam?								
4.	 Is any work done on sites of new residential construction (including condo conversions)? Yes No If yes, mark all of the following on which any work may be done, any products used, or any related operations performed. (<i>The following selections could affect coverage.</i>¹ <i>Answer accurately and to the best of your knowledge.</i>) New Condominiums New Townhomes Condo Conversions Other New Multi-Family Dwellings New Apartments Tract Housing New Multiplexes Custom, Single-Family Housing 								
5.	Fill o	I out the following table regarding workers performing roofing.							
		Active Owners* Non-Owner Empl	oyees**	N	umber Payroll	* Include only owners and execu roofing work ** Exclude owners and executive employees			
6.	Is any casual or temporary labor used which was not included in the previous payroll amount?								
7.	Are subcontractors used?								
8.	Is any work done other than roofing?								

This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.

Applicant 5 Olynature	Ap	olicant's	Signature
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Date