



Chris-Leef General Agency, Inc.

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ROOFING APPLICATION

APPLICANT'S NAME _____	AGENCY NAME _____
MAILING ADDRESS _____	CONTACT _____
LOCATION _____	ADDRESS _____
_____	PHONE NO. _____
_____	WEBSITE _____

PROPOSED EFFECTIVE DATE: FROM _____ TO _____

APPLICANT IS: ___ INDIVIDUAL ___ CORPORATION ___ PARTNERSHIP ___ JOINT VENTURE
 ___ LIMITED LIABILITY ___ OTHER (SPECIFY): _____

LIMITS OF LIABILITY REQUESTED	LIMITS
GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS)	\$ _____
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ _____
PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION)	\$ _____
EACH OCCURRENCE	\$ _____
DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES)	\$ _____
MEDICAL EXPENSES (ANY ONE PERSON)	\$ _____

- % of:
- _____ Asphalt Shingles
 - _____ Clay or Concrete Tile
 - _____ Metal Roof Systems for steep slope applications
 - _____ Slate
 - _____ Treated Wood Shakes or Shingles
 - _____ Other Synthetic Coverings
 - _____ Built Up Roof Systems – Tar and Gravel
 - _____ Built Up Roof Systems -
 - _____ Polymer-modified bitumen sheet membranes
 - _____ Metal panel roof systems for low-slope applications
 - _____ Thermoplastic membranes
 - _____ Thermoset membranes
 - _____ Spray polyurethane foam-based
 - _____ "Green Roof" Systems
 - _____ Other: _____

*Total should equal 100%

- % of:
- _____ Residential-Repair, Remodel or Re-roof of Individual Dwellings
 - _____ Residential-Repair, Remodel or Re-roof of Multi-family Dwellings
 - _____ Residential-Repair, Remodel or Re-roof of Apartments
 - _____ Residential-Additions onto Individual Dwellings
 - _____ Residential-Additions onto Condos, Apartments, or Townhomes
 - _____ Residential-New Construction - Individual or Custom Dwellings only
 - _____ Residential-New Construction – Tract, Condos, Apartments, or Townhomes
 - _____ Commercial-Repair, Remodel, or Re-Roof
 - _____ Commercial-New Construction
 - _____ Industrial-New Construction or Repair
 - _____ Other: _____

*Total should equal 100%

******FRAUD WARNING******

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

I hereby certify that all information is accurate to the best of my knowledge.

APPLICANT SIGNATURE: _____ DATE: _____

PRODUCER SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT:

NAME

PHONE NUMBER

******IMPORTANT NOTICE******

AS PART OF OUR UNDERWRITING PROCEDURE, A ROUTINE INQUIRY MAY BE MADE TO OBTAIN APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING, UPON WRITTEN REQUEST ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

ANSWER ALL QUESTIONS- IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE