

Roofing Supplemental Application

*Required Fields

Agent: _____

Agent Email: _____

APPLICANT INFORMATION

Applicant Name* _____

Address* _____

City* _____

State* _____

Zip* _____

Locations: _____

ROOFING OPERATIONS

DESCRIPTION OF OPERATIONS:

What percent of your work is residential (homes, condominiums)? _____%

What percent of your work is commercial (office, schools, retail)? _____%

What percent of your work is industrial (plants, warehouses)? _____%

TOTAL: 100%

For RESIDENTIAL work, complete this:

What percent of work is...

new construction _____%

repair/patching _____%

replacement _____%

TOTAL: 100%

on patched roofs _____%

on flat roofs _____%

TOTAL: 100%

Hot tar _____%

Tile _____%

Shingles _____%

Slate _____%

Metal _____%

Single ply _____%

Other including torch down _____%

TOTAL: 100%

For COMMERCIAL work, complete this:

What percent of work is...

new construction _____%

repair/patching _____%

replacement _____%

TOTAL: 100%

on patched roofs _____%

on flat roofs _____%

TOTAL: 100%

Hot tar _____%

Tile _____%

Shingles _____%

EDPM _____%

Metal _____%

Single ply _____%

PVC _____%

Built-up _____%

Other _____%

TOTAL: 100%

For INDUSTRIAL work, complete this:

What percent of work is...

new construction _____%

repair/patching _____%

replacement _____%

TOTAL: 100%

on patched roofs _____%

on flat roofs _____%

TOTAL: 100%

Hot tar _____%

Single ply _____%

EDPM _____%

Built-up _____%

PVC _____%

Metal _____%

TOTAL: 100%

IF YOU PERFORM ANY OF THE FOLLOWING, PLEASE PROVIDE THE APPROPRIATE PERCENTAGE BELOW:

Waterproofing _____%

Mold Remediation _____%

Siding _____%

Carpentry _____%

Asbestos Removal _____%

Insulation _____%

Rain Gutters _____%

Other _____%

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If hot tar or torch is used, describe safety precautions:

Are torches, hot-air welders, heating kettles or heating tankers used?	Yes	No
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If YES, please explain the processes and safety precautions used to prevent fires during and after work hours:

Is all work torch work performed by employees who have completed the national roofing contractors association's certified roofing torch applicator program (certa)?	Yes	No
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If YES, please attach copies of certificates. If NO, please explain employee training and supervisory practices with respect to torch and welding work.

Do you keep a fully charged 15-pound dry chemical fire extinguisher on the roof and with you for emergency use by the insured's personnel?	Yes	No
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Do you perform hot tar work over combustible roof decks?	Yes	No
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REGARDING ROOF TEAR OFF, DO YOU USE THE FOLLOWING PROCEDURES?

Do you begin work which cannot be completed by day's end or before inclement weather strikes?	Yes	No
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Are professional weather service forecasts monitored throughout the day?	Yes	No
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Is tear off work completed by the end of each day, and are all exposed areas completely covered and properly secured?	Yes	No
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Any drains that were covered to prevent debris from entering are re-opened before leaving the job site each day or prior to a rainstorm?	Yes	No
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SUBCONTRACTED WORK

Do you sub contract any work?	Yes	No
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If yes, give percentage sub-contracted: _____%

Describe work subcontracted:

Do you obtain certificates of insurance from ALL sub-contractors?	Yes	No
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Are you named as an additional insured on ALL sub contractor's policies? And are you always held harmless for work they perform on your behalf?	Yes	No
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Do you require all sub-contractors to show proof of Workers' Compensation coverage?	Yes	No
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Annual cost of work sub contracted out? \$ _____

How long are certificates of insurance on sub-contractors kept on file by you?

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RECEIPTS AND PAYROLL:			
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Receipts for current Yr: \$ _____	Payroll current Yr: \$ _____
Receipts for 1st Prior Yr: \$ _____	Payroll 1st Prior Yr: \$ _____
Receipts for 2nd Prior Yr: \$ _____	Payroll 2nd Prior Yr: \$ _____
Receipts for 3rd Prior Yr: \$ _____	Payroll 3rd Prior Yr: \$ _____

What is the average height of buildings on which you work? _____

How often do you work above 5 stories? _____

What is the highest building you will work on? _____

Have you ever used, sold, installed, or worked with asbestos? Yes No

List your last 5 largest jobs performed over the last year: _____

Provide detailed description of any claim greater than \$5,000: _____

The purpose of the Supplemental Application is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned represents that the information contained herein is true and accurate to the best of its/his/her knowledge, information and belief. The Supplemental Application, and the application to which it is appended, shall be the basis of any insurance policy that may be issued and will be part of such policy.

APPLICANT'S SIGNATURE:

Name:	Title:	Date:
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(Must be signed by an active owner, partner, or executive officer.)