



APPLICANT NAME: _____

MAILING 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 ROOFING WORK DONE, COMPLETE THE FOLLOWING:

What percent of work is new construction?	_____ %
What percent of work is repair/patching?	_____ %
What percent of work is replacement?	_____ %
TOTAL: 100%	
What percent of work is on patched roofs?	_____ %
What percent of work is on flat roofs?	_____ %
TOTAL: 100%	

TYPE OF ROOF WORK

Hot tar	_____ %
Tile	_____ %
Shingles	_____ %
Slate	_____ %
Metal	_____ %
Single ply	_____ %
Other including torch down	_____ %
TOTAL: 100%	

FOR COMMERCIAL ROOFING WORK DONE, COMPLETE THE FOLLOWING:

What percent of work is new construction? _____ %
 What percent of work is repair/patching? _____ %
 What percent of work is replacement? _____ %

TOTAL: 100%

What percent of work is on patched roofs? _____ %
 What percent of work is on flat roofs? _____ %

TOTAL: 100%

TYPE OF ROOF WORK

Hot Tar _____ %
 Tile _____ %
 Single Ply _____ %
 EPDM _____ %
 Shingles _____ %
 Built Up _____ %
 PVC _____ %
 Metal _____ %
 Other _____ %

TOTAL: 100%

FOR INDUSTRIAL ROOFING WORK DONE, COMPLETE THE FOLLOWING:

What percent of work is new construction? _____ %
 What percent of work is REPAIR/PATCHING? _____ %
 What percent of work is REPLACEMENT? _____ %

TOTAL: 100%

TYPE OF ROOF WORK

Hot Tar _____ %
 Single Ply _____ %
 EPDM _____ %
 Built Up _____ %
 PVC _____ %
 Metal _____ %
 Other _____ %

TOTAL: 100%

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

Waterproofing	_____ %
Asbestos Removal	_____ %
Mold Remediation	_____ %
Insulation	_____ %

Siding	_____ %
Rain Gutters	_____ %
Carpentry	_____ %
Other	_____ %

IF HOT TAR OR TORCH IS USED, DESCRIBE SAFETY PRECAUTIONS:

ARE TORCHES, HOT-AIR WELDERS, HEATING KETTLES OR HEATING TANKERS USED?

Yes No

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

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

DO YOU PERFORM HOT TAR WORK OVER COMBUSTIBLE ROOF DECKS?

Yes No

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

Are professional weather service forecasts monitored throughout the day?

Yes No

Is tear off work completed by the end of each day, and are all exposed areas completely covered and properly secured?

Yes No

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

SUBCONTRACTED WORK

Do you sub contract any work?

Yes No

Percentage sub-contracted: ____ %

Describe work subcontracted:

Do you obtain certificates of insurance from ALL sub-contractors?

Yes No

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

Do you require all sub-contractors to show proof of Workers Compensation coverage?

Yes No

Annual cost of work sub contracted out? \$ _____

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

Receipts and payroll:

Receipts for current Yr:	
Receipts for 1st Prior Yr:	
Receipts for 2nd Prior Yr:	
Receipts for 3rd Prior Yr:	

Payroll current Yr:	
Payroll 1st Prior Yr:	
Payroll 2nd 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

Have you ever done or contemplate doing any EIFS work?

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: _____

(Must be signed by an active owner, partner, or executive officer.)