

ROOFING SUPPLEMENTAL APPLICATION

(please complete all questions)

Agency Name:
Agent:
Address: _____
E-mail Address:
Phone Number:

Section 1 - Applicant Information

Applicant (First Named Insured): _____

Address: _____

Company Website: _____

States where you operate: _____ Radius of Operation: _____

Additional Named insureds and description of operations (if coverage requested): _____

Years in business under current name: _____

How many years of experience do you have in your field? _____

Has the applicant operated under a different business name in the past? (If Yes - please describe):

Historical Exposures

	Gross Sales	Payroll	Subcontractor Costs	Number of Employees	Total Vehicle Count (If XS AL requested)
Upcoming Year					
Prior Year 1					
Prior Year 2					
Prior Year 3					
Prior Year 4					

Section 2 - Applicant Operations

1. Are you a: Contractor Subcontractor General Contractor Consultant Other _____

2. Indicate the percentage of construction work performed by you: (must total 100%)

RESIDENTIAL _____ % COMMERCIAL/INDUSTRIAL _____ %

New Construction _____ % New Construction _____ %

Repair/Remodel Work _____ % Repair/Remodel Work _____ %

Other _____ %

3. Are all contractors and subcontractors used by you required to carry insurance? If no, what are your uninsured sub costs? _____ Yes No

4. Does the written contract require contractors and subcontractors to:
 Name you as an additional insured?
 Indemnify you and hold you harmless for their work?
 Waive subrogation against you?
 Provide limits equal to or greater than your limits?

5. Do you obtain certificates of insurance from all contractors and subcontractors? Yes No

6. How long do you retain those certificates? _____

7. What limits of insurance do you require your subcontractors to carry for:
 _____ General Liability _____ Umbrella/Excess Liability

8. Describe your five largest projects of the last five years: _____

9. Provide a list of work in progress: _____

10. Any exterior work performed in excess of two stories? Yes No

a. If yes, what is the maximum number of stories that work is performed on? _____

11. If you are performing roofing work, please check the heat operations that apply:

Hot Tar	Yes	No	_____ %
Torch Down	Yes	No	_____ %
Hot Air Welding	Yes	No	_____ %
Spraying of Flammable Liquids	Yes	No	_____ %
Other	Yes	No	_____ %

13. Do you use cranes? Yes No

a. Is this equipment rented? Yes No

If yes, please provided a copy of the rental agreement

b. Is equipment rented with operator? Yes No

c. Do you own or use scaffolding? Yes No

14. Type of Roofing:

Ashphalt/Shingle	Yes	No	_____ %	Modified Bitumen	Yes	No	_____ %
Wood Shingle	Yes	No	_____ %	TPO	Yes	No	_____ %
Tile or Slate	Yes	No	_____ %	EDPM	Yes	No	_____ %
Metal	Yes	No	_____ %				

15. Other Operations Performed:

Framing	Yes	No	_____ %	Demolition	Yes	No	_____ %
Gutters	Yes	No	_____ %	HVAC	Yes	No	_____ %
Siding	Yes	No	_____ %	Welding	Yes	No	_____ %
Debris Removal	Yes	No	_____ %	Other	Yes	No	_____ %

- | | | | |
|--|-------|-----|----|
| 16. Will you be involved in any condominium or townhome construction work? | | Yes | No |
| a. If Yes, is the work new construction? | Yes | No | |
| b. If new, how many units in the entire project? | _____ | | |
| c. Repair or remodel work only? | Yes | No | |
| d. If repair or remodel, how many units in entire project? | _____ | | |
| e. Is the work done for Homeowners Association? | Yes | No | |
| 17. Will you be involved in any tract home construction work? | | Yes | No |
| a. If Yes, is the work new construction? | Yes | No | |
| b. If new, how many homes in the entire project? | _____ | | |
| c. Repair or remodel work only? | Yes | No | |
| d. If repair or remodel, how many units in entire project? | _____ | | |
| 18. Will you be involved in any apartment construction work? | | Yes | No |
| a. If Yes, is the work new construction? | Yes | No | |
| b. If new, how many units in the entire project? | _____ | | |
| c. Repair or remodel work only? | Yes | No | |
| d. If repair or remodel, how many units in entire project? | _____ | | |
| e. Have you ever or will you convert apartments to condominiums? | Yes | No | |

Section 3 - Loss Control

EMPLOYEE SAFETY/HIRING/TRAINING INFORMATION

- | | | | |
|---|-------|-----|----|
| 1. Do you have formal written safety program in place? If yes, please provide a copy. | | Yes | No |
| 2. Does your safety program incorporate OSHA standards and best practices? | | Yes | No |
| 3. Has the insured had any OSHA violations? | | Yes | No |
| a. If yes, please provide details: _____ | | | |
| 4. What is the insured's current Workers Compensation Experience Mod? | _____ | | |
| 5. Is there a formal safety director? | | Yes | No |
| a. If no, who administers the safety program? _____ | | | |
| 6. Are safety meetings held on a regular basis? | | Yes | No |
| a. How often? _____ | | | |
| 7. Do you have a formal training program for new employees? | | | |
| 8. Is there a formal accident reporting system in place? | | Yes | No |
| 9. Do your hiring practices require: | | | |
| a. Criminal background checks? | | Yes | No |
| b. Physical exam checks? | | Yes | No |
| c. Pre-Employment and Random or Post Accident Drug testing? | | Yes | No |
| 10. Does the insured lease any employees? | | Yes | No |
| 11. Open Roof Protocols: | | | |
| Do you preform tear off operations? | | Yes | No |
| Describe your weather monitoring procedures: _____ | | | |
| Describe open roof protocols: _____ | | | |

Maximum amount of roof open at any one time: _____

Under what circumstances would a roof be left unattended for more than two hours?

12. Heat Application Protocols:

Describe your heat application fire safety inspection protocols: _____

How long after heat application cessation do you remain on the job site for fire watch?

Do you maintain fire extinguisher at all jobs? Yes No

How are many years of experience with heat applications do you have? _____

Are you NRCA Torch Application certified? Yes No

Section 4 - Coverage & Loss History

Current Carrier Information

Carrier: _____ CGL Limits: _____ Retention Amount: _____

We require:

- 5 years of currently valued loss runs (90 days prior to inception) for any requested coverage or scheduled underlying coverage
- Detailed description of any open loss above \$25,000.

Has any insurance carrier cancelled or declined to renew similar insurance coverage in the last 5 years to any applicant for reasons of non-payment of premium to any insurance (or finance) company? If Yes, explain: Yes No

Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability? For the purpose of the application only, a claim means a receipt of a demand for money, service or arbitration. If "Yes," please describe below, including the name(s) of the person, company, entity and the name(s) and location(s) of the project(s) where such operations were performed (attach separate sheet if necessary): Yes No

Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to: allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? If "Yes," please describe below, including the name(s) and location(s) of the projects where such operations were performed (attach separate sheet if necessary): Yes No

[Fraud Warning and Signatures on Next Pages]

FRAUD WARNING NOTICE

California: For your protection California law requires the following to appear on this form "Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Arizona: For your protection Arizona law requires the following statement to appear on this form. "Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

New York: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the state value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

All other states:

WARNING: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS INFORMATION CONCERNING ANY FACT MATERIAL THERETO FOR THE PURPOSE OF MISLEADING SUCH INSURANCE COMPANY OR OTHER PERSON, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A FELONY CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. PENALTIES MAY INCLUDE RESTITUTION, IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

[Signatures on next page]

SIGNATURES

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does acceptance or review of this application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

APPLICANT SIGNATURE:

Applicant Name (Printed) Applicant Title

Applicant Signature* Date

* ELECTRONIC SIGNATURE AND ACCEPTANCE

PRODUCER INFORMATION:

Producer Name (Printed) Producer Signature*

Agency/Brokerage Name License # Date

* ELECTRONIC SIGNATURE AND ACCEPTANCE

* You may sign this form electronically by checking the Electronic Signature and Acceptance box below your signature and then either applying your electronic signature to or typing your name above the signature line on this form. By doing so, you agree that your use of a keypad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third-party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.