



ROOFING SUPPLEMENTAL APPLICATION

Applicant's Name:

Mailing Address:

Locations:

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____

Description of Roofing Operations:

1. 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%

2. FOR RESIDENTIAL ROOFING WORK DONE, COMPLETE THE FOLLOWING

What percent of work is new construction?	_____	%	TYPE OF ROOF WORK	
What percent of work is repair/patching?	_____	%	Hot tar	_____ %
What percent of work is replacement?	_____	%	Tile	_____ %
TOTAL =		100%	Shingles	_____ %
			Slate	_____ %
What percent of work is on pitched roofs?	_____	%	Metal	_____ %
What percent of work is on flat roofs	_____	%	Single Ply	_____ %
TOTAL =		100%	Other Including Torch Down	_____ %

3. FOR COMMERCIAL ROOFING WORK DONE, COMPLETE THE FOLLOWING

TYPE OF ROOF WORK

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 pitched roofs? _____ %
 What percent of work is on flat roofs _____ %
TOTAL = _____ 100%

Hot tar _____ %
 Tile _____ %
 Single Ply _____ %
 EPDM _____ %
 Shingles _____ %
 Built Up _____ %
 PVC _____ %
 Metal _____ %
 Other _____ %
TOTAL = _____ 100%

4. FOR INDUSTRIAL ROOFING WORK DONE, COMPLETE THE FOLLOWING

TYPE OF ROOF WORK

What percent of work is new construction? _____ %
 What percent of work is repair/patching? _____ %
 What percent of work is replacement? _____ %
TOTAL = _____ 100%

Hot Tar _____ %
 Single Ply _____ %
 EPDM _____ %
 Built Up _____ %
 PVC _____ %
 Metal _____ %
 Other _____ %
TOTAL = _____ 100%

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

Waterproofing	_____ %	Siding	_____ %
Asbestos Removal	_____ %	Rain Gutters	_____ %
Mold Remediation	_____ %	Carpentry	_____ %
Insulation	_____ %	Other	_____ %

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

7. ARE TORCHES, HOT-AIR WELDERS, HEATING KETTLES OR HEATING TANKERS USED? IF YES, PLEASE EXPLAIN THE PROCESSES AND SAFETY PRECAUTIONS USED TO PREVENT FIRES DURING AND AFTER WORK HOURS:

8. 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.

9. 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

10. DO YOU PERFORM HOT TAR WORK OVER COMBUSTIBLE ROOF DECKS? YES NO

11. REGARDING ROOF TEAR OFF, DO YOU USE THE FOLLOWING PROCEDURES?

- a) Do you begin work which cannot be completed by day's end or before inclement weather strikes? YES NO
- b) Are professional weather service forecasts monitored throughout the day? YES NO
- c) Is tear off work completed by the end of each day, and are all exposed areas completely covered and properly secured? YES NO
- d) 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

12. SUBCONTRACTED WORK

a) Do you sub contract any work? YES NO

b) Percentage sub-contracted: _____ %

c) Describe work subcontracted:

d) Do you obtain certificates of insurance from **ALL** sub-contractors? YES NO

e) 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

f) Do you require all sub-contractors to show proof of Workers Compensation coverage? YES NO

g) Annual cost of work sub contracted out? \$ _____

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

13. RECEIPTS AND PAYROLL

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

14. WHAT IS THE **AVERAGE** HEIGHT OF BUILDINGS ON WHICH YOU WORK? _____

15. HOW OFTEN DO YOU WORK ABOVE **5 STORIES**? _____

16. WHAT IS THE **HIGHEST** BUILDING YOU WILL WORK ON? _____

17. HAVE YOU EVER USED, SOLD, INSTALLED, OR WORKED WITH **ASBESTOS**? YES NO

18. HAVE YOU EVER DONE OR CONTEMPLATE DOING ANY **EIFS** WORK? YES NO

19. LIST YOUR LAST 5 LARGEST JOBS PERFORMED OVER THE LAST YEAR:

20. 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.)