

Roofing Supplemental Application

Applicants Name: _____

Mailing Address: _____

- Locations:
1. _____
 2. _____
 3. _____
 4. _____
 5. _____

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, retails)? _____ %

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? _____ %

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 %

Type of Work	
Hot Tar	%
Tile	%
Shingles	%
Slate	%
Metal	%
Single Ply	%
Other including torch down	%
Total	100%

3. 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 pitched roofs? _____ %

What percent of work is on flat roofs? _____ %

Total 100 %

Type of Work	
Hot Tar	%
Tile	%
Single Ply	%
EPDM	%
Shingles	%
Built Up	%
PVC	%
Metal	%
Other	%
Total	100 %

4. 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? _____ %

Type of Work	
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 torch work performed by employees who have completed the national roofing contractor's 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 full 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?

Procedure	Yes	No
Do you begin work which cannot be completed by day's end or before inclement weather strikes?		
Are professional weather service forecasts monitored throughout the day?		
Is tear off work completed by the end of each day, and are all exposed areas completely covered and properly secured?		
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?		

12. Subcontracted Work

a. Do you sub-contract any work? Yes No

b. Percentage sub-contracted: _____ %

c. Describe work sub-contracted:

d. Do you obtain certificates of insurance from ALL sub-contractors? Yes No

e. Are you named as an additional insured on ALL sub-contractors' 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 Year:	\$	Payroll for current Year:	\$
Receipts for 1st Prior Year:	\$	Payroll for 1st Prior Year:	\$
Receipts for 2 nd Prior Year:	\$	Payroll for 2 nd Prior Year:	\$
Receipts for 3 rd Prior Year:	\$	Payroll for 3 rd Prior Year:	\$

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 you 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.

Applicants Signature:

Name & Title: _____

Date:

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