

	<b>Roofing Contractor Supplemental Application Special Programs</b>
--	---

1. Account Name:		2. Producer Name:	
3. Account Contact Name:		4. Producer Email:	
5. Account Website:		6. Account Email:	

**Tract home**

- A house that is constructed in a housing development of ten or more units; and
- Was not architecturally designed for the initial owner-occupant.

**Custom Home**

- If the home is not architecturally designed for the initial owner occupant, it is **NOT** considered to be a custom home.

7. Percentage of work performed on:

	New	Repair or Replacement
Custom Homes	%	%
Tract Homes	%	%
Apartments	%	%
Residential Condominiums	%	%
Commercial Condominiums	%	%
Commercial	%	%
Industrial	%	%
Office	%	%
Retail	%	%

8. Percentage of work by type: (Each colored section should total 100%)

Re-roof:	%	Repair/Patch Work:	%	New Roof:	%
1-3 Story:	%	4-5 Story:	%	Over 5 Story:	%
Slate/Tile:	%	Wood Shake/Shingle:	%	Composition:	%
Hot Composition:	%	Polyurethane Foam:	%	Metal/Aluminum:	%
EPDM:	%	Other:	%	Please Explain:	
Flat:	%	Pitched	%		

9. What is the average value of a: new job? \$	10. Repair/Replacement job? \$
11. Does applicant use hot tar?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	If, "Yes," what percentage is "Hot Tar" work?    %
12. Does applicant sub out "Hot Tar" work?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Estimated costs of subs for "Hot Tar" work?    \$

	<b>Roofing Contractor Supplemental Application Special Programs</b>
--	---

13. Does applicant install roofing systems that require use of setting fire (torch work) to asphalt for application of other roofing materials?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES," please describe the process:			
14. What percentage of work involves this process?			%
15. Does applicant use any spray method for applying roofing materials?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES," are flammable liquids or catalysts used?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
16. Does applicant install any type of elastomer roof coverings which require spraying or use of flammable liquid or open fires for installation?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
17. Are all jobs inspected by a foreman or the contractor at completion prior to leaving job site?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
18. Please check which of the following the applicant uses:			
Kettles: <input type="checkbox"/>	Are the kettles equipped with automatic shut off valve?		YES <input type="checkbox"/> No <input type="checkbox"/>
Roof Cleaning Tractors: <input type="checkbox"/>	Cranes: <input type="checkbox"/>	Hoists: <input type="checkbox"/>	Forklifts: <input type="checkbox"/> Scaffolding: <input type="checkbox"/>
19. Does applicant sub out any work or directly engage in operations other than roofing?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES," please describe by General Liability class the type of work being conducted and total costs/payroll:			
Subcontracted Class Description	Costs	Direct Payroll Class Description	Payroll
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
20. Please explain any open structure claims applicant has had in the last 5 years:			
21. Do you have knowledge of any occurrence which may give rise to a claim against applicant?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES," please explain:			
<b>Policy</b> - Formal procedure for doing specific task <b>Means</b> - Materials used to perform a task <b>Methods</b> - Steps taken when applying means			
22. What are the applicant's policy, means and methods for protecting pitched or sloped roofs against severe weather, including high winds?			
23. What are the applicant's policy, means and methods for protecting flat roofs?			

	<b>Roofing Contractor Supplemental Application Special Programs</b>
--	---

**24.** What are the applicant's policy, means and methods regarding covering of drain ports and/or scuppers during work?

**25.** What are the applicant's policy, means and methods regarding covering of drain ports and/or scuppers when leaving work site unattended for ANY reason - including lunch?

**26.** Please enter the percentage of payroll, costs and receipts generated from the following operations:

	Direct Payroll	Subcontractor Costs	Total Receipts
Roofing	%	%	%
Allied sheet metal work ( not part of the roof system)	%	%	%
Roofing related insulation	%	%	%
Roofing related waterproofing	%	%	%

**27.** Does the applicant have a documented and enforced fall protection program? YES  NO

**28.** Does the applicant require the use of one of the following systems on all jobs?

Steep slope roofs ( greater than 4/12 slope)			Low slope roofs (less than 4/12 slope)		
Guardrail system with toe boards	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Guardrail system	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Safety net system	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Warning line system	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Personal fall arrest system	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Personal fall arrest system	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**29.** Please list current membership in any trade associations:

Organization/Association Name	Years of Active Membership

**30.** Contractor's States and License Numbers:

State	License Number

	<b>Roofing Contractor Supplemental Application Special Programs</b>
--	---

**31. Provide payrolls, subcontract costs & sales for each of the last 5 years & estimate next 12 months:**

Year	Direct Payroll	Subcontract Costs	Sales
<b>Next 12 months</b>	\$	\$	\$
<b>1<sup>st</sup> Prior</b>	\$	\$	\$
<b>2<sup>nd</sup> Prior</b>	\$	\$	\$
<b>3<sup>rd</sup> Prior</b>	\$	\$	\$
<b>4<sup>th</sup> Prior</b>	\$	\$	\$
<b>5<sup>th</sup> Prior</b>	\$	\$	\$

**32. Please list the 5 largest jobs during the last 12 months:**

Job	Receipts
	\$
	\$
	\$
	\$
	\$

**33. Do you or your employees ever act as public adjusters in order to negotiate and act as an intermediary between the insured and the insurer?**

YES       NO

	<b>Roofing Contractor Supplemental Application Special Programs</b>
--	---

**I. FRAUD WARNING AND SIGNATURE**

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. The Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials (this Application), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA. Insurance benefits may also be denied in LA, ME, TN, and VA).

In the 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 Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Completion of this application does not bind coverage or commit the company to policy issuance.

Signature of Applicant:			
Title of Applicant (Officer/Partner):		Date	