

### ROOFING SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION

EFFECTIVE DATE: \_\_\_\_\_

1. NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_  
TERM: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_ NEW VENTURE:  YES  NO

2. PERCENTAGE OF WORK IN EACH CATEGORY:

HOT COMPOSITION	_____ %	SHINGLES, TILES, SLATE	_____ %
METAL OR ALUMINUM	_____ %	POLYURETHANE	_____ %
TORCH DOWN	_____ %	SPRAYED (IF SO WHAT TYPE)	_____ %
OTHER	_____ %		

3. COMMERCIAL \_\_\_\_\_% RESIDENTIAL \_\_\_\_\_% INDUSTRIAL \_\_\_\_\_% INSTITUTIONAL \_\_\_\_\_%

4. HAVE YOU EVER BEEN INVOLVED IN THE INSTALLATION OR REMOVAL OF ASBESTOS OR ASBESTOS MATERIALS

YES  NO IF YES, EXPLAIN: \_\_\_\_\_

5. DO YOU HAVE A WRITTEN SAFETY PROGRAM?  YES  NO IF YES, ATTACH A COPY

6. WHAT IS YOUR PROCEEDURE FOR INCLEMENT WEATHER? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. DO YOU USE CASUAL LABORERS?  YES  NO

8. WHAT IS THE MAXIMUM BUILDING HEIGHT ON WHICH YOU WILL WORK? \_\_\_\_\_ AVERAGE \_\_\_\_\_

9. WHAT IS THE PERCENTAGE SUBCONTRACTORS USED? \_\_\_\_\_% WHAT IS YOUR ANNUAL COST? \$ \_\_\_\_\_

10. WHAT IS THE MINIMUM LIMITS OF LIABILTIY YOU REQUIRE FROM YOUR CONTRACTORS? \$ \_\_\_\_\_

11. DO YOUR SUBCONTRACTORS USE HOT TAR, TORCHDOWN, OR HEAT PROCESS?  YES  NO

12. HOW ARE MATERIALS LIFTED TO THE ROOF? \_\_\_\_\_

a. RENT A CRANE?  YES  NO  WITH OPERATOR  WITHOUT OPERATOR

b. # OF TIMES YEAR? \_\_\_\_\_ SIZE OF CRANE? \_\_\_\_\_ LENGTH OF BOOM & JIB \_\_\_\_\_

13. ARE ALL OPEN ROOF EXPOSURES PROTECTED PRIOR TO LEAVING THE JOBSITE?  YES  NO
14. ARE ALL JOBS INSPECTED BY MANAGEMENT AT COMPLETION BEFORE LEAVING THE JOB SITE?  YES  NO
15. HAS THE RISK/APPLICANT EVER BEEN INVOLVED IN THE NEW CONSTRUCTION OF TRACT HOUSING, ROW-HOUSES, CONDOMINIUMS, OR TOWN-HOUSES?  YES  NO IF YES, WHAT PERCENTAGE? \_\_\_\_\_%
16. DOES APPLICANT EVER USE CASUAL LABORERS?  YES  NO IF YES, WHAT PERCENTAGE \_\_\_\_\_%
17. DOES APPLICANT USE ANY TYPE OF SCAFFOLDING OR LIFTS? IF YES, DESCRIBE \_\_\_\_\_  
\_\_\_\_\_
18. DOES APPLICANT OFFER ANY WARRANTIES? IF SO, DESCRIBE TYPE AND LENGTH \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19.

YEAR	CARRIER	LIMITS	PREMIUM	DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT INCURRED

20. LIST THE LARGEST JOBS WORKED ON OVER THE LAST YEAR:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/she certifies that the answers are true, correct and complete to the best of his/her knowledge.

\_\_\_\_\_  
Applicant Signature      Date

\_\_\_\_\_  
Producer's Signature      Date