



# Roofing Contractors Program Supplemental Application

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First Named Insured	Address <span style="float: right;">Physical      Mailing</span>
Primary Contact Name	Phone Number
Website Address	Years in Business
Have you operated under any different names in the past 10 years? If yes, what names?      YES      NO	

Definitions of italicized terms are provided at the end of supplemental

1. Risk is operating as:      *General Contractor* \_\_\_\_\_%      *Prime Contractor* \_\_\_\_\_%      Subcontractor \_\_\_\_\_%

2. Enter the total payroll, subcosts, and receipts generated from each of the following:

Operation	Payroll	Subcosts	Receipts
Roofing	\$	\$	\$
Roofing related sheet metal work	\$	\$	\$
Roofing related insulation	\$	\$	\$
Roofing related waterproofing	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$



## Roofing Contractors Program Supplemental Application

3. Indicate the projected dollar amount of Insured's TOTAL **sales** for the upcoming year:

	NEW		RE-ROOFING		
COMMERCIAL WORK	\$	+	\$	=	\$
INDUSTRIAL WORK	\$	+	\$	=	\$
HABITATIONAL WORK BREAKDOWN					
CONDOMINIUMS (High and Low Rise)	\$	+	\$	=	\$
TOWNHOUSES	\$	+	\$	=	\$
TRACT HOUSING	\$	+	\$	=	\$
TRIPLEXES AND DUPLEXES	\$	+	\$	=	\$
SINGLE-FAMILY	\$	+	\$	=	\$
CUSTOM HOMES	\$	+	\$	=	\$
APARTMENTS	\$	+	\$	=	\$
Other	\$	+	\$	=	\$
OTHER WORK (PLEASE DESCRIBE):					\$
TOTAL (THE TOTAL SHOULD AGREE WITH TOTAL RECEIPTS ABOVE)					\$

4. Does the risk perform *asbestos abatement* work? Yes No
- A. If **Yes**, is the work subcontracted? Yes No
5. Does the risk perform *torch applied* roofing operations? Yes No
- A. If **Yes**, what % of their operations involves torch applied work? %
- i. Torch applied roofing operations on combustible wood decks? Yes No
- B. Does the insured follow NRCA guidelines & best practices for any torch applied work? Yes No
- ii. What is the minimum fire watch protocol (hours)? Hours
- iii. Are fire extinguishers always used? Yes No
- iv. Number of fire watch protocol personnel on site? Personnel



## Roofing Contractors Program Supplemental Application

6. In the past 5 years or in the upcoming year, does the risk plan to perform the following work (outside of a WRAP/OCIP plan):
- |  |     |    |              |               |
|--|-----|----|--------------|---------------|
| A. New tract housing work in a development >20 units in the project? | Yes | No | Past 5 years | Upcoming year |
| B. New condo work?   | Yes | No | Past 5 years | Upcoming year |
| C. New townhome work?  | Yes | No | Past 5 years | Upcoming year |
| D. New custom homes?   | Yes | No | Past 5 years | Upcoming year |
7. List the states the risk worked in during the last 5 years:
8. Does the risk have knowledge of any pre-existing act, omission, event, condition or damage to any person or property that may potentially give rise to any future claim or legal action?
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
- A. If **Yes**, please describe.
9. Does the insured have written/documented quality control/procedures manual in place? (e.g. jobsite checklists and/or procedures)
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
- A. Are employees provided a copy of the quality control procedures?
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
- B. Are contracts utilized on every project?
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
- C. Does your agent/attorney review any deviations to your standard contract?
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
- D. What are the insured's weather watch procedures before starting a job?
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
- E. Are staging or placement of materials taken into consideration prior to installation?
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
- F. Is the jobsite roped off to prevent falling debris/objects?
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
- G. Is a detailed pre-inspection/report performed of jobsite by supervisor prior to starting?
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
- H. Is a detailed final inspection/report of project performed by supervisor?
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
- I. Does insured obtain a final sign-off by customer once job is completed?
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
- J. Does the risk retain job files on all work performed?
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|
- K. How long are job files retained?
- L. Obtain a signed copy of the work completed by customer?
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|

If insured **does not** follow these quality control guidelines, please provide explanation.



## Roofing Contractors Program Supplemental Application

10. Does the risk sub-contract work? Yes      No
- If **Yes**, please complete follow-up questions below.
- If **No**, please skip to Question 11.
- A. List the types of work subcontracted, including cost of work.
- B. Does the insured utilize the same subcontractors for roof tear-off & installation? Yes      No
- C. Are subcontractors required to sign an agreement before performing work for the insured? Yes      No
- D. Indicate the types of subcontractor agreements the risk typically signs:
- |                               |        |       |
|-------------------------------|--------|-------|
| Standard (AGC, AIA contracts) | Custom | Other |
|-------------------------------|--------|-------|
- E. Does legal counsel of the insurance agent review all contracts? Yes      No
- F. Does the risk obtain Certificates of Insurance from all subcontractors? Yes      No
- G. Is there a diary system in place to track expiration dates of certificates of insurance? Yes      No
- H. Does your agent ever review subcontractor certificates for inferior insurance policies? Yes      No
- i. If not, who does, and what is their experience in reviewing certificates?
- I. Is the risk named as an additional insured on all subcontractors' policies? Yes      No
- J. Does the risk use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the risk? Yes      No
- K. Does the risk require all subcontractors to carry primary limits equal to or greater than their own? Yes      No
- L. Has someone verified that subcontractors' policy does not contain an open roof exclusion and/or a classification limitation? Yes      No



## Roofing Contractors Program Supplemental Application

### HIRING & TRAINING PRACTICES:

- |  |        |           |
|--|--------|-----------|
| 11. Has the risk or their subcontractors been cited for any OSHA violations in the last three years?   | Yes    | No        |
| A. If <b>Yes</b> , please explain the circumstances & what was done to correct:                        |        |           |
|  |        |           |
| 12. Does the insured have a New Hire Orientation/Training program?                                     | Yes    | No        |
| 13. Do you check references for each new hire?   | Yes    | No        |
| 14. Please describe your drug testing practices for employees:   |        |           |
| Pre-Employment   | Random | Scheduled |
| 15. Do you conduct pre-employment physicals?   | Yes    | No        |
| 16. Do you have a Safety Director?   | Yes    | No        |
| 17. Are safety meetings held on <i>at least</i> a quarterly basis?                                     | Yes    | No        |
| A. Do all managers and employees attend?   | Yes    | No        |
| B. Is safety training conducted during these meetings?   | Yes    | No        |
| 18. Do you have a formal, documented safety manual?  | Yes    | No        |
| 19. Does the risk have a documented and enforced fall protection program that meets OSHA requirements? | Yes    | No        |
| A. Are all subcontractors required to have fall protection in place?                                   | Yes    | No        |
| 20. Do you have any tailgate safety meetings?  | Yes    | No        |
| A. If <b>Yes</b> , how often?  |        |           |
| 21. Do you use temporary / leased employees?   | Yes    | No        |
| 22. What is your employee turnover ratio?  |        |           |

### PREMISES OPERATIONS:

- |  |     |    |
|--|-----|----|
| 23. Are visitors allowed access to your service and/or storage areas?  | Yes | No |
| 24. Do you perform any demonstrations or equipment testing on your premises?                                 | Yes | No |
| A. If <b>Yes</b> , what safety precautions are taken to ensure the safety of others during these activities? |     |    |
|  |     |    |
| 25. Are the premises yards well lighted & fenced to prevent trespassing?                                     | Yes | No |



## Roofing Contractors Program Supplemental Application

Please complete if umbrella is needed.

### LOSS HISTORY:

26. Any umbrella losses in the past 10 years? Yes No
27. Any losses exceeding \$250,000 of underlying policies in the past 5 years? Yes No

### AUTO INFORMATION:

28. Do you have written company guidelines for vehicle use? Yes No
29. Is personal use of company vehicles allowed? Yes No
30. Does insured have a distracted driving policy (no texting while driving and/or hands free calling)? Yes No
31. Are employees who are allowed to drive company vehicles required to acknowledge all company guidelines? Yes No
32. Does the insured check MVRs of employees that are allowed to drive company vehicles? Yes No

A. If **Yes**, please advise when:

At hiring times per year

33. Are employee family members allowed to drive company cars? Yes No
34. Indicate the type and number of company vehicles below:

Type	Count
PPT	
Light Trucks (less than 10,000 lbs)	
Medium Trucks (10,001-20,000 lbs)	
Heavy Trucks (20,001-45,000 lbs)	
X-Heavy Trucks (45,001 lbs+)	
Heavy Truck-Tractors	

### HISTORICAL GENERAL LIABILITY EXPOSURE

	Expiring Year Term:	1st Prior Year Term:	2nd Prior Year Term:	3rd Prior Year Term:	4th Prior Year Term:
Premium					
General Liability Payroll					
Receipts					



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### Attachments and Representation

ATTACHMENTS TO THIS APPLICATION SHOULD INCLUDE THE FOLLOWING:

- Complete ACORD forms (insurance application)
- 5 years of currently valued (within 60 days) hard copy loss runs, including loss details and descriptions
- Copy of Safety Program (index page)
- Copy of Subcontract Agreement
- Copy of Quality Control Program (index page)

### Fraud Warnings Disclosure

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 civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, PR, RI, TN, TX, VA, VT, WA, and WV.)

**In Arkansas, Louisiana, Rhode Island, or West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**In Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

**In Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**In 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.

**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 Kansas:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to an insurer, purported insurer, or to or by a broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act and may be subject to criminal and/or civil fines or penalties.

**In Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**In Maine, Tennessee, Virginia, or 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 may include imprisonment, fines or a denial of insurance benefits.

In **Maryland**: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In **New Jersey**: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In **New Mexico**: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

In **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 stated value of the claim for each such violation.

In **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.

In **Oklahoma**: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

In **Oregon**: Any person who knowingly and with intent to defraud any insurer or other person files an application for insurance or statement of claim containing any materially false information upon which an insurer relies, if such information was either material to the risk assumed by the insurer or the misinformation was provided fraudulently, may commit a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In **Pennsylvania**: 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 subjects such person to criminal and civil penalties.

In **Puerto Rico**: Any person who has committed fraud, as defined in the law, shall incur a felony, and if convicted, shall be sanctioned for each violation by a penalty of a fine of not less than five thousand dollars (\$5,000), nor more than ten thousand dollars (\$10,000), or a penalty of imprisonment for a fixed term of three (3) years, or both penalties. If there were aggravating circumstances, the fixed penalty thus established may be increased up to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. In addition to the penalties provided in this chapter, any person who, as a result of the fraud thus committed is benefited in any way to obtain insurance, or in the payment of a loss pursuant to an insurance contract, shall be imposed the payment of restitution of the amount of money resulting from the fraud. Every violation shall have a prescription term of (5) five years.

In **Texas**: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

In **Vermont**: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

In **Vermont**: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

#### **ALL STATES EXCEPT MARYLAND:**

The undersigned, on behalf of all Insureds, acknowledges that discovery of any fraud, intentional concealment, or misrepresentation of any material fact may render this policy, if issued, voidable at inception or otherwise canceled.

#### **MARYLAND:**

The undersigned, on behalf of all Insureds, acknowledges that discovery of any fraud, intentional concealment, or misrepresentation of any material fact will be grounds for denial of a claim or cancellation of the policy.



**THIS APPLICATION MAY NOT BE USED TO BIND COVERAGES AND NO COVERAGE COMMENCES.**

Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. **COVERAGE WILL COMMENCE** only upon the effective date of a separate contract binding insurance coverage (i.e. a policy or official binder form) issued by an agent authorized by the Company. The applicant hereby agrees that the foregoing statements and answers are a true representation of all the facts and circumstances with regard to the risk to be insured to the best of the applicant's knowledge and the same are therefore made the basis of any policy of insurance issued.

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Producer's Signature

Date

---

Applicant's Signature

Date

**DEFINITIONS**

**Asbestos:** Asbestos is present in many forms in the roofing industry. It is commonly referred to as ACRM or "asbestos containing roofing material" which is defined as material containing 1% or more of asbestos. It can be present in cements, coatings, sealants, mastics, flashing material, felts, shingles and tiles. Based on the variety of materials containing asbestos in the roofing industry, we view the asbestos exposure as inherent to roofing operations.

**Asbestos Abatement:** Roofing contractors who come in contact with asbestos while performing the normal activities of their trade, whether it is roof tear-off work, renovations, new installations or maintenance work, and operating exclusively on the outside of buildings, are eligible for this program. Once an activity requires work on the inside of a building, below the roof deck, the removal of any ACRM becomes true "abatement" work and is not eligible for this program.

**General Contractor:** A contractor who subcontracts work to others in excess of 50% of total receipts, exercises primary control of the job site, and is named in the construction documents as the general contractor of record.

**Habitational work:** Condominiums, triplexes, duplexes and townhouses.

**Prime Contractor:** The principal contractor on a project; any contractor on a project having a contract directly with the owner.

**Subsidence:** Any movement of land or earth including: landslides; mudflow; earth sinking, rising, and shifting; collapse or movement of fill, earth settling, slipping, falling away, caving in, eroding or tilting; and earthquake.

**Torch Applied Roofing:** This process, which is also called torch welding, involves a modified bitumen installed on a roofing deck by means of a torch. A membrane is laid on the roof, heated by a torch, and allowed to cool so that the material solidifies in place. The asphalt component in the membrane serves as an adhesive between the surface material and roof substrate.

**Wrap-up (OCIP):** A policy providing coverage(s) for all interests in a major construction project. Also known as an OCIP (Owner Controlled Insurance Program) or a CCIP (Contractor Controlled Insurance Program).