Roofers Supplemental Application (To be submitted with an ACORD General Liability Application)

1.	Α	pplicant:					
2.	٧	Website Address:					
3.	С	escribe all operations:					
4.	lr	ndicate type of work performed by you or your employees:					
	a.	Inspection / Maintenance % b. New Construction %					
	b.	Replacement % d. Repair %					
5.	In	dicate the type of structures that you or your employees will work on:					
	a.	Apartments % b. Condominiums % c. One/Two Family Dwellings _	%				
	d.	Three/Four Family Dwellings % e. Office Buildings % f. Retail Buildings	%				
	g.	Schools % h. Warehouses % i. Other %					
6.	Νι	umber of Stories:					
	a.	1 – 3 Stories % b. 4 – 5 Stories % c. Over 5 Stories %					
7.	R	pof Types:					
	Pi	tched Roofs % b. Flat Roofs %					
8.	R	Roofing Materials:					
	a.	Asphalt shingles % b. Concrete shingles % c. Fiberglass shingles _	%				
	d.	Hot Tar % e. Metal/Aluminum % f. Rubber/Elastomeric Roofing	%				
	g.	Sheet polyurethane foam % h. Sprayed polyurethane % i. Shingle ply _	%				
	j.	Slate shake % k. Wood shake % l. Tile % m. Torch applied	%				
	n.	Other % Describe:					
9.	lf t	If the insured does Torch Applied work please answer the following:					
	a.	Is the risk a member of the NRCA?	☐ Yes ☐ No				
	b.	Have all employees performing torch applications been in a certified roofing torch					
		applicator program	☐ Yes ☐ No				
		Does the risk have a daily checklist for all torch jobs	☐ Yes ☐ No				
	d.	Are Torches inspected at the beginning of each shift for leaking shut-off valves, couplings, connections	☐ Yes ☐ No				
	e.	Are a minimum of two fully charged fire extinguishers, with current inspection tags, always					
		on the job site	☐ Yes ☐ No				
	f.	Is a minimum of two hours fire watch required, including checking the roof's underside					
		and top deck	☐ Yes ☐ No				
	g.	Does the person(s) performing the fire watch have any other duties while performing this function	☐ Yes ☐ No				

10. Equipment used (owned or rented):					
a. Cranes b. Forklifts					
b. Hoists d. Kettles					
c. 🗌 Pulleys f. 🔲 Scaffolding					
d.   Tractors (Roof cleaning)					
11. Do you rent any equipment to others?			☐ Yes ☐ No		
a. If yes, what type of equipment?					
12. Do you leave materials and equipment over	night on job sites?		☐ Yes ☐ No		
13. Has any lawsuit ever been filed, or any clain venture of which you have been a member, company has assumed liability? (For the pumoney, service or arbitration) a. If "yes", please explain:	or against any person, compa irpose of this application only,	any, or entities on whos a claim means a rece	se behalf your ipt of a demand for Yes No		
14. Date of Corporate Filing or DBA:					
15. Years of experience: Years /	Months				
16. Length of time in business:Years /	Months				
a. Full-time / Part-time:		☐ F	ull-time 🗌 Part-time		
17. Are you licensed?			☐ Yes ☐ No		
Kind of license:		Year license issued: _			
License No.:					
18. Number of:					
Owners:	Partners:	Partners:			
FT Employees:	PT Employees:				
Leased Employees:	Day Laborers:				
19. State / Area of operations:					
a. Radius of operations from your main loca	tion: Mile	s			
20. List the past three projects including location	n, receipts, type of work perfor	med, project start and	end dates.		
Type of Work Performed Rece	ipts <u>Location</u>	Start Date	End Date		
	<del></del>				
21. Account history for prior 3 years:					
Current Y	<u>ear</u> <u>Last Year</u>	Year Befo	ore Last		
Employee Payroll: \$					
Total Revenue: \$					
Total Subcontracted Costs: \$		\$			

22.	Do you normally use the same subcontractors						
23.	Please describe the						
	<u>Operation</u>	<u>Percentage</u>	<u>Operation</u>	<u>Percentage</u>			
	Carpentry	%	Guttering	%			
	Hot Tar	%	Insulation	%			
	Siding	%	Waterproofing	%			
	Other:			%			
24.	. Are certificates of insurance obtained from subcontractors?						
	a. Minimum Limi	its Required:	\$		per Occurrence		
	b. Are you name	ed as an additional ins	ured on the subconti	ractors' policies?	☐ Yes ☐ No		
25.	Do you use a written contract for all your subcontractors that includes a hold harmless clause in						
	your favor?				☐ Yes ☐ No		
26.	How long are cert	ificates retained after	the completion of wo	ork: Years / _	Months		
Do	you use a standar	d service contract that	sets out your respo	nsibilities?	☐ Yes ☐ No		
Atta	ach a copy of your	contract, agreement a	and/or warranty:	Attached			
Do	you ever assume i	responsibility for any i	njury or property dan	nage that may occur regard	lless of who may have caused		
the	injury or damage?				☐ Yes ☐ No		
Are	all jobs inspected	by a foreman or supe	rvisor upon completi	on:	☐ Yes ☐ No		
Is there a written record of the inspection made and retained with the job file:							
Will any work be performed in the states of Nevada, California or South Carolina?							
		<del></del>	DATE				
		PRODUCER'S SIG			_,		
		APPLICANT'S SIG	NATURE	<del></del>	DATE		

## APPLICABLE IN THE STATE OF 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.

## **FRAUD WARNING:**

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.