

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

1. Number of years' experience as a contractor: _____
2. Annual Payroll: \$ _____ Gross Sales: \$ _____
3. # of Employees: _____ # of Owners: _____
4. Receipts for previous three years:

Year 20	\$	Year 20	\$	Year 20	\$
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5. Percent of your work performed by or on behalf of the named insured:

New Construction _____ %	Remodeling _____ %	Repairs _____ %	= 100%
Residential _____ %	Commercial _____ %	= 100%	
6. List any roofing/builder associations in which you are a member:

7. For the last three (3) years, list five (5) largest jobs and types:
 (1) _____
 (2) _____
 (3) _____
 (4) _____
 (5) _____
8. Do you have any past or pending construction defect claims? Yes No
 If yes, describe in detail:

DESCRIPTION OF OPERATIONS

1. Describe your operations (apartment/condo building, residential or commercial):

2. Check type of roof and give percentage:

<input type="checkbox"/> Hot Tar _____ %	<input type="checkbox"/> Shingles _____ %	<input type="checkbox"/> Metal _____ %	
<input type="checkbox"/> Tile _____ %	<input type="checkbox"/> Slate _____ %	<input type="checkbox"/> Single Ply _____ %	
<input type="checkbox"/> Other _____ %	Describe: _____		
3. Indicate work done other than roofing:
 Waterproofing Siding Asbestos Removal Rain Gutters
 Carpentry Insulation Welding
 Other (describe): _____
4. If hot tar or torch is used, explain the process:

 Safety precautions used: _____
5. Are hot tar kettles roped off? Yes No
6. Do you maintain a fire watch during and after hot work completion (including break periods)? Yes No

7. How long do you maintain the fire watch during and after hot work completion (including break periods)?
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8. Is the job site inspected after completion of hot work and an activity log documented with the time and date of the final check? Yes No
9. How long is the hot work activity log maintained?
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10. Do you have at least three years of experience with hot tar? Yes No
11. Do you have any incidental welding exposures in your roofing business? Yes No
12. Do you use any unusual processes? Yes No
If yes, include name of manufacturer and training in the process:
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13. Indicate type of work subcontracted out:
 Waterproofing Siding Asbestos Removal Rain Gutters
 Carpentry Insulation Other (describe):
-
14. Are Certificates of Insurance (of equal limits) received on all subcontracted work? Yes No
15. Indicate how long Certificates of Insurance are kept:
 Until job ends One year Two years Three years
 More than three years Never kept
16. Do you offer warranties? Yes No
If yes, attach copies of warranty.
-
17. Average height of buildings you work on: _____ stories Highest building you will work on: _____ stories
18. Have you ever used, sold, installed or worked with asbestos? Yes No
If yes, explain:
-
19. List types of owned or used equipment on the job:
- | | Daily | Weekly | Monthly | Yearly |
|-------|--------------------------|--------------------------|--------------------------|--------------------------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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20. How do you protect the general public from potential injury? (Check one or more)
 Rope off work area Signs Cones Flashing lights Man always on the ground
 No protection necessary Other (describe):
-
21. How are materials lifted to the roof?
 Ladder Hoist Pully Crane Other (describe):
-
22. Are materials and equipment left overnight at job site? Yes No
23. Openings in roof are protected overnight by:
 Tarp Waterproof plywood Never leave openings Weather watch prior to leaving job
 Other (describe):
-
24. Are all jobs inspected by a foreman or the contractor at completion before leaving the job site? Yes No

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date

Agent Name and Address