

Roofing Application

Ар	plicant's Name:		Agency Name:		
Mailing Address:			Agent Address:		
Lo	cation:				
			Email:		
We	ebsite Address:		Phone:		
ΑN	ISWER ALL QUESTIONS –	IF THEY DO N	OT APPLY, INDICATE "NOT APPLICABLE"		
C	onfirmed Renewal Date:	From:	То:		
	his new business to RMA or New Renewal venues by roofing operations What percentage of your was the company of the company	s as follows: ork is commerc ork is industrial	cial (office buildings, schools, retail establishments)? (plants, warehouses)? al (home, condominiums)?		
			Total 100%		
	Will there be any work project	cted on NEW R	esidential Condominiums?	Yes	No
	If yes, what percentage of ov	erall revenues	?		%
	Is the contractor likely to complete more than 50 dwellings in new residential construction? (This definition includes homes, apartments, condominiums) Confirm the number of dwellings being worked on?				No
	Years in Business		Years of Experience		

Risks must be in operation for a minimum of 5 years, have acceptable resume with 5 years of prior experience or as approved through our Contractor Experience & Qualification Verification Questionnaire.

Type of Roofing Operation	Residential	Commercial	Industrial	% of Total Operations	
What percentage of work is New Construction?					
What percentage of work is Replacement?					
What percentage of work is Repairs?					
Other Describe					
Indicate the type of work performed with a Dollar Value					
Application of HEAT roof system Dollar Value \$\$					
	Residential	Commercial	Industrial	% of Total Operations	
2 Ply Modified Torch On					
4 Ply Built Up Roofing Asphalt					
Single Ply TPO/PVC					
COLD Applied roof systems Dollar Value \$\$					
2 Ply Modified					
Any other built-up roofing					
TPO or PVC					
EPDM					
Liquid Applied, Elastomeric or Rubber Coatings					
Spray Foam					
Shingles					
Wood Shakes					
Tiles or Slate					
Metal					
Other (describe)					
Totals by Operation					
Grand Total of all Operations					

5.	Are torch system manufacturers' recommendations followed?	Yes	No
6.	Is all hot work supervised?	Yes	No
7.	Are portable smoke detectors used?	Yes	No
8.	Do only trained and certified staff use torches?	Yes	No
9.	Are infrared heat guns used?	Yes	No
10.	Are infrared heat gun results recorded in a logbook?	Yes	No
11.	How often are results recorded?		
12.	How many Fire Extinguishers are on site per torch?		
13.	Are all personnel on site trained in the proper extinguishing of a fire?	Yes	No
14.	Is your fire watch a minimum of 2 hours?	Yes	No
15.	Is smoking strictly prohibited on all roofing projects?	Yes	No
16.	Do you have a safety program including orientation & training for all new employees?	Yes	No
17.	Do you provide ongoing training for all employees?	Yes	No
18.	Do you ensure that all work is inspected each day?	Yes	No
19.	Describe fully the measures taken to prevent water damage?		
	Is there a person assigned to monitor the weather when conducting roofing operations? Does the insured have a plan in place as to how weather conditions will be tracked, and open roofs are to be returned back to a watertight condition in response to moisture producing	Yes	No
22.	weather conditions? Does the insured or those working or acting on their behalf have access to real time weather monitoring radar and local weather prediction, or like services, and access those services no less	Yes	No
	frequently than hourly to check for impending moisture producing weather conditions?	Yes	No
23.	Does the insured have proper materials at the ready, on the job site, to return an open roof to a watertight condition?	Yes	No
	I. One hour for a single-family residence; or	Yes	No
	II. Two hours for any other building or structure.	Yes	No
24.	Is an open roof returned to a water-tight condition before the roof is to be left unattended for more than four hours regardless of weather conditions or forecast?	Yes	No
25.	Is the building or structure checked to ensure that it is secure prior to the insured leaving the site?	Yes	No
	If so, at what frequency is a check performed to ensure that it is secure?		
26.	Do you subcontract any work?	Yes	No
	If yes, what percentage do you subcontract?		%
	If the Insured subcontracts \$100,000 or more kindly provide a copy of the Subcontractor Agreement.		
27.	. Check the type of work subcontracted out: Waterproofing Siding Hot Tar	Rain Gu	utters
	Carpentry Insulation Other (describe):		-

8. \	What is the annu	al cost of the work subcon	tracted out?	\$	Yearly
9. /	Are Certificates o	of Insurance (of equal limits	s) received on all subcont	racted work?	Yes No
0. I	How long are Cer	tificates of Insurance kept	? Unit job end	ls One year Two	years Three years
1. I - -	List any roofing/b	ouilder associations in whic		nree years Never Kept	
2.	Year	Receipts	Payroll	No. of Full-Time Employees	No. of Part-Time Employees
		\$	\$		
		\$	\$		
		\$	\$		
4. (Confirm Maximum	nge height of buildings you height at which the insured with the insured with the insured at the depth below grade at grade at depth, describe the	worksworks		
. [Current work or	n hand		Value of contract	
· ɔ .					
э.	1.				
	1.				
-					
5.	2.				

Describe work being done

Largest Projects Underway

36.	List your 5 largest projects from the last 5 years.	Value of contract				
	1.					
	2.					
	3.					
	4.					
	5.					
	scribe work being done					
37.	Do you have a written safety program?		Yes No			
38.	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	grounds			
	No protection necessary Other (describe):					
39.	In what manner are openings in roof protected overnight? Other (describe):		Never leave opening			
40.	What on-the-job precautions do you take when rained on? Tarp Keep on working Never start job Remarks (be specific): _	Waterproof plywood	Never leave openings			
-						
CLA	AIMS HISTORY					
41.	A minimum of (5) years of currently valued loss runs must be included with this completed application					
	List any/ all losses in the past 5 years, including a description					
	Loss Description	Loss Date	Total Incurred			
			\$			
			\$			
			\$			
			¢			

The undersigned on behalf of the Applicant declares that the statements set forth are true. The undersigned on behalf of the Insured agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, they shall, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance. Signing of this Application does not bind the Applicant/Insured or the Insurer to complete the insurance contract, but it is agreed that this Application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy. All written statements and materials (including any information provided in the attached Appendices) furnished to the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Any failure to provide accurate answers or any incorrect responses in the sections above may result in the nullification of any insurance policy issued by the Underwriters for this risk.

APPLICANTS NAME AND TITLE:				
APPLICANT'S SIGNATURE:(Must be signed by an owner, partner or executive officer)	DATE:			
PRODUCER'S SIGNATURE:	DATE:			
NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT:				

IMPORTANT NOTICE

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