



Roofing Application

Applicant's Name: _____ Agency Name: _____
 Mailing Address: _____ Agent Address: _____

 Location: _____ Email: _____

 Website Address: _____ Phone: _____

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE”

Confirmed Renewal Date:	From:	To:	
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Is this new business to RMA or an RMA renewal?

New Renewal

Revenues by roofing operations as follows:

1.	What percentage of your work is commercial (office buildings, schools, retail establishments)?	
	What percentage of your work is industrial (plants, warehouses)?	
	What percentage of your work is residential (home, condominiums)?	
	Total 100%	

Will there be any work projected on NEW Residential Condominiums? Yes No

If yes, what percentage of overall revenues? _____ %

Is the contractor likely to complete more than 50 dwellings in new residential construction? Yes No
 (This definition includes homes, apartments, condominiums)

Confirm the number of dwellings being worked on? _____

Years in Business		Years of Experience	
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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.

2.	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				

Other Hot work not described above? _____

3. **Check work done other than roofing:** Waterproofing Siding Asbestos removal Rain gutters
 Carpentry Insulation Other (describe): _____

What experience does the insured have with this operation? _____

4. **If hot tar, torch or other "hot process" is used, explain in detail the process and what safety precautions are used:**

28. What is the annual cost of the work subcontracted out? \$ _____ Yearly

29. Are Certificates of Insurance (of equal limits) received on all subcontracted work? Yes No

30. How long are Certificates of Insurance kept? Unit job ends One year Two years Three years
 More than three years Never Kept

31. List any roofing/builder associations in which you are a member:

32.

Year	Receipts	Payroll	No. of Full-Time Employees	No. of Part-Time Employees
	\$	\$		
	\$	\$		
	\$	\$		

33. What is the average height of buildings you work on? _____ stories
 Confirm Maximum height at which the insured works.

34. Confirm the maximum depth below grade at which they work.
 If the work is being done at depth, describe the work? _____

35.

Current work on hand	Value of contract
1.	
2.	
3.	
4.	
5.	

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.	

Describe work being done

PUBLIC PROTECTION

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? Tarp Waterproof plywood Never leave openings
 Other (describe): _____

40. What on-the-job precautions do you take when rained on? Tarp Waterproof plywood Never leave openings
 Keep on working Never start job Remarks (be specific): _____

CLAIMS 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: _____ DATE: _____
(Must be signed by an owner, partner or executive officer)

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.