



ROOFERS PROGRAM

Proposed Effective Date: ___/___/___

Expiration Date: ___/___/___

GENERAL INFORMATION

PLEASE COMPLETE THIS APPLICATION FOR EACH RISK TO BE SUBMITTED. (Check all boxes that apply.)

1. Name of applicant: _____
2. Address: _____
3. Telephone Number: _____
4. Individual () Partnership () Corporation ()
5. Are you licensed by an municipalities?: Yes (), No ()
 List the authorities licensed by? ...
6. List any roofing/building association you are a member of: _____

7. Are you a union employer? Yes () No ()
8. Name union you are a member of: _____
9. Are you bonded? Yes () No ()
10. Is this a new business? Yes () No ()
11. Number of years in roofing business: _____ Years
12. Number of full time employees: _____
13. Number of part-time employees: _____
14. List name(s) of all full and part-time employees:

CIRCLE ONE

NAME	POSITION	AGE	LENGTH OF EMPLOYMENT	TIME IN INDUSTRY	UNION TRAINED	
					YES	NO
					YES	NO
					YES	NO
					YES	NO
					YES	NO
					YES	NO
					YES	NO
					YES	NO
					YES	NO
					YES	NO

15. Receipts for previous three years: Year 200____ Receipts \$ _____ Year 200____ Receipts \$ _____
 Year 199____ Receipts \$ _____

16. Do you offer warranties? Yes () No () If yes, attach copy of warrantee.

GENERAL INFORMATION (continued)

- 17. Percentage of work performed within your city limits? _____ %
Percentage of work performed outside your city limits? _____ %
Percentage of work performed outside of your state? _____ %
Total 100%
 - 18. What is the average height of buildings you work on? _____ Stories
What is the highest building you will work on? _____ Stories
 - 19. Where do you dispose of trash/waste/scraps? _____
 - 20. Is this disposal process environmentally safe? Yes () No ()
 - 21. Have you ever used, sold, installed or worked with asbestos? If yes, explain _____

 - 22. _____ % Hot Tar _____ % Torchdown
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DESCRIPTION OF OPERATIONS

- 1. What percent of your work is residential (homes, condominiums)? _____ %
What percent of your work is commercial (office buildings, schools, retail establishments)? _____ %
What percent of your work is industrial (plants, warehouses)? _____ %
Total 100%
 - 2. FOR RESIDENTIAL ROOFING WORK DONE, COMPLETE THE FOLLOWING:
What percentage of work is new construction? _____ %
What percentage of work is repair/patching? _____ %
What percentage of work is replacement? _____ %
Total 100%
What percentage of work is on pitched roofs? _____ %
What percentage of work is on flat roofs? _____ %
Total 100%
Check type of roof work: Hot tar () Shingles () Slate () Other (describe) _____
 - 3. FOR COMMERCIAL ROOFING WORK DONE, COMPLETE THE FOLLOWING:
What percentage of work is new construction? _____ %
What percentage of work is repair/patching? _____ %
What percentage of work is replacement? _____ %
Total 100%
What percentage of work is on pitched roofs? _____ %
What percentage of work is on flat roofs? _____ %
Total 100%
Check type of roof work: Hot tar () Single ply () EPDM () Built up () PVC () Torch Down ()
Percentage of roof work: Hot tar () Single ply () EPDM () Built up () PVC () Torch Down ()
 - 4. FOR INDUSTRIAL WORK DONE, COMPLETE THE FOLLOWING:
What percentage of work is new construction? _____ %
What percentage of work is repair/patching? _____ %
What percentage of work is replacement? _____ %
Total 100%
Check type of roof work: Hot tar () Single ply () EPDM () Built up () PVC ()
Other (describe) _____
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DESCRIPTION OF OPERATIONS (continued)

5. Check work done other than roofing: Waterproofing () Siding () Asbestos () Rain gutters ()
Carpentry () Insulation () Other (describe) _____
6. Do you subcontract any work? Yes () No () If yes, what percentage do you subcontract? _____
7. Check the type of work subcontracted out: Waterproofing () Siding () Hot tar () Rain gutters () Carpentry ()
Insulation () Other (describe) _____
8. What is the annual cost of the work subcontracted out? \$ _____ Yearly
9. Are Certificates of Insurance received on all subcontracted work? Yes () No ()
10. How long are Certificates of Insurance kept? Until job ends () One year () Two years () Three years ()
More than three years () Never kept ()

MATERIALS AND EQUIPMENT

1. List the type of owned equipment used on the job.

2. List any equipment rented and check the frequency of such rental.

EQUIPMENT RENTED

TYPE OF EQUIPMENT	HOW OFTEN DO YOU RENT THIS EQUIPMENT?			
	DAILY	WEEKLY	MONTHLY	YEARLY

PUBLIC PROTECTION

1. Do you have a written safety program? Yes () No ()
2. How do you protect the general public from potential injury? (check one or more)
No protection necessary () Other (describe) _____
3. How are materials lifted to the roof? Ladder () Hoist () Pulley () Crane ()
Other (describe) _____
4. Are materials and equipment left overnight at job site? Yes () No ()
5. In what manner are openings in roof protected overnight? Tarp () Waterproof plywood ()
Never leave openings () Other (describe) _____
6. What on the job precautions do you take when rained on? Leave job immediately () Seal openings ()
Keep on working () Never start job () Remarks (be specific): _____

COVERAGE/LIMITS (TO BE COMPLETED BY PRODUCER)

- | | | | |
|---------------------------------|-----|---------------------------|-------|
| Comprehensive General Liability | () | Completed Operations | () |
| Manufacturers & Contractors | () | Premises Medical Payments | () |
| Owners & Contractors Protective | () | Other (describe) | _____ |
| Contractual | () | Other (describe) | _____ |

LIMITS OF LIABILITY

COVERAGE	EACH OCCURRENCE	AGGREGATE
Combined single limit	\$ _____	\$ _____
Premises medical payment	\$ _____ each person	\$ _____ each accident

RATING INFORMATION DEDUCTIBLE: _____

TERRITORY _____

PREMISES/OPERATIONS	CODE	PAYROLL
Roofing all kinds	17625	\$ _____
Carpentry NOC	17535	\$ _____
Siding	17615	\$ _____
_____	_____	\$ _____
(other classification)		\$ _____
_____	_____	\$ _____
(other classification)		\$ _____

INDEPENDENT CONTRACTORS	CODE	COST
Construction operations	16291	\$ _____
COMPLETED OPERATIONS	CODE	RECEIPTS
Roofing all kinds	17625	\$ _____
Carpentry	17535	\$ _____
Siding	17611	\$ _____
_____	_____	\$ _____
(other classification)		\$ _____
_____	_____	\$ _____
(other classification)		\$ _____

PRIOR CARRIER GENERAL LIABILITY INFORMATION

Has you General Liability coverage been declined, cancelled or non-renewed during the prior 3 years? Yes () No ()

If yes, explain _____

Please provide a minimum of three years information.

YEAR	CARRIER	LIMIT	PREMIUM	LOSSES

Complete the following on any loss over \$1,000.

DATE OF LOSS	TYPE OF LOSS – BI OR PD	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

PRODUCER NAME: _____ PHONE #: _____

PRODUCER ADDRESS: _____

SIGNATURE OF APPLICANT: _____ DATE: _____