



Walter P. Dolle Insurance Agency, Inc.

201 E. Fifth Street•Suite 1000, Cincinnati, Ohio 45202•Telephone (513)421-6515•Fax(513)421-0130

Producer: _____ Wholesaler Retailer

Address: _____

Telephone: _____ Fax: _____

Excess & Surplus Lines License No.: _____

Email: _____ Proposed Effective Date: _____

ROOFING CONTRACTORS SUPPLEMENTAL APPLICATION

Please answer all questions. If the answer to a question is NOT Applicable, please use the phrase N/A.

Applicant Name: _____

Business Address: _____

Length of time in business in the name of the applicant firm: _____

Date established: _____ If the answer to the question is less than (4) years, please provide details of prior experience: _____

States in which the applicant operates: _____

Expiring Insurance Company: _____ Expiring Premium: _____

Exposure Basis		Projected	
Total Annual Receipts:			
Commercial Roofing Payroll	ISO Class 98677		
Residential Roofing Payroll	ISO Class 98678		
Sheet Metal Payroll	ISO Class 98884		
Cost of Subcontracted Work-Insured Subcontractors			
Cost of Subcontracted Work-Uninsured Subcontractors:			
Does applicant obtain a standard written agreement from all subcontractors?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does each subcontractor hold the applicant harmless?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does each subcontractor give the applicant an indemnification agreement?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does each subcontractor agree to add the insured as an Additional Insured?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant obtain certificates of insurance from subcontractors?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant have a tracking system for the certificates of insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the minimum limit the applicant accepts on certificates of insurance?			

Type of Roofing Work Done (Percentage of Overall Work Performed):			
Residential:	%	Replacement:	%
Commercial/Industrial:	%	New Construction:	%
Must Equal 100%	100%	Must Equal 100%	100%
Please describe any other work performed by the applicant:			
Any work done on buildings over three stories tall?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maximum Height at which applicant will work:	Feet		
If the applicant has ever done New Construction work please advise if that work involved:			
Condominium, Townhouse, or Apartment Building Projects		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Single Family Home Tract Housing Projects		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heat Application Work			
Hot Tar Application	%	Modified Bitumen	%
Built-up Roof	%	Ethylene Propylene Diene Monomer	%
Does the risk perform <i>torch applied</i> roofing operations? If Yes , what % of their operations involves torch applied work? _____ % If Yes , what is the minimum fire watch protocol? _____ %		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does insured apply torch down systems to combustible walls and decks?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe the procedure utilized by the applicant to inspect a heat application job-site prior to leaving the site for an extended period of time:			
Equipment			
Does the applicant use cranes or booms?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant own this equipment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the equipment rented or leased without operator?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the equipment rented or leased with operator?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant lease or otherwise provide equipment to others?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the length of cranes or booms?		Feet	
Has the applicant experienced any claim, incident, or circumstance regarding cranes or booms during the past five years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant use scaffolding?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is scaffolding used, owned by the applicant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If rented from others does applicant do so under a rental contract?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inclement Weather Procedures			
Describe the procedure utilized by applicant to determine the possibility of the onset of inclement weather:			
Describe the procedure utilized by the applicant to protect an open roof when leaving a job site for an extended period of time:			

Does insured hire tear off companies when doing re-roofing?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Claims History									
Year	Paid Losses	Reserves	Incurred	Claim Count	Value Date				
1 st Prior									
2 nd Prior									
3 rd Prior									
4 th Prior									
5 th Prior									
Losses greater than \$10,000									
Date of Occurrence	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status				
					Open		Closed		
					Open		Closed		
					Open		Closed		
Has any claim or lawsuit ever been filed against the applicant or any partnership or joint venture of which the applicant has been a member?					<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Has any claim or lawsuit ever been filed against the applicant's predecessors on business?					<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Has any claim or lawsuit ever been filed against any person, company, or entity on whose behalf the applicant has assumed liability?					<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Is the applicant aware of any circumstances, incident, or accusation arising out of roofing operations performed by the applicant, which may give rise to a claim?					<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Policy History									
Policy Period	Revenue	Field Payroll	Subcontractor Cost	Carrier	Premium	SIR/Ded			

Definitions of *italicized terms* are provided at the end of the supplement.

1. **Please attach a job list or a certificate holder list for the last two years.**

2. **ELIGIBILITY**

Enter the percentage of the risk's own payroll and receipts generated from each of the following operations:

Exclude work that the risk subcontractors when determining eligibility percentages.

Operation	Payroll	Receipts
• Roofing	_____ %	_____ %
• Roofing related sheet metal work	_____ %	_____ %
• Roofing related insulation	_____ %	_____ %
• Roofing related waterproofing	_____ %	_____ %
TOTAL	_____ %	TOTAL _____ %

What is the total roofing related payroll for the above classes? \$_____

3. Has the risk ever done any *asbestos abatement* work on the interior of a building, below the roofline?

Yes No

If yes, when and where?

4. Is the risk licensed to do asbestos abatement work?

Yes No

If yes, in what states is the risk licensed?

5. Does the risk perform, now or in the last five years, any new residential projects or condos, townhouses, duplexes, or triplexes with more than 10 units per project?

Yes No

6. Does the risk have a documented and enforced fall protection program?

Yes No

Does the risk's fall protection program meet minimum OSHA requirements?

Yes No

If **No to either question**, the account is **ineligible** for the **RCP** program.

7. Risk is operating as:

General Contractor _____% *Prime Contractor* _____% *Subcontractor* _____%

8. List the states the risk worked in during the last 5 years:

9. Does the risk have any future plans related to work involving condos, townhouses, tract homes, triplexes, or duplexes?

Yes No

If **Yes**, please describe.

10. Does risk have knowledge of any pre-existing act, omission, event, condition, or damage to any person or property that may potentially give rise to any future claim or legal action?

Yes No

If **Yes**, please describe.

If the answers to questions **9** or **10** are **Yes**, please discuss the risk with your underwriter.

11. Indicate the **average** percentage of the risk's TOTAL payroll or sales **during the past 5 years** for the following:

Percentages based on: (check one) Payroll Sales

	NEW		RE-ROOFING		
COMMERCIAL WORK	%		%	=	%
INDUSTRIAL WORK	%		%	=	%
HABITATIONAL WORK BREAKDOWN				=	
<input type="checkbox"/> CONDOMINIUMS (High & Low Rise)	%	+	%	=	%
<input type="checkbox"/> TOWNHOUSES	%	+	%	=	%
<input type="checkbox"/> TRACT HOUSING	%	+	%	=	%
<input type="checkbox"/> TRIPLEXES & DUPLEXES	%	+	%	=	%
<input type="checkbox"/> SINGLE-FAMILY	%	+	%	=	%
<input type="checkbox"/> CUSTOM HOMES	%	+	%	=	%
<input type="checkbox"/> APARTMENTS	%	+	%	=	%
<input type="checkbox"/> Other	%	+	%	=	%
OTHER WORK: PLEASE DESCRIBE:					%
TOTAL (THE TOTAL SHOULD EQUAL 100%)					%

14. Does the risk have an architect or engineer on staff? Yes No
 If **Yes**, does the risk carry professional liability insurance? Yes No
 If **No**, does the risk require that the architect or engineer carry his/her own professional liability insurance? Yes No
15. Does the risk have a quality control program? Yes No
 If **Yes**, is it Informal Documented
16. Does the risk retain job files? Yes No
 If **Yes**, how long are they retained? _____
17. Does the insured have a New Hire Orientation Program with pre-physicals, drug screening, etc.? Yes No
18. Are safety meetings held on a quarterly basis? Yes No
 a. Do managers and employees attend? Yes No
 b. If less than quarterly, how often? _____
 c. Are attendance records kept? Yes No
19. Has the risk been cited for any OSHA violations in the last three years? Yes No
 If **Yes**, please explain.

-
20. Is the risk a member of NRCA? Yes No
 Answering this question is optional; membership in an association is not a requirement for insurability.

GENERAL INFORMATION NEEDED FOR MULTI LINE ACCOUNTS:

Business Name and mail address

FEIN#

Year business started

Prior carrier information (carrier name/names and years insured with)

5-year loss runs

PROPERTY

Complete address for each insured location – indicate whether owner or tenant occupied and confirm occupancy of property.

100% Building/Contents/Business Income-Extra Expense/Rental Income Limits

Year Built

Type of Construction

of stories

Sprinklered/Non-sprinklered

Year Built

Total Square Footage

AUTO

Driver List to include: Name, Date of Birth, License #, State where licensed

Vehicle List to include: Year, Make Model Serial # and Cost New

Where vehicle is garaged and radius of use

How vehicle is used: Delivery, Service, Personal

Total # of employees

INLAND MARINE

Provide a list of equipment/tools that leave the premises. List to include:

Model year, description of item, serial # and value

Maximum value of rented/leased equipment

Annual cost insured pays to rent/lease equipment

Maximum value of equipment insured installs at any one job site:

Total Annual Installation Receipts

CRIME

Employee Dishonesty Limit / Forgery Limit

of officers / # of other employees

Is there an audit? How frequent? Does Audit include Inventory?

Are bank accounts reconciled by someone not authorized to deposit or withdraw?

Is countersignature of checks required? If not, who signs?

Will securities be subject to joint control of two or more responsible employees?

Are all officers and employees required to take annual vacations of at least five consecutive days?

WORKERS COMPENSATION

States where coverage is needed and address if available.

Payroll by classifications for each

DEFINITIONS

Asbestos: Asbestos is present in many forms in the roofing industry. It is commonly referred to as ACRM or “asbestos containing roofing material” which is defined as material containing 1% or more of asbestos. It can be present in cements, coatings, sealants, mastics, flashing material, felts, shingles, and tiles. Based on the variety of materials containing asbestos in the roofing industry, we view the asbestos exposure as inherent to roofing operations.

Asbestos Abatement: Roofing contractors who come in contact with asbestos while performing the normal activities of their trade, whether it is roof tear-off work, renovations, new installations, or maintenance work, and operating exclusively on the outside of buildings, are eligible for this program. Once an activity requires work on the inside of a building, below the roof deck, the removal of any ACRM becomes true “abatement” work and is not eligible for this program.

General Contractor: A contractor who subcontracts work to others in excess of 50% of total receipts, exercises primary control of the job site, and is named in the construction documents as the general contractor of record.

Prime Contractor: The principal contractor on a project; any contractor on a project having a contract directly with the owner.

Torch Applied Roofing: This process, which is also called torch welding, involves a modified bitumen installed on a roofing deck by means of a torch. A membrane is laid on the roof, heated by a torch, and allowed to cool so that the material solidifies in place. The asphalt component in the membrane serves as an adhesive between the surface material and roof substrate.

Producer's Signature

Date

Applicant's Signature

Date