

Application for The Roofers Edge Program

SECTION I – GENERAL INFORMATION

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1.	Name of Applicant: _____	Requested Effective Date: _____
	DBA: _____ <i>(If applicable, include DBA or Trade Name)</i>	
	Do you conduct Business under any other Name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Name(s) on a separate paper.	
2.	Mailing Address: _____ <i>(Street)</i>	
	_____ <i>(City)</i>	_____ <i>(County)</i>
	_____ <i>(State)</i>	_____ <i>(Zip Code)</i>
	Physical Address: _____ <i>(Street)</i>	
	_____ <i>(City)</i>	_____ <i>(County)</i>
	_____ <i>(State)</i>	_____ <i>(Zip Code)</i>
	Do you have any other Location(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Location Address(es) on a separate paper.	
3.	Business Owner(s): _____	Percentage(s) of Ownership: _____ % _____ %
4.	Phone: _____	Email: _____
	Fax: _____	Website: _____
5.	Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other (Describe): _____	
6.	Number of years in business under the above name: _____	
	Additional years of Owner's Roofing experience: _____	Additional years of Manager's Roofing experience: _____
	If applicable, describe Owner's prior Roofing experience: _____	
	If applicable, describe Manager's prior Roofing experience: _____	

SECTION II – BUSINESS ORGANIZATIONAL DATA

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1.	Does the Applicant/Owner currently own any other Entities or operate any other Businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No
	A. If yes, please explain <u>and</u> verify that separate General Liability insurance is in place for these operations: _____
2.	Does the Applicant/Owner (Applicant being the Parent Company) currently own any Subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No
	A. If yes, please explain: _____
3.	Is the Applicant/Owner currently listed as a Subsidiary of any other Company? <input type="checkbox"/> Yes <input type="checkbox"/> No
	A. If yes, please explain: _____

SECTION III – RISK MANAGEMENT

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1.	Total # of Employees: _____	Total # of F/T Employees: _____	Total # of P/T Employees: _____
2.	Total # of Foremen: _____	Total # of Laborers: _____	
3.	Do you have a Training Program for all new Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	A. If yes, please describe: _____		
4.	Do you and/or your Foremen attend at least one Roofing Contractor Safety School Seminar each year? <input type="checkbox"/> Yes <input type="checkbox"/> No		

5.	Do you and/or your Foremen attend at least one OSHA Certification Class each year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are all Employees subject to random Drug Testing? If yes, please answer A-B.	<input type="checkbox"/> Yes <input type="checkbox"/> No
A.	Is the entire testing process handled by an independent Drug Testing company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.	Are all test results provided directly from an independent Drug Testing company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Is Fall Protection utilized at all jobsites? A. If yes, please describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Do you have a Safety Program in place? A. If yes, please describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Do you conduct regular Safety Meetings (e.g. Tool-box Meetings)? If yes, please answer A-B.	<input type="checkbox"/> Yes <input type="checkbox"/> No
A.	How often do these meetings take place? _____	
B.	Do you document who attends these meetings and which topics are discussed during each meeting and maintain this documentation as required by OSHA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Describe how you protect the public from potential injury at each job site: _____	
11.	When you are not at the jobsite, how are roof openings protected? _____	
12.	Do you offer any warranties for your own work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	How long do you retain job files? _____ Years	
14.	Do you utilize an Incident and/or Accident Reporting Form? A. If yes, do you maintain these forms for a minimum of 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Are you an active member of any State and/or National Trade Association? A. If yes, please list: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	What is your current Workers Compensation Experience Modification? _____	

SECTION IV – OPERATIONS

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1.	Describe the Owner's duties or involvement in the daily operations: _____
2.	Describe the Manager's duties or involvement in the daily operations: _____
3.	Percentage of Roofing operations over 3 stories: _____ %
4.	Provide a percentage breakdown of your operations based on your annual Gross Sales (must equal 100%) : Commercial Roofing _____ % Residential Roofing _____ %
5.	Provide a percentage breakdown of your Commercial Roofing operations based on your annual Gross Sales (must equal 100%) : Commercial New Roofs on Ground Up Projects _____ % Commercial Re-roofs on Existing Buildings _____ % Commercial Roof Repairs _____ %
6.	Provide a percentage breakdown of your Residential Roofing operations based on your annual Gross Sales (must equal 100%) : Residential New Roofs on Ground Up Projects _____ % Residential Re-roofs on Existing Homes _____ % Residential Roof Repairs _____ %
7.	Describe Roof Type by percentage based on your annual Gross Sales (must equal 100%) : Flat _____ % Pitched _____ % Other _____ % Describe Other: _____

8. Describe Roof Type by percentage based on your annual Gross Sales (**must equal 100%**):
 Shingle _____ % Slate/Tile _____ % Metal _____ % Asphalt & Gravel _____ % Rubber _____ %
 Hot Tar and/or Heat Applications _____ % Other _____ % Describe Other: _____

9. If your Roofing operations include Hot Tar and/or Heat Application work, please answer questions A-G (**if not, skip to question 10**):

A. Do you have at least 2 years of experience working with these methods? Yes No
 B. Is a certified, fully charged 15 lb. (or larger), dry chemical Fire Extinguisher kept at the job site? Yes No
 C. How long does your Fire Watch Program require you to remain on the job site after completion of work to inspect and document that there are no hot spots? _____
 D. Do you use a thermal barrier when installing torch applied roofing materials over a combustible base? Yes No
 E. Are all heating kettles equipped with automatic shut-off valves to prevent overheating? Yes No
 F. Are all heating kettles inspected and serviced in accordance with the Manufacturer's specification? Yes No
 G. Describe the Training Program provided for Employees working with these methods: _____

10. Percentage of your total operations performed Directly vs. Indirectly based on your annual Gross Sales (**must equal 100%**):
 Directly for the Customer _____ % Indirectly as a Subcontractor _____ %

11. Do you hire Subcontractors? Yes No
If yes, please answer A-H.
 A. What percentage of your total operations is subcontracted to others? _____ %
 B. What are your annual subcontracted costs? \$ _____
 C. What type of work is subcontracted to others? _____
 D. Do you obtain a Certificate of Insurance from each Subcontractor evidencing General Liability and Workers Compensation Limits and Coverages equal to, or greater than, your own General Liability and Workers Compensation Limits and Coverages? Yes No
 E. Do you require all Subcontractors to add you onto their General Liability policy as an Additional Insured? Yes No
 F. Are all Certificates of Insurance kept on file for a minimum of 5 years? Yes No
 G. Do you require all Subcontractors to contractually hold you harmless? Yes No
 H. Is each Subcontractor required to sign your Subcontractor Agreement/Contract? Yes No

12. Do you use an independent Carting Service to remove your construction debris from each job site? Yes No

13. Have you ever used, sold, installed, removed and/or worked with asbestos? Yes No

14. Have you ever used, sold, installed, removed and/or worked with EIFS? Yes No

15. Do you lease/rent equipment to others? Yes No

16. Do your operations include any manufacturing, other than for your own installations? Yes No

17. Provide a percentage breakdown of your operations, by State, based on your annual Gross Sales (**must equal 100%**):
 New York _____ % Connecticut _____ % Massachusetts _____ %
 New Jersey _____ % Pennsylvania _____ % Other _____ % List State: _____

18. Provide a percentage breakdown of your **New York** operations based on your annual Gross Sales (**must equal 100%**):
 Operations in the 5 Boroughs of New York City _____ % Operations in Nassau and/or Suffolk Counties _____ %
 Operations in Westchester County _____ % Operations in the Remainder of New York State _____ %

19. Provide your Annual Gross Sales for the last 3 years:
 Expiring Year \$ _____ 1st Prior Year \$ _____ 2nd Prior Year \$ _____

20. Provide your annual Gross Sales and Payroll for the current year for all applicable operations listed below:

Operation	Class Code	Estimated Annual Gross Sales for the Current Year	Estimated Annual Gross Payroll for the Current Year
Roofing – Commercial	98677	\$	\$
Roofing – Residential	98678	\$	\$
Sheet Metal Work – Shop Only	58922	\$	\$
Sheet Metal Work – Outside	98884	\$	\$
Carpentry	91342	\$	\$
Contractors Permanent Yard	91590	\$	\$
Siding and/or Gutter Installation	98967	\$	\$
Waterproofing	99955	\$	\$
Executive Supervisor	91580	\$	\$
Other – please describe:		\$	\$

21. List your 5 largest jobs completed within the last 2 years:			
	Description of Roofing Work Performed - including Location and Number of Stories	Date Completed	Cost of Job
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

SECTION V – PRIOR GENERAL LIABILITY INSURANCE

1. Provide Insurance Company Names and your Payroll, Limits, Deductibles and Premiums for the last 5 years:					
Year	General Liability Insurance Company Name	Total Annual Payroll	General Liability Limits	General Liability Deductible	General Liability Premium
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
2. In the last 5 years, has your General Liability insurance been Declined, Cancelled or Non-renewed?					<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, please explain why: _____					

SECTION VI – GENERAL LIABILITY CLAIMS HISTORY

1. Provide details for the last 5 years - if none, please state "none":			
Date of Loss	Description of Loss	Open/Closed?	Total Incurred
			\$
			\$
			\$
			\$
			\$

PLEASE ATTACH A COPY OF EACH OF THE FOLLOWING ITEMS:

1. TRAINING PROGRAM (additional consideration may be given for the inclusion of this document).
2. SAFETY PROGRAM (additional consideration may be given for the inclusion of this document).
3. CUSTOMER WARRANTY (if applicable).
4. FIRE WATCH PROGRAM (if applicable).
5. SUBCONTRACTOR AGREEMENT/CONTRACT (if applicable).
6. CURRENTLY VALUED GENERAL LIABILITY INSURANCE CARRIER LOSS RUNS FOR THE LAST 5 YEARS.

Applicant and Producer Signatures

APPLICANT: I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL **ONLY** PROVIDE INSURANCE FOR ROOFING OPERATIONS. I FURTHER UNDERSTAND THAT NO COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESS, OPERATIONS OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR AN ADDITIONAL PREMIUM. I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS TO BE ISSUED. PROVIDING FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS FRAUD, WHICH IS A CRIME IN MANY STATES.

Applicant's Signature:		Date:	
Applicant's Name:		Applicant's Title:	
Producer's Signature:		Producer's Name:	