



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.nееее.com

## ROOFING CONTRACTOR'S SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

### GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:			Agency/Agent:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Number:		
Effective Date:			
Website:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:	

Please attach copies of the following:

- Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- A brochure, description of operations, or marketing materials if a website is not available

3)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4)

Your premise address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5)

Audit/Inspection contact: \_\_\_\_\_

a. Phone number: \_\_\_\_\_

b. Email: \_\_\_\_\_

6)

In what states do you operate? \_\_\_\_\_

7)

Are you licensed in all states in which you operate? Yes  No

a. License Number(s): \_\_\_\_\_

8)

Are you a member of the National Roofing Contractors Association? Yes  No

a. If yes, what is your membership ID number? \_\_\_\_\_

9) Please complete the following for your revenue history and projections:

	<b>Estimated Upcoming Year</b>	<b>Last 12 Months</b>	<b>1 Year Prior</b>	<b>2 Years Prior</b>	<b>3 Years Prior</b>
Gross Annual Receipts – Residential Work					
Gross Annual Receipts – Commercial/Industrial Work					
Employee Payroll					
Cost of Subcontracted Work – Residential					
Cost of Subcontracted Work – Commercial/Industrial					

10) Please complete the following table for your breakdown of work. Check all that apply:

<b>Operation:</b>	<b>Percentage of Total Operations:</b>	<b>Percentage of Work Done by Your Employees:</b>	<b>Percentage of Work Done by Subcontractors:</b>	<b>Revenue from Operation:</b>
<input type="checkbox"/> New Residential Construction – Single Family - Tract				
<input type="checkbox"/> New Residential Construction – Single Family - Custom				
<input type="checkbox"/> New Residential Construction – Condominium/Townhouse				
<input type="checkbox"/> New Commercial Construction (inc'l Apartment)				
<input type="checkbox"/> Residential Patch/Repair – Single Family				
<input type="checkbox"/> Residential Patch/Repair – Condominium/Townhouse				
<input type="checkbox"/> Commercial Patch/Repair (inc'l Apartment)				
<input type="checkbox"/> Residential Replacement – Single Family				
<input type="checkbox"/> Residential Replacement – Condominium/Townhouse				
<input type="checkbox"/> Commercial Replacement (inc'l Apartment)				
<input type="checkbox"/> Waterproofing				
<input type="checkbox"/> Siding Installation or Repair/Replacement				
<input type="checkbox"/> Asbestos Removal				
<input type="checkbox"/> Rain Gutter Installation or Repair/Replacement				
<input type="checkbox"/> General Carpentry				

<input type="checkbox"/> Insulation Installation or Replacement – Other than Foam				
<input type="checkbox"/> Insulation Installation or Replacement – Foam				
<input type="checkbox"/> EIFS/Synthetic Stucco Installation or Repair/Replacement				
<input type="checkbox"/> Home Exterior Cleaning/Power Washing/Gutter Cleaning				
<input type="checkbox"/> Home Exterior Painting				
<input type="checkbox"/> Other New Construction: _____				
<input type="checkbox"/> Other Patch/Repair: _____				
<input type="checkbox"/> Other Replacement: _____				
<b>TOTAL</b>	100%			

11) Please complete the following for the type of roof work you are performing:

Type of Work	Percentage of Residential Roofing Work	Percentage of Commercial/Industrial Roofing Work
On pitched roofs		
On flat roofs		
On other: _____		
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>
Hot Tar		
Tile		
Single Ply		
Slate		
EPDM		
Shingles		
Built Up		
PVC		
Metal		
Other: _____		
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>

12) Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked? Yes  No

13) Do you own or rent any cranes? Yes  No   
a. If yes, how many do you own? \_\_\_\_\_  
b. How many do you rent? \_\_\_\_\_

c. Are rentals with operator? Yes  No

d. Please attach a schedule of cranes utilized.

14) Do you rent any other equipment? Yes  No

a. If yes, what equipment? \_\_\_\_\_  
\_\_\_\_\_

b. Are any of these rentals with operator? Yes  No

15) Describe your last 5 projects:

Description	Dollar Value
1.	
2.	
3.	
4.	
5.	

16) Describe your 5 largest projects:

Description	Dollar Value
1.	
2.	
3.	
4.	
5.	

17) Do you do any hot tar or torch work? Yes  No

a. If yes, what percentage of your work involves torches? \_\_\_\_\_

b. Is all such work performed by employees or contractors certified by the National Roofing Contractors Association or a similar industry organization? Yes  No

c. Please describe your pre-work area preparation, during work monitoring, and post work fire watch procedures and safety protocols to prevent fires: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18) Describe your weather infiltration prevention procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19) On average, how many stories height do you perform work? \_\_\_\_\_

20) What is the maximum height/number of stories you will work on? \_\_\_\_\_

21) How many of your employees are union? \_\_\_\_\_

22) How many of your employees are non-union? \_\_\_\_\_

23) How many job supervisors/foremen do you employ? \_\_\_\_\_

24) Are all jobs inspected by a job supervisor or foreman upon completion of work, but before leaving the job site? Yes  No

a. If yes, please describe this process. If no, please clarify how you manage work quality control: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25) If you are hiring subcontractors, please clarify the following:

- a. Do you usually hire the same subcontractors? Yes  No
- b. Are subcontractors always insured? Yes  No 
  - + If yes, what General Liability limits do you require subs to carry? \_\_\_\_\_
  - + Do you confirm if these subs carry Workers Compensation insurance? Yes  No
- c. Do you obtain certificates of insurance from all subcontractors? Yes  No
- d. Are you named as an Additional Insured on all subcontractors' policies? Yes  No
- e. Do you have a written contract with your subcontractors? Yes  No
- f. Do all contracts contain a Hold Harmless clause in your favor? Yes  No
- g. Do you use any leased employees? Yes  No 
  - + If yes, are you responsible for providing Worker's Comp for these employees? Yes  No
- h. Do you carry Worker's Compensation insurance? Yes  No
- i. Does your Worker's Comp policy include temporary/casual laborers? Yes  No

### WORKSITE SAFETY

26) Do you have a formal safety program? Yes  No

27) What employee fall protection equipment and procedures are in place? \_\_\_\_\_  
\_\_\_\_\_

28) Are you or your subcontractors involved in projects where removal of hazardous materials, asbestos, lead-based paints or chemical contamination is required? Yes  No

a. If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

29) What precautions are taken to protect the public from injury? Check all that apply:

- Cones
- Signs
- Area Roped/Barricaded Off
- Other: \_\_\_\_\_

### COVERAGE AND LOSS HISTORY

30) Has any licensing authority ever taken action against you or any of your employees? **If yes, please attach an explanation and copies of any regulatory authority letters.** Yes  No

31) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. **If yes, please attach an explanation.** Yes  No

32) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability? *For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration.* **If Yes, please attach an explanation including the name(s) of the person, company or entity** Yes  No

**and the name(s) and location(s) of the projects where such operations were performed.**

- 1) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages, or accidents (including but not limited to allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction work injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? **If Yes, please attach an explanation including the name(s) and location(s) of the projects where such operations were performed.** Yes  No

#### FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_