

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

## ROOFERS SUPPLEMENTAL (Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Loca	tion Address	Street	City	County	State	ZIP Code	
BUS		MATION					
1.		ars' experience as a con	tractor:				
2.	Annual Payrol	•		Gross Sales: S	6		
3.	# of Employees:			# of Owners:	<del>۲</del>		
4. Receipts for previous three years:							
	Year 20	\$	Year 20	\$	Year 20	\$	
5.	Percent of you	Ir work performed by or	on behalf of the name	d insured:			
	New Construc	•	Remodeling	%	Repairs	% = 100%	
	Residential	%	Commercial	%	= 100%		
6.	List any roofin	g/builder associations in	which you are a mem	ber:			
		-					
7.	For the last three (3) years, list five (5) largest jobs and types:						
-	(1)						
	(2)						
	(3)						
	(4)						
	(5)						
8.	Do you have any past or pending construction defect claims?						
	If yes, describe	e in detail:					
DES	CRIPTION OF	OPERATIONS					
1.	Describe your	operations (apartment/o	condo building, residen	tial or commercia	al):		
2.		roof and give percentag					
	Hot Tar	%	Shingles	%	Metal	%	
	🗌 Tile	%	Slate	%	Single Ply	%	
-	Other	% [	Describe:				
3.	Indicate work done other than roofing:						
	Waterproc	ofing 🗌 Siding	Asbestos Remo	oval 🗌 Rain	Gutters		
	Carpentry	Insulation	Welding				
-	Other (des	scribe):					
4.	If hot tar or tor	ch is used, explain the p	process:				
-							
	Safety precaut	tions used:					
5.	Are hot tar kettles roped off?						
6.	Do you mainta	in a fire watch during ar	nd after hot work comp	letion (including	break periods)?	Yes 🗌 No	

7.	How long do you maintain the fire watch during and after hot work completion (including break periods)?						
8.	Is the job site inspected after completion of hot work and an activity log documented with the time and date of the final check?						
9.	How long is the hot work activity log maintained?						
10.	Do you have at least three years of experience with hot tar? Yes No						
11.	Do you have any incidental welding exposures in your roofing business?						
12.	Do you use any unusual processes?						
	If yes, include name of manufacturer and training in the process:						
	··· ) ··· , ··· · ··· ··· ··· ··· ··· ··						
13.	Indicate type of work subcontracted out:						
10.	□ Waterproofing □ Siding □ Asbestos Removal □ Rain Gutters						
	Carpentry Insulation Other (describe):						
14.							
15.	Indicate how long Certificates of Insurance are kept:						
10.	Until job ends One year Two years Three years						
	☐ More than three years ☐ Never kept						
16.	Do you offer warranties? Yes No						
10.	If yes, attach copies of warranty.						
17.	Average height of buildings you work on:       stories       Highest building you will work on:       stories						
18.	Have you ever used, sold, installed or worked with asbestos?						
10.	If yes, explain:						
19.	List types of owned or used equipment on the job: Daily Weekly Monthly Yearly						
10.							
20.	How do you protect the general public from potential injury? (Check one or more)						
20.	□ Rope off work area □ Signs □ Cones □ Flashing lights □ Man always on the ground						
	<ul> <li>☐ No protection necessary</li> <li>☐ Other (describe):</li> </ul>						
21.	ow are materials lifted to the roof?						
21.	Ladder Hoist Pully Crane Other (describe):						
22.							
23.	Are materials and equipment left overnight at job site?  Yes  No Openings in roof are protected overnight by:						
20.							
	☐ Tarp ☐ Waterproof plywood ☐ Never leave openings ☐ Weather watch prior to leaving job ☐ Other (describe):						
24.	Are all jobs inspected by a foreman or the contractor at completion before leaving the job site? Yes No						
	LARATION						
	CLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.						
	art of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning						
	acter, general reputation, and credit history. Upon your written request, additional information as to the nature and						
	e of the report, if one is made, will be provided.						
SIG	IATURES						
Applie	ant Signature Title Date						
Produ	cer Signature Date						
Agen	Name and Address						
, you							