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

| Proposed First Named Insured & Other Named Insured(s): |  |                       |                       |                 |            |          |  |  |
|--|--|-----------------------|-----------------------|-----------------|------------|----------|--|--|
| Loca   | ation Address Street   |                       | City                  | County          | State      | ZIP Code |  |  |
| BUSINESS INFORMATION                                   |  |                       |                       |                 |            |          |  |  |
| 1.   | Number of years' expe  | erience as a contr    | actor:                |                 |            |          |  |  |
| 2.   | Annual Payroll: \$   |                       |                       | Gross Sales: \$ |            |          |  |  |
| 3.   | # of Employees:  |                       |                       | # of Owners:    |            |          |  |  |
| 4.   | Receipts for previous t  | hree years:           |                       |                 |            |          |  |  |
|  | Year 20 \$   |                       | Year 20               | \$              | Year 20    | \$       |  |  |
| 5.   | Percent of your work p   | erformed by or o      | n behalf of the name  | ed insured:     |            |          |  |  |
|  | New Construction   | %                     | Remodeling            | %               | Repairs    | % = 100% |  |  |
|  | Residential  | %                     | Commercial            | %               | = 100%     |          |  |  |
| 6.   | List any roofing/builder   | r associations in v   | which you are a men   | nber:           |            |          |  |  |
| 7.   | For the last three (3) y (1)   | ears, list five (5) I | argest jobs and type  | es:             |            |          |  |  |
|  | (2)  |                       |                       |                 |            |          |  |  |
|  | (3)  |                       |                       |                 |            |          |  |  |
|  | (4)  |                       |                       |                 |            |          |  |  |
|  | (5)  |                       |                       |                 |            |          |  |  |
| 8.   | Do you have any past   | or pending const      | ruction defect claims | s? 🗌 Yes 🗌      | ] No       |          |  |  |
|  | If Yes, describe in deta   | ail:                  |                       |                 |            |          |  |  |
|  |  |                       |                       |                 |            |          |  |  |
|  |  |                       |                       |                 |            |          |  |  |
|  | CRIPTION OF OPERA  |                       |                       |                 |            |          |  |  |
| 1.   | Describe your operations (apartment/condo building, residential or commercial):              |                       |                       |                 |            |          |  |  |
|  |  |                       |                       |                 |            |          |  |  |
| ~  |  |                       |                       |                 |            |          |  |  |
| 2.   | Check type of roof and   |                       |                       | 0/              |            | 0/       |  |  |
|  | Hot Tar  | %                     | Shingles              | <u>%</u>        |            |          |  |  |
|  |  | <u>%</u>              | Slate                 | %               | Single Ply | %        |  |  |
|  | Other  |                       | escribe:              |                 |            |          |  |  |
| 3.   | Indicate work done oth   | -                     |                       |                 | 0 //       |          |  |  |
|  | Waterproofing  | Siding                | Asbestos Rem          | oval 📋 Rair     | n Gutters  |          |  |  |
|  | Carpentry  | Insulation            | Welding               |                 |            |          |  |  |
| 4  | Other (describe):  |                       |                       |                 |            |          |  |  |
| 4.   | If hot tar or torch is use   | eu, explain the pr    | UCESS:                |                 |            |          |  |  |
|  | Safety precautions use   | ed:                   |                       |                 |            |          |  |  |
| 5.   | Are hot tar kettles roped off? Yes No  |                       |                       |                 |            |          |  |  |
| 6.   | Do you maintain a fire watch during and after hot work completion (including break periods)? |                       |                       |                 |            |          |  |  |

| 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 h  |                               |                |  |  |  |  |
| 11.  | Do you have any incidental welding exposures in you  | r roofing business? 🛛 Yes 🗌 I | No             |  |  |  |  |
| 12.  | Do you use any unusual processes? 🛛 Yes 🗌 No   |                               |                |  |  |  |  |
|  | If Yes, include name of manufacturer and training in the process:  |                               |                |  |  |  |  |
| 13.  | Indicate type of work subcontracted out:   |                               |                |  |  |  |  |
|  | 🗌 Waterproofing 🔄 Siding 🔄 Asbestos Removal 📄 Rain Gutters   |                               |                |  |  |  |  |
|  | Carpentry Insulation Other (describe):   |                               |                |  |  |  |  |
| 14.  | Are Certificates of Insurance (of equal limits) received on all subcontracted work?  |                               |                |  |  |  |  |
| 15.  | Indicate how long Certificates of Insurance are kept:  |                               |                |  |  |  |  |
|  | Until job ends One year Two years Three years  |                               |                |  |  |  |  |
|  | ☐ More than three years ☐ Never kept   |                               |                |  |  |  |  |
| 16.  |  |                               |                |  |  |  |  |
|  | 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?  Yes No   |                               |                |  |  |  |  |
|  | If Yes, explain:   |                               |                |  |  |  |  |
| 19.  | List types of owned or used equipment on the job:  | Daily Weekly                  | Monthly Yearly |  |  |  |  |
|  |  |                               |                |  |  |  |  |
|  |  |                               |                |  |  |  |  |
| 20.  | How do you protect the general public from potential   | injury? (Check one or more)   |                |  |  |  |  |
|  | □ Rope off work area □ Signs □ Cones □ Flashing lights □ Man always on the ground  |                               |                |  |  |  |  |
|  | □ No protection necessary □ Other (describe):  |                               |                |  |  |  |  |
| 21.  | How are materials lifted to the roof?  |                               |                |  |  |  |  |
|  | 🗌 Ladder 🔲 Hoist 🔲 Pully 🔲 Crane 🔲 Other (describe):   |                               |                |  |  |  |  |
| 22.  | Are materials and equipment left overnight at job site   | ? 🗌 Yes 🗌 No                  |                |  |  |  |  |
| 23.  | Openings in roof are protected overnight by:   |                               |                |  |  |  |  |
|  | Tarp Waterproof plywood Never leave openings Weather watch prior to leaving job  |                               |                |  |  |  |  |
|  | Other (describe):  |                               |                |  |  |  |  |
| 24.  | 24. Are all jobs inspected by a foreman or the contractor at completion before leaving the job site? Yes No                      |                               |                |  |  |  |  |
| IMPORTANT NOTICE   |  |                               |                |  |  |  |  |
| DECLARATION  |  |                               |                |  |  |  |  |
| I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.  |  |                               |                |  |  |  |  |
| As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided. |  |                               |                |  |  |  |  |
| SIGNATURES   |  |                               |                |  |  |  |  |
| Applicant Signature     Title     Date   |  |                               |                |  |  |  |  |
|  |  |                               |                |  |  |  |  |
| Produ  | Producer Signature Date  |                               |                |  |  |  |  |
|  |  |                               |                |  |  |  |  |
|  |  |                               |                |  |  |  |  |