

Roofers Supplemental Application



AmTrust E&S Insurance Services
An AmTrust Financial Company

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 P.O. Box: _____ City: _____ State: _____ Zip Code: _____
 Telephone: _____ Website: _____
 State(s) / Area of Operation: _____ Licensed for Business in State(s): _____
 Years in Business: _____ Contractor License #: _____
 Are you a member of any Roofing Association? Yes No
 If YES, which one(s)? _____

Section II – Historical Exposures

1. Please provide historical receipts, payroll and cost of subcontracted work.

Year	Direct / W2 Payroll	Temp 1099 Payroll	Subcontracting Costs	Gross receipts
Current Year	\$	\$	\$	\$
2nd Prior Year	\$	\$	\$	\$
3rd Prior Year	\$	\$	\$	\$
Projected next 12 Months	\$	\$	\$	\$

Section III – Operations Performed

1. Please indicate type and percent of roofing done by the applicant or subcontractors as well as gross receipts for each category.

Type of Roofing Work	By Applicant	By Subcontractor	Gross Receipts
Residential			
<input type="checkbox"/> Repair, Remodel or Re-roof of individual Dwellings	%	%	\$
<input type="checkbox"/> Repair, Remodel or Re-roof of multi-family Dwellings	%	%	\$
<input type="checkbox"/> Additions onto Individual Dwellings	%	%	\$
<input type="checkbox"/> Additions onto Condominiums or Townhomes	%	%	\$
<input type="checkbox"/> New Construction – Individual or Custom Dwellings only	%	%	\$
<input type="checkbox"/> New Construction – Tract, Condominium or Townhomes	%	%	\$
Commercial			
<input type="checkbox"/> Repair, Remodel or Re-roof (other than apartments)	%	%	\$
<input type="checkbox"/> Repair, Remodel or Re-roof of Apartments	%	%	\$
<input type="checkbox"/> New Construction	%	%	\$
<input type="checkbox"/> New Construction of Apartments	%	%	\$
Industrial			
<input type="checkbox"/> New Construction	%	%	\$
<input type="checkbox"/> Repair/Re-roof	%	%	\$
<input type="checkbox"/> Other: Please describe: _____	%	%	\$

Section III – Operations Performed (continued)

2. Have you performed any work on new condominiums, townhomes or tract homes in the past 10 years? Yes No
If YES, was any of the work done in the state(s) of AZ, CA, CO, FL, NV, OR, UT or WA? Yes No
3. Do you intend to perform any work on new condominiums, townhomes or tract homes in the future? Yes No

Section IV – Type of Roofing Work

1. Please indicate type and percentages of roofing systems installed by applicant or subcontractors. (Check all that apply.)
- | | | | | | |
|---|---------|---|---------|--|---------|
| <input type="checkbox"/> Asphalt Shingles | _____ % | <input type="checkbox"/> Fiberglass Shingles | _____ % | <input type="checkbox"/> Wood Shake/Shingle | _____ % |
| <input type="checkbox"/> Clay or Concrete Tile | _____ % | <input type="checkbox"/> Slate | _____ % | <input type="checkbox"/> Thermoplastic Membranes | _____ % |
| <input type="checkbox"/> Metal Roof Systems | _____ % | <input type="checkbox"/> EPDM/Membrane | _____ % | <input type="checkbox"/> Spray Polyurethane Foam | _____ % |
| <input type="checkbox"/> Built-Up Asphalt/Hot Tar | _____ % | <input type="checkbox"/> Modified Bitumen | _____ % | <input type="checkbox"/> Pre-Engineered | _____ % |
| <input type="checkbox"/> "Green Roof" Systems | _____ % | <input type="checkbox"/> Other: Describe: _____ | | | |
2. Does applicant use Tar Kettles or Heat Process Equipment in roofing operations? Yes No
If YES, which of the following jobsite safety procedures are followed? (Check all that apply.)
- All kettles or heat processing equipment are placed at ground level.
 - Barriers are present which prohibit the general public from entering the jobsite.
 - 15 lb. or larger charged ABC extinguishers are present at all jobsites.
 - Personnel remain at jobsite for at least 30 minutes after equipment has been shut off or removed.
3. Does the applicant perform torch-applied roofing operations? Yes No
- a. If YES, what percent of their operations involves torch-applied work? _____ %
 - b. Are all applicators NRCA/MRCA CERTA trained? Yes No
4. Does the Applicant use any spray application methods for roofing materials? Yes No
If YES, are flammable liquids or catalysts used? Yes No
Please describe the process:

Section V – Operations and Procedures

1. Any exterior work performed above three stories in height from grade? Yes No
If YES, answer the following:
- a. What is maximum height of the buildings you work on? _____ ft
 - b. Does the applicant have a documented and enforced fall protection program? Yes No
 - c. Does the risk's fall protection program meet minimum OSHA requirements? Yes No
2. Are all jobs inspected at completion prior to leaving the jobsite for any period of time? Yes No
If YES, do inspections include the date and time the inspection was completed? Yes No
3. Are all open-roof exposures protected prior to leaving the jobsite? Yes No
If YES, describe the procedure utilized to protect an open roof when leaving a jobsite for an extended period.
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4. Describe the procedure utilized to determine the possibility of the onset of inclement weather.
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5. Does the applicant use cranes or booms? Yes No
- a. If YES, what size? Tons: _____ Boom length: _____
 - b. If YES, are the cranes owned or rented? Owned Rented (if rented, attach rental agreement)
 - c. If owned, is equipment under a regular maintenance schedule? Yes No
 - d. If rented, is equipment rented with operator? Yes No

Section V – Operations and Procedures (continued)

6. Does the applicant use scaffolding? Yes No
- a. Is scaffolding used owned by applicant? Yes No
- b. If rented from others, does applicant do so under rental control? Yes No
7. Does applicant rent or lease cranes, scaffolding, mobile equipment or other machinery to others? Yes No
- a. What type of equipment is rented with operator? _____
- b. What type of equipment is rented without operator? _____

Section VI – Jobsite Safety

1. Does the applicant have a formal safety program in place? Yes No
2. Does your safety program contain the following written procedures? Yes No
- Please check all that apply:
- Safety rules & regulations Fall protection requirements Subcontractor safety requirements
- Safety meetings Substance abuse prevention Fire prevention/protection training
- Site safety inspections Accident investigation/reporting Hazardous material handling
3. Does the applicant offer an orientation/training program for new or transferred employees? Yes No
4. Does the applicant mandate the use of Personal Protective Equipment (PPE)? Yes No
5. Is applicant complying with all state & OSHA regulations? Yes No
6. Has the applicant been cited for any OSHA violations in the past three (3) years? Yes No

If YES, please provide details:

Section VII – Liability Controls & Risk Transfer

1. Does the applicant use a written contract with customers? Yes No
- If NO, please explain when not required:** _____
2. Does the applicant offer warranties? If YES, attach copies of warranty? Yes No
3. Do you use written contracts or agreements with all your subcontractors? Yes No
- If YES, do these contracts include the following:**
- a. Indemnification and hold harmless agreements that protect the insured? Yes No
- b. Are you named additional insured on their policies for both ongoing and completed operations? Yes No
- c. Waiver of subrogation in favor of you? Yes No
- d. Limits of liability equal to or greater than your own? Yes No
4. Are certificates of insurance obtained from all subcontractors prior to starting work? Yes No
- If YES, how long are they retained after a job?** _____
5. Are all subcontractors required to maintain Workers' Compensation Insurance? Yes No
- a. Certificates of Insurance obtained? Yes No
6. Does the applicant currently have Workers' Compensation coverage in place? Yes No
7. Does the applicant ever use temporary/casual laborers? Yes No
7. Does the applicant have a formal Home Warranty program in place? Yes No
- If YES, are such workers covered by your Workers' Compensation Insurance?** Yes No

Section VIII – Claim History

1. Does the applicant have any knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against any named in the application? Yes No

If YES, please describe:

2. Are there any claims or legal actions pending against any active, inactive or dissolved entities in which you have had a controlling interest? Yes No

If YES, please describe:

3. Has the applicant ever been accused of breaching a contract in the past five (5) years? Yes No

If YES, please describe:

4. Has the applicant been fired or replaced on a job in progress in the past three (3) years? Yes No

If YES, please describe:

5. Has the applicant ever been named in litigation regarding faulty construction in the past eight (8) years? Yes No

If YES, please describe:

6. Has the applicant ever had a lapse in GL coverage? Yes No

If YES, please describe:

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: 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. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

COLORADO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

MAINE: 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.

NEW YORK: 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 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 five thousand dollars and the stated value of the claim for each such violation

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: 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 and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY