

DUAL COMMERCIAL ROOFING SUPPLEMENT

Applicant's Name: _____

Mailing Address: _____

Locations: _____

Years in business: _____ **Years experience:** _____

Description of Roofing Operations:

1. DESCRIPTION OF OPERATIONS

What percent of your work is residential (homes, condominiums) ?		%
What percent of your work is commercial (office buildings, schools, retail establishments) ?		%
What percent of your work is industrial (plants, warehouses) ?		%
Total =		100%

2. FOR RESIDENTIAL ROOFING WORK DONE, COMPLETE THE FOLLOWING

What percent of work is new construction?	%	TYPE OF ROOF WORK	PERCENTAGE
What percent of work is repair/patching?	%	Hot tar	%
What percent of work is replacement?	%	Tile	%
TOTAL =	100%	Shingles	%
What percent of work is on pitched roofs?		Slate	%
What percent of work is on flat roofs		Metal	%
TOTAL =	100%	Single Ply	%
		Torch Down	%
		Built Up	%

3. FOR COMMERCIAL ROOFING WORK DONE, COMPLETE THE FOLLOWING

What percent of work is new construction?	%	TYPE OF ROOF WORK	PERCENTAGE
What percent of work is repair/patching?	%	Hot tar	%
What percent of work is replacement?	%	Tile	%
TOTAL =	100%	Single Ply	%
What percent of work is on pitched roofs?		EPDM	%
What percent of work is on flat roofs		Shingles	%
TOTAL =	100%	Built Up	%
		PVC	%
		Metal	%
		Torch Down	%

4. FOR INDUSTRIAL ROOFING WORK DONE, COMPLETE THE FOLLOWING

What percent of work is new construction?	%	TYPE OF ROOF WORK	PERCENTAGE
What percent of work is repair/patching?	%	Hot Tar	%
What percent of work is replacement?	%	Single Ply	%
TOTAL =	100%	EPDM	%
		Built Up	%
		PVC	%
		Metal	%
		Torch Down	%

Do you perform any of the following ?

Percentage:

Waterproofing

_____%

Siding

_____%

Asbestos Removal

_____%

Rain Gutters

_____%

Mold Remediation

_____%

Carpentry

_____%

Insulation _____%

Other _____%

- If hot tar or torch is used, describe safety precautions: _____

- Are torches, hot-air welders, heating kettles or heating tankers used? If yes, please explain the processes and safety precautions used to prevent fires during and after work hours:

- _____
- _____
- _____
- _____

- Is all work involving the use of torches performed by employees who have completed the National Roofing Contractors Association's Certified Roofing Torch Applicator Program (CERTA)? _____

- If yes, please attach copies of certificates. If no, please explain employee training and supervisory practices with respect to torch and welding work:

- Do you keep a , a fully charged 15 pound dry chemical fire extinguisher shall be on the roof and with you for emergency use by the insured's personnel? _____

- Please confirm you do not use a roofing torch or other flame or heat source to burn off, soften, or other wise reduce or ease removal any materials from any surface or building material or component. You confirm you do not: _____

- Do you perform hot tar work over combustible roof decks? _____

- Regarding roof tear off, do you use the following procedures?:

a) Work should not begin that can't be completed by day's end or before inclement weather strikes. Yes _____ No _____

b) Professional weather service forecasts should be monitored throughout the day.
Yes _____ No _____

c) Tear off work should be completed at the end of each day with all exposed areas being completely covered and properly secured. Yes _____ No _____

d) Any drains that were covered to prevent debris from entering should be re-opened before leaving the job site each day or prior to a rainstorm.
Yes _____ No _____

- Do you sub contract any work? Yes ___ No ___
- Percentage sub-contracted: _____ %

- Describe work subcontracted: _____

- Do you obtain certificates of insurance from ALL sub contractors?
Yes ___ No ___

- Are you named as an additional insured on ALL sub contractors policies and are you always held harmless for work they perform on your behalf?

Yes ___ No ___

- Do you require all sub-contractors show proof of Workers Compensation coverage?
- Yes No _____

- Annual cost of work sub contracted out: \$ _____

- How long are certificates of insurance on sub contractors kept on file by you? _____

General Information:

- Receipts for current term: \$ _____ Payroll: \$ _____
Receipts for last 3 years:

• What is the *average* height of buildings you will work on? _____

How often do you work *above 5* stories? _____

What is the *highest* building you will work on? _____

• Have you ever used, sold, installed, or worked with *asbestos*? _____

• Have you ever done or contemplate doing any *EIFS* work? _____

• List your last 5 *largest jobs* performed over the last year: _____

• Details of any claim *greater than \$5,000*: _____

Signature of insured or representative: _____ Date: _____