

APPLICATION FOR THE ROOFING CONTRACTORS PROGRAM

SECTION I – GENERAL INFORMATION

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1.	Name of Applicant: _____ DBA: _____ <i>(If applicable, include DBA or Trade Name)</i>	
2.	Business Owner(s): _____	Percentage(s) of Ownership: _____ % _____ %
3.	Number of years in business under the above name: _____	
4.	Within the last 10 years has the Applicant/Business Owner operated under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the Applicant/Business Owner currently own any other Entities or operate any other Businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes has been answered for either question, answer A-C.	
	A. Provide name and describe operations: _____ _____	
	B. Is the Entity/Business still active? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	C. If still active, is there separate General Liability Insurance in place for such operations? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	How many years of Roofing Industry Experience does the Owner and Manager have? Owner: _____ Years Manager: _____ Years	
	A. Describe the Owner's prior Roofing industry experience: _____ _____	
	B. Describe the Manager's prior Roofing industry experience: _____ _____	

SECTION II – RISK MANAGEMENT

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1.	Do you work in any State other than the one where your office/shop is located? <input type="checkbox"/> Yes <input type="checkbox"/> No A. If yes, please list these other States: _____	
2.	Are you licensed to operate in your State? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer A-B. A. What is your License number? _____ B. Within the last 3 years, has your License been suspended and/or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Total Number of Owners: _____ Total Number of Foremen: _____ Total Number of Laborers: _____	
4.	Describe your Training Procedures for new Employees: _____ _____	
5.	Do you conduct regular Safety Meetings (e.g. Tool-box Meetings)? <input type="checkbox"/> Yes <input type="checkbox"/> No A. Are these meetings documented in compliance with OSHA regulations? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	How do you protect the public from potential injury at each jobsite (check all that apply)? <input type="checkbox"/> Cordoned-off work area <input type="checkbox"/> Signs <input type="checkbox"/> Cones <input type="checkbox"/> Flashing Lights <input type="checkbox"/> Other Describe Other: _____	
7.	Do you use an Incident and/or Accident Reporting Form? <input type="checkbox"/> Yes <input type="checkbox"/> No A. If yes, how long do you maintain these forms? _____ Years	
8.	Do you offer any warranties for your own work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9.	Are you an active member of any State and/or National Trade Association? <input type="checkbox"/> Yes <input type="checkbox"/> No A. If yes, please list: _____	

SECTION III – OPERATIONS

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Describe the Owner's and Manager's duties or involvement in the daily operations: _____

2. Provide a percentage breakdown of your operations based on your annual Gross Sales **(must equal 100%)**:
 Commercial Roofing _____ % + Residential Roofing _____ % = 100%

3. Provide a percentage breakdown of your operations based on your annual Gross Sales **(must equal 100%)**:
 Commercial New Roofs _____ % + Commercial Re-roofs _____ % + Commercial Roof Repairs _____ % = 100%
 Residential New Roofs _____ % + Residential Re-roofs _____ % + Residential Roof Repairs _____ % = 100%

4. If your operations include Residential Roofing, describe the types of Residential accounts you handle by percentage based on your annual Residential Gross Sales **(must equal 100%)**:
 Condominiums _____ % Town Homes _____ % Row Houses _____ %
 Apartments _____ % Single Family Homes _____ % Tract Home Developments _____ %

5. Have you in the past, are you currently, or do you plan to do any work in any New Construction Condominiums, Town Homes, Row Houses and/or Tract Home Developments consisting of more than 10 homes? Yes No

6. Describe Roof Type by percentage based on your annual Gross Sales **(must equal 100%)**:
 Flat _____ % + Pitched _____ % + Other _____ % = 100% Describe Other: _____

7. Describe the Roofing Material used by percentage based on your annual Gross Sales **(must equal 100%)**:
 Shingle _____ % Slate/Tile _____ % Metal _____ % Asphalt & Gravel _____ % Rubber _____ %
 Hot Tar and/or Heat Applications _____ % Other _____ % Describe Other: _____

8. **If your Roofing operations include Hot Tar and/or Heat Application work, please answer questions A-G.**

A. Do you have at least 2 years of experience working with these methods? Yes No

B. What type of Training is required for Employees working with these methods: _____

C. Is a certified, fully charged, 15lb. (or larger), dry chemical Fire Extinguisher kept at the job site? Yes No

D. How long does your Fire Watch Program require you to remain on the job site after completion of work to inspect and document that there are no hot spots? _____ Hours

E. Do you use a thermal barrier when installing torch applied roofing materials over a combustible base? N/A Yes No

F. Are all heating kettles equipped with automatic shut-off valves to prevent overheating? N/A Yes No

G. Are all heating kettles inspected and serviced in accordance with the Manufacturer's specifications? N/A Yes No

9. Percentage of Roofing operations over 3 stories: _____ %

10. Percentage of your total operations performed Directly vs. Indirectly based on your annual Gross Sales **(must equal 100%)**:
 Directly for the Customer _____ % + Indirectly as a Subcontractor _____ % = 100%

11. How are roof openings protected from adverse weather? _____

12. Do you use an independent carting service to remove construction site debris? Yes No

A. **If no, are you in compliance with all Federal, State and Local Regulations regarding disposal of construction site debris?** Yes No

13. Do you hire Subcontractors? Yes No

If yes, answer A-H.

A. What percentage of your total operations is subcontracted to others? _____ %

B. What are your annual subcontracted costs? \$ _____

C. What type of work is subcontracted to others? _____

D. Do you obtain a Certificate of Insurance from each Subcontractor evidencing General Liability and Workers Compensation Limits equal to, or greater than, your own General Liability and Workers Compensation Limits? Yes No

E. Do you require all Subcontractors to add you onto their policy as an Additional Insured? Yes No

F. Do you require all Subcontractors to contractually hold you harmless? Yes No

G. Are all Certificates of Insurance kept on file for a minimum of 5 years? Yes No

H. Do you obtain proof, from each Subcontractor, that all applicable licenses are up to date? Yes No

14. Do you perform any asbestos remediation or removal work? Yes No

15. Do you use, sell, install, remove or work with EIFS? Yes No

16. Do you lease/rent equipment to others? Yes No

17. Do you manufacture any products? Yes No
If yes, please provide a complete listing of all products you manufacture and answer A-B.
A. Are your products only used in conjunction with your own Roofing Installation/Repair operations? Yes No
B. Are any of your manufactured products sold to others on a Retail, Wholesale and/or Internet basis? Yes No

18. Please list your 5 largest jobs completed within the last 2 years:

	Description of Work Performed - including Location and Number of Stories	Date Completed	Cost of Job
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

SECTION IV – PAYROLL AND SALES

1. Provide your Annual Gross Sales for the last 3 years:
Expiring Year \$ _____ **1st Prior Year** \$ _____ **2nd Prior Year** \$ _____

2. Provide your annual Gross Sales and Payroll for the current year for all applicable operations listed below:

Operation	Estimated Annual Gross Sales for the Current Year	Estimated Annual Gross Payroll for the Current Year
Roofing – Commercial	\$	\$
Roofing – Residential	\$	\$
Sheet Metal Work – Shop Only	\$	\$
Sheet Metal Work – Outside	\$	\$
Carpentry	\$	\$
Insulation Work	\$	\$
Masonry	\$	\$
Painting	\$	\$
Siding Installation	\$	\$
Waterproofing	\$	\$
Other – Describe Other:	\$	\$

PLEASE ATTACH A COPY OF EACH OF THE FOLLOWING ITEMS: 1. Currently Valued 3 Year Insurance Carrier Loss Runs for All Requested Lines of Coverage. 2. Your Company Training Program. 3. Your Company Safety Program. 4. Your Company Equipment Maintenance Manual. And, as applicable also include: Your Customer Warranty, Your Subcontractor Contract and/or A complete Listing of the Products you Manufacture.

Any Policy quoted may be subject to a Minimum Policy Premium.

Applicant and Broker's/Agent's Signatures:

APPLICANT: I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL **ONLY** PROVIDE INSURANCE FOR ROOFING OPERATIONS. I FURTHER UNDERSTAND THAT NO COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESSES, OPERATIONS OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR AN ADDITIONAL PREMIUM.

FRAUD WARNING: 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

_____ Applicant's Signature	_____ Applicant's Title
_____ Applicant's Name	_____ Date
_____ Broker's/Agent's Signature	_____ Broker's/Agent's Name

Submissions: QuickSubmit@fhbinsurance.com