



Roofing Contractors Program (RCP) Supplemental Application

PROGRAM UNDERWRITERS

Insurance Agent Information

Agency Name	Producer Name
Address	Agency Phone
Agency Email Address	Agency Fax

General Information

		Effective Date	
Legal Name of Insured			
Mailing Address		County	
		FEIN	
Website Address		Tax ID	
Are there any ongoing operations (past/present) that are not reflected on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
a. If yes, what are they?			
Contact Name for Inspection/Audit		Contact Phone	
Years in Business (under current name)		Years of Experience:	
		Association Membership Names:	

Within the past ten years, did the insured operate under a different name?

Yes No

If yes, please explain:

Previous, current, planned States of Operation:

Please describe all duties of Executives/Officers (do they have occasion to work out in the field?):

Number of employees: _____ Number of Executives/Officers/Owners: _____ Number of part-time employees: _____

Definitions of *italicized terms* are provided at the end of the supplement.

1. Enter the percentage of the risk's own payroll and receipts generated from each of the following operations:

Exclude work that the risk subcontracts when determining eligibility percentages.

Operation	Payroll	Receipts
Roofing	_____ %	_____ %
Roofing related sheet metal work	_____ %	_____ %
Roofing-related insulation	_____ %	_____ %
Roofing-related waterproofing	_____ %	_____ %
Other	_____ %	_____ %
	Total _____ %	Total _____ %

If either total is **less than 51%**, the account is **ineligible** for the RCP program.

- What is total roofing-related payroll for above classes? \$ _____

2. Does the risk perform *asbestos abatement* work? Yes No

- If **yes**, is the work subcontracted? Yes No

3. Does the risk perform *torch applied* roofing operations? Yes No

- If **yes**, what % of their operations involves torch applied work? _____%

- What is the minimum fire watch protocol (hours)? _____HRS

- Use of fire extinguishers? Yes No

- Number of fire watch protocol personnel on site? _____

- Torch applied roofing operations on combustible wood decks? Yes No

- If **yes**, follow NRCA guidelines and best practices for fire watch and extinguishers? Yes No
 - If **no**, please explain procedures including extinguisher use, fire watch personnel on site, length of fire watch.

- 4. Does the risk currently or plan to perform any tract housing work with more than 20 units per project? Yes No
- 5. Does the risk currently or plan to perform any new condo or townhouse work? Yes No

If **yes**, the account is **ineligible** for the RCP program – unless condo/townhome work is covered under *WRAP-UP/OCIP* program

- 6. Risk is operating as:
 - General Contractor _____%
 - Prime Contractor _____%
 - Subcontractor _____%

- 7. Indicate the **average** percentage of the risk’s TOTAL payroll or sales **during the past 5 years** for the following:

Percentages based on (Check One): Payroll or Sales

		NEW		RE-ROOFING		
COMMERCIAL WORK		_____ %	+	_____ %	=	_____ %
INDUSTRIAL WORK		_____ %	+	_____ %	=	_____ %
HABITATIONAL WORK BREAKDOWN						
<input type="checkbox"/>	CONDOMINIUMS (High and Low Rise)	_____ %	+	_____ %	=	_____ %
<input type="checkbox"/>	TOWNHOUSES	_____ %	+	_____ %	=	_____ %
<input type="checkbox"/>	TRACT HOUSING	_____ %	+	_____ %	=	_____ %
<input type="checkbox"/>	TRIPLEXES AND DUPLEXES	_____ %	+	_____ %	=	_____ %
<input type="checkbox"/>	SINGLE-FAMILY	_____ %	+	_____ %	=	_____ %
<input type="checkbox"/>	CUSTOM HOMES	_____ %	+	_____ %	=	_____ %
<input type="checkbox"/>	APARTMENTS	_____ %	+	_____ %	=	_____ %

<input type="checkbox"/>	Other	_____ %	+	_____ %	=	_____ %
OTHER WORK (PLEASE DESCRIBE): _____						_____ %
TOTAL (THE TOTAL SHOULD EQUAL 100%.)						_____ %

8. List the states the risk worked in during the last 5 years

9. Does risk have knowledge of any pre-existing act, omission, event, condition or damage to any person or property that may potentially give rise to any future claim or legal action? Yes No

If **yes**, please describe.

If the answers to questions **12 or 13** are “**yes**”, please discuss the risk with your underwriter.

10. Does the risk have an architect or engineer on staff? Yes No

If **yes**, does the risk carry professional liability insurance? Yes No

If **no**, does the risk require that the architect or engineer carry his/her own professional liability insurance? Yes No

11. Does the risk have a quality control program/procedures manual (E.G. Jobsite Checklist and/or procedures)? Yes No

If **yes**, is it: Informal or Documented

If **documented**, does it / is it:

A. Checklist used by supervisor daily for ongoing projects? Yes No

a. If not, how often? _____

B. Take weather into consideration? Yes No

C. Staging or placement of materials taken into consideration prior to installation? Yes No

D. Contain a detailed pre-inspection of project? Yes No

E. Contain a detailed final sign off of project? Yes No

PROGRAM UNDERWRITERS

If insured **does not** follow these quality control guidelines, please provide explanation.

12. Does the risk retain job files? Yes No
If **yes**, how long are they retained? _____

13. Does the risk sub-contract work? Yes No

If **yes**, complete questions below.

List the types of work subcontracted, including cost of work.

- A. Does the risk obtain Certificates of Insurance from all subcontractors? Yes No
- B. Is there a Diary System in place to track expiration dates of certificates of insurance? Yes No
- C. Is the risk named as an additional insured on all subcontractors' policies? Yes No
- D. Does the risk require all subcontractors to carry primary limits equal to or greater than their own? Yes No
- E. Does the risk use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the risk? Yes No
- F. Does legal counsel or the insurance agent review all contracts? Yes No

14. Indicate the types of subcontractor agreements the risk typically signs.

Standard (AGC, AIA contracts) Custom Other

15. Is risk a member of NRCA? Yes No

Answering this question is optional; membership in an association is not a requirement for insurability.

RISK MANAGEMENT

16. Has the risk been cited for any OSHA violations in the last three years?

If **yes**, please describe.

PROGRAM UNDERWRITERS**Hiring Practices:**

17. Does the insured have a New Hire Orientation/Training program? Yes No
18. Do you check references for new hires? Yes No
19. Do you conduct pre-employment drug testing? Yes No
20. Do you conduct pre-employment physicals? Yes No
21. Do you conduct pre- or post-employment road tests for drivers? Yes No

Pre-Loss Procedures:

22. Do you have a Safety Director? Yes No
23. Are safety meetings held on *at least* a quarterly basis? Yes No
- A. Do managers and employees attend? Yes No
24. Do you have a formal, written Safety Program? Yes No
25. Does the risk have a documented and enforced fall protection program that meets OSHA requirements? Yes No

If **no**, the account is **ineligible** for the RCP program.

26. Do you have Safety Training? Yes No
- If **yes**, what is the frequency of the training? _____
- Is attendance mandatory? Yes No
27. Do you have tailgate safety meetings? Yes No

Employee Relations:

28. Do you use temporary / leased employees? Yes No
29. What is your employee turnover ratio? _____

Premises Operations:

30. Are visitors allowed access to your service and/or storage areas? Yes No
31. Do you perform any demonstrations or equipment testing on your premises? Yes No

If **yes**, what safety precautions are taken to ensure the safety of others during these activities?

Please complete if umbrella is needed.

Personal Usage

32. Do you have written guidelines on personal use of company vehicles? Yes No
- Does this include distracted driving protocols (E.G. No Texting) Yes No
33. Do you allow employee family members to drive the company cars? Yes No
34. Indicate the type and number of company vehicles below:

Type	Count
PPT	
Light Trucks (less than 10,000 lbs.)	
Medium Trucks (10,001-20,000 lbs.)	
Heavy Trucks (20,001-45,000 lbs.)	
X-Heavy Trucks (45,001 lbs.+)	
Heavy Truck-Tractors	

HISTORICAL GENERAL LIABILITY EXPOSURE (All Info Required)

	Expiring Year Term: _____	1st Prior Year Term: _____	2nd Prior Year Term: _____	3rd Prior Year Term: _____	4th Prior Year Term: _____
Premium					
General Liability Payroll					
Receipts					

Signature Page

Has the insured ever had a lapse of coverage? Yes No

Does the insured have any knowledge of any previous operations that could give rise to a claim in the future? Yes No

Has any insurance company previously canceled to declined to renew coverage? Yes No

If yes, please explain:

Attachments and Representation

ATTACHMENTS TO THIS APPLICATION SHOULD INCLUDE THE FOLLOWING:

- Complete, updated ACORD forms 125,126,131
- 5 years of currently valued (within 90 days) hard copy loss runs, including loss details and descriptions
- Copy of Jobsite Loss Prevention Procedures Manual or Checklist (Wet Work, Installs, Testing, Inspections, etc.)
- Copy of Jobsite Safety Procedures Manual or Table of Contents Page
- Copy of Subcontract Agreement w/\$1,000,000 Minimum Limit/Hold Harmless Clauses/Indemnification Language (if subs are used)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS THE QUESTIONS SET FORTH IN THIS SURVEY AND THAT THE INFORMATION PROVIDED IN THIS SURVEY, INCLUDING ANY ATTACHMENTS, IS TRUE AND ACCURATE AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Producer's Signature

Date

Applicant's Signature

Date

DEFINITIONS

Asbestos: Asbestos is present in many forms in the roofing industry. It is commonly referred to as ACRM or “asbestos containing roofing material” which is defined as material containing 1% or more of asbestos. It can be present in cements, coatings, sealants, mastics, flashing material, felts, shingles and tiles. Based on the variety of materials containing asbestos in the roofing industry, we view the asbestos exposure as inherent to roofing operations.

Asbestos Abatement: Roofing contractors who come in contact with asbestos while performing the normal activities of their trade, whether it is roof tear-off work, renovations, new installations or maintenance work, and operating exclusively on the outside of buildings, are eligible for this program. Once an activity requires work on the inside of a building, below the roof deck, the removal of any ACRM becomes true “abatement” work and is not eligible for this program.

General Contractor: A contractor who subcontracts work to others in excess of 50% of total receipts, exercises primary control of the job site, and is named in the construction documents as the general contractor of record.

Habitational work: Condominiums, triplexes, duplexes and townhouses.

Prime Contractor: The principal contractor on a project; any contractor on a project having a contract directly with the owner.

Subsidence: Any movement of land or earth including: landslides; mudflow; earth sinking, rising, and shifting; collapse or movement of fill, earth settling, slipping, falling away, caving in, eroding or tilting; and earthquake.

Torch Applied Roofing: This process, which is also called torch welding, involves a modified bitumen installed on a roofing deck by means of a torch. A membrane is laid on the roof, heated by a torch, and allowed to cool so that the material solidifies in place. The asphalt component in the membrane serves as an adhesive between the surface material and roof substrate.

Wrap-up (OCIP): A policy providing coverage(s) for all interests in a major construction project. Also known as an OCIP (Owner Controlled Insurance Program) or a CCIP (Contractor Controlled Insurance Program).