

## Roofing Contractors Program (RCP) Supplemental Application

### Insurance Agent Information

<b>Agency Name</b>	<b>Producer Name</b>
<b>Address</b>	<b>Agency Phone</b>
<b>Agency Email Address</b>	<b>Agency Fax</b>

### General Information

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

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:

## Roofing Contractors Program (RCP) Supplemental Application

**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	_____ %	_____ %
	<b>Total</b> _____ %	<b>Total</b> _____ %

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

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

2. Does the risk perform *asbestos abatement* work?

☐ Yes ☐ No

A. If **yes**, is the work subcontracted?

☐ Yes ☐ No

3. Does the risk perform *torch applied* roofing operations?

☐ Yes ☐ No

A. If **yes**, what % of their operations involves torch applied work?

%

B. What is the minimum fire watch protocol (hours)?

HRS

C. Use of fire extinguishers?

☐ Yes ☐ No

D. Number of fire watch protocol personnel on site?

E. Torch applied roofing operations on combustible wood decks?

☐ Yes ☐ No

- o 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

## Roofing Contractors Program (RCP) Supplemental Application

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		
<b>COMMERCIAL WORK</b>		_____ %	+	_____ %	=	_____ %
<b>INDUSTRIAL WORK</b>		_____ %	+	_____ %	=	_____ %
<b>HABITATIONAL WORK BREAKDOWN</b>						
	CONDOMINIUMS (High and Low Rise)	_____ %	+	_____ %	=	_____ %
	TOWNHOUSES	_____ %	+	_____ %	=	_____ %
	<i>TRACT HOUSING</i>	_____ %	+	_____ %	=	_____ %
	TRIPLEXES AND DUPLEXES	_____ %	+	_____ %	=	_____ %
	SINGLE-FAMILY	_____ %	+	_____ %	=	_____ %
	CUSTOM HOMES	_____ %	+	_____ %	=	_____ %
	APARTMENTS	_____ %	+	_____ %	=	_____ %
	Other	_____ %	+	_____ %	=	_____ %
<b>OTHER WORK (PLEASE DESCRIBE):</b>						_____ %
<b>TOTAL (THE TOTAL SHOULD EQUAL 100%.)</b>						_____ %

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

## Roofing Contractors Program (RCP) Supplemental Application

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

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 A-F 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.*

## Roofing Contractors Program (RCP) Supplemental Application

### Risk Management

16. Has the risk been cited for any OSHA violations in the last three years? Yes      No  
If **yes**, please describe.

### 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  
    A. If **yes**, what is the frequency of the training?  
    B. 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?

## Roofing Contractors Program (RCP) Supplemental Application

***Please complete this section if umbrella is needed.***

### Personal Usage

32. Do you have written guidelines on personal use of company vehicles? ☐ Yes ☐ No
- A. 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	

35. Current Workers' Compensation Modification

---

**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:	Upcoming Year Term:
<b>Premium</b>						
<b>General Liability Payroll</b>						
<b>Receipts</b>						

**Roofing Contractors Program (RCP)  
Supplemental Application*****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

## Roofing Contractors Program (RCP) Supplemental Application

### 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).