Roofing Supplemental Application

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

Section 1 – Employer Information

Name of Applicant:

Primary Address:

City: State: Zip Code:

Years in Business:

Contractors State License Board # (CSLB):

Are you a member of any Roofing Association(s)? YES NO

If YES, please list here:

Section 2 – Operations Performed for Roofing Exposure

A. List your three most recent jobs and provide an address for each:

Job					
Nature of Roofing Work					
Start Date		End Date		Gross receipt for the job (invoice amount for job)	
Address				Total number of employees for the job	

Job					
Nature of Roofing Work					
Start Date		End Date		Gross receipt for the job (invoice amount for job)	
Address				Total number of employees for the job	

Job					
Nature of Roofing Work					
Start Date		End Date		Gross receipt for the job (invoice amount for job)	
Address				Total number of employees for the job	

B. Do you have multiple crews working multiple jobs simultaneously? YES NO

C. In the table below, please indicate how your company's roofing operations break down by percentages including subcontractors:

Type/Nature of Roofing Work	% of Work Performed	% of Work Subcontracted Out	Annual Gross Receipts
Residential			
Tear-Offs	%	%	$
Repairs	%	%	$
Installations	%	%	$
New Construction - Multi Tract Subdivision Roofing	%	%	$
New Construction – Individual Dwellings	%	%	$
Other Jobs: Skylight installation	%	%	$
Total Fields (must total 100%)			
Commercial			
Tear-Offs	%	%	$
Repairs	%	%	$
Installations	%	%	$
Other Jobs: Skylight installation	%	%	$
Total Fields (must total 100%)			

*A Full-Time Employee is defined as working 1500 hours or more annually. Anyone working less than 1500 hours per year is a Part-Time Employee.

Section 3 – Employees & Payroll

Employees	# of Full-Time Employees*	# of Part-Time Employees	Total Annual Payroll
5552-1 Roofing Employees earning less than $33/Hour			$
5553-1 Roofing Employees earning $33/Hour or more			$

Please note: $33 wage threshold is effective for a policy with inception date or renewal date of 9/1/26 or later.

D. How many of your employees work less than 40 hours a week?

E. What are the average years of experience among your workers that are receiving $33/Hour or more in wages?

F. How many new employees, hired within the past year, are receiving less than $33/Hour in wages?

G. Do you obtain day/casual labor or contract labor, TEMP/Seasonal labor? YES ☐ NO ☐

	Yes	No	If YES, how many total laborers do you have?	If YES, what is the total amount of cash labor per week?
Day/Casual	☐	☐		$
General Contractor/Subcontractor	☐	☐		$
Other: Temporary/Seasonal hires	☐	☐		$

H. Did you add the total amount of cash labor to your total estimated payroll? YES ☐ NO ☐

If NO, please provide an explanation as to why you did not include cash labor:

I. Please provide amount of direct payroll, cost of subcontracted work, cash labor, and gross receipts for current and future years:

Year	Direct/W2	1099/Subcontractor	Annual Cash Labor	Gross Receipts
Current				
Future				

J. List names of sub-contractors you utilize and city they are located:

Subcontractor Name	City

Section 4 – Sub or Independent Contractors, Cash, Casual Laborers & Contract Workers

A. Do you use independent contractors (1099 labor) to perform any roofing work? YES ☐ NO ☐

If YES,

a) Are the independent contractors you use licensed with the Contractor State License Board (CSLB)? YES ☐ NO ☐

b) Do you collect certificates of insurance from the independent contractors you hire? YES ☐ NO ☐

Disclosure: If you answered NO to question (a) and/or (b), you are disclosing that the independent contractors you hired are NOT licensed with the CSLB and NOT insured with their own worker's compensation policy.
As a result, these workers would be considered your employees for workers' compensation purposes.

B. Do you have a formal process for obtaining certificates of insurance prior to starting work? YES ☐ NO ☐
NOTE: Be prepared to provide copies of certificates from all subs at audit.

C. Do you use any sub-contractors that do not have employees? YES ☐ NO ☐

D. Are any parts of your operations performed by others? YES ☐ NO ☐
If YES, what aspect of the operations do you subcontract to others?

E. Do you have any workers you deem to be a sub-contractor who previously was an employee? YES ☐ NO ☐
If YES, please explain.

Section 5 – Job Site Safety & Risk Management

A. Written Safety Programs

a) What formal written safety programs have you implemented? (ex. Illness Injury Prevention Program, Heat Illness Prevention (IIPP) etc.) Please list below:

Employer Responsibilities **under Cal/OSHA** can be accessed at https://www.dir.ca.gov/dosh/EmployerInformation.htm
State Fund IIPP Builder can be accessed at https://www.SafeatWorkCA.com/iipp-builder/

b) Do you have a Code of Safe Practices? YES ☐ NO ☐

c) Does it include Fall Protection procedures? YES ☐ NO ☐

d) Do you have bilingual safety resources available for workers? YES ☐ NO ☐

e) Would you be interested in roofing safety resources for your workers? YES ☐ NO ☐

B. Safety Training Meetings, Supervision, & Tracking

a) Do you require your employees to attend safety training? YES ☐ NO ☐

b) Do you maintain documentation and tracking of all employees who have completed the safety training? YES ☐ NO ☐

c) If YES, please note that you may need to provide documentation of your tracking process.

d) Provide the name and title of the person(s) responsible for safety at the jobsite.

e) List all job duties and additional responsibilities of the person responsible for safety below:

f) Do you conduct safety/tailgate meetings for your employees? YES ☐ NO ☐

g) IF YES, how often do you hold each meeting? (ex. weekly, monthly)

h) What do you talk most about during the safety/tailgate meetings?

i) Do you have an outside safety consultant? If YES, what services do they provide?

j) If you use day laborers, how do you ensure they follow safe working practices? Please explain:

k) At what height do you require the use of Fall Protection?

l) Do you follow Fed/OSHA 6ft trigger height for fall protection? YES ☐ NO ☐

m) Under what conditions would you require Fall Protection regardless of height?

n) What type of Fall Protection equipment do your workers use?

Fraud Warning/Fraud Statement

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Representation Statement/Signature

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 insurer will be issued on the basis of, and reliance upon, my statements in this application. I agree that such policy may be cancelled if such information is false, or misleading, or would materially affect acceptance of the risk by the insurer.

The signing of this application does not bind the undersigned to purchase the insurance, and accepting this application does not bind the Insurer to issue any particular policy of insurance. 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 prospective policy, which would render this application inaccurate or incomplete, notice of such change must be reported in writing to the Insurer, immediately.

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

Applicant:
Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all of the information contained in this application is correct and complete to the best of my knowledge, that the application was completed 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 AUTOMATICALLY RESULT IN THE ISSUANCE OF AN INSURANCE POLICY FOR THE APPLICANT BY THE INSURANCE COMPANY