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Roofing Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

_____ Inspection Contact _____

Proposed Policy Period ____ to ____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING

1. Years in Business? _____ Years of Experience in this field? _____

2. Indicate the percent of each type of roofing performed.

TYPE	COMMERCIAL	RESIDENTIAL	INDUSTRIAL	% OF TOTAL OPERATIONS
NEW CONSTRUCTION	%	%	%	%
REPAIR/PATCHING	%	%	%	%
REPLACEMENT	%	%	%	%

FLAT ROOFS	%	METAL	%
PITCH ROOFS	%	SINGLE PLY	%
ASPHALT SHINGLE	%	TILE	%
FIBERGLASS	%	POLYURETHANE FOAM	%
WOOD	%	HOT TAR	%
SLATE	%	TORCH DOWN	%
OTHER - DESCRIBE			

3. Describe any other operations or work done other than roofing (e.g., waterproofing, siding, asbestos removal, rain gutters, carpentry, etc): _____

4. Describe what safety precautions are in place if hot tar, torch down or other hot processes are used? _____

UNDERWRITING (Continued)

5. What is the maximum height of the buildings you work on? _____
 If over 3 stories, does applicant have a fall protection program in place for all jobs including one of the following systems:
 Guardrail system with toes boards..... Yes No
 Safety net..... Yes No
 Personal fall arrest system Yes No
6. Do you have a written safety program? Yes No
7. Owner/Partner Payroll \$ _____ Subcontractor Cost \$ _____ Uninsured Subcontractor Payroll \$ _____
 Number of Employees \$ _____ Employee Payroll \$ _____ Leased Employees Payroll \$ _____
 Total Gross Sales \$ _____
8. How do you protect the general public from potential injury? _____

9. How are materials lifted to the roof? _____
10. How are openings in the roof protected over night? _____
11. What precautions do you take when a rainstorm is imminent? _____
12. Does a foreman or contractor inspect all jobs upon completion? Yes No
13. Have you ever or do you currently perform work in AZ, CA, CO, NV, NY, OR, UT or WA? Yes No
 If yes, please describe. _____
14. Have you ever used, sold, installed or removed asbestos? Yes No
 If yes explain in detail: _____

15. Are Cranes used?..... Yes No
 If yes, what is the size? Tons: _____ Boom Length: _____
 Are barriers in place to protect the public? Yes No
 If yes, are the cranes owned or rented? Owned Rented If rented, **attach** rental agreement.
 If owned, is equipment under a regular maintenance schedule? Yes No
 Are employees properly trained and certified? Yes No
16. Does the applicant have a "fire watch" program to assure there are no "hot spots" after completion of a job?..... Yes No
 Describe. _____
17. Is applicant complying with all state & OSHA regulations? Yes No

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS)	\$ _____
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ _____
PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION)	\$ _____
EACH OCCURRENCE	\$ _____
DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES)	\$ _____
MEDICAL EXPENSE (ANY ONE PERSON)	\$ _____

ROOFING CONTRACTORS

1. Does applicant draw plans, designs or specifications? Yes No
If yes, describe. _____
2. Do your subcontractors carry coverage or limits less than yours? Yes No
If yes, what are the minimum limits you accept? _____
3. Are certificates of insurance required from subcontractors? Yes No
Do the subcontractors list the applicant as an Additional Insured? Yes No
4. Is a signed subcontract agreement used with all subcontractors? Yes No
If yes, **attach** a copy for our file. If no, risk may not be acceptable.
5. How long are Certificates of Insurance kept? Until job ends One year Other
If other is checked, provide details. _____

6. Describe the type of work subcontracted indicating percent for each category: _____

7. Does applicant lease equipment to others with or without operators? Yes No
If yes, describe equipment and forward copy of lease agreement: _____

8. What is the number of employees? Full-time _____ Part-time _____
9. List Gross Sales for the last three years:

Year 20__	Gross Sales \$ _____
Year 20__	Gross Sales \$ _____
Year 20__	Gross Sales \$ _____
10. Do you offer warranties? Yes No
If yes, **attach** copies of warranty.

CONTRACTUAL LIABILITY

Describe All Hold Harmless Agreements (Dates, Contracting Party, Cost) and **attach** copies. _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>

LIST THREE (5) OF YOUR LARGEST JOBS AND TYPE OF PROCESS USED IN THE LAST FIVE (5) YEARS

JOBS	TYPE OF PROCESS USED
_____ _____	_____ _____
_____ _____	_____ _____
_____ _____	_____ _____
_____ _____	_____ _____
_____ _____	_____ _____

ADDITIONAL INFORMATION OR COMMENTS

Producer's Signature Date Applicant's Signature Date