

SECTION A: Applicant Information

1. Applicant Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Location Address (if different from above): _____
 Website: _____ Phone Number: _____
2. Proposed Effective Date: From: _____ To: _____ 12:01 A.M., Standard Time at Address of Applicant

SECTION B: Business Information

1. Detailed description of operations: _____

2. Business Name: _____ Contractor's license number: _____
3. Years in business operating under this name: _____ Years of experience in this field/trade: _____
4. List prior business experience (if any): _____
5. List other businesses owned or affiliated in any way with the company above in the past five years: _____

6. List states worked in for the past five years: _____
7. State the percentage of work performed in the following areas:
 Five Boroughs of NYC: _____ %
 Downstate counties (excluding Boroughs): _____ %
 Upstate counties: _____ %
8. For the next 12 months, provide the following information:
 Employee's payroll: _____
 Gross receipts (total revenue): _____
 Cost of subcontracts with certificates of insurance on file (including labor and materials): _____
 Cost of subcontracts without certificates of insurance on file (including labor and materials): _____
 Expense for casual labor or leased employees: _____
 No. of owners, officers, or partners: _____ No. of owners, officer, or partners active in business: _____
 No. of full-time employees: _____ No. of part-time employees: _____
9. List all jobs currently underway or planned for the next year including location, scope of work being performed and contract price (attach a separate sheet if space below is inadequate for complete list):
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
10. Max number of jobs running at the same time: _____
11. List the three largest jobs in the past five years (including approximate date, description of work and revenue):
 1. _____
 2. _____
 3. _____
12. Has prior insurance been cancelled, declined, or non-renewed? ☐ Yes ☐ No
 If yes, please explain: _____

13. Has the company, or any of the owners, ever operated for any period without insurance? ☐ Yes ☐ No
14. Has applicant ever been named in legal action or had a demand for arbitration regarding faulty/defective construction?
..... ☐ Yes ☐ No
- If yes, please explain: _____
15. Are there any claims, legal actions, arbitrations, or disputes pending of any kind against any persons or entities named
in the application? ☐ Yes ☐ No
- If yes, please explain: _____

SECTION C: Safety Information

1. Please attach a copy of your Safety Manual Procedures

2. Does applicant have a written safety policy and program in place? ☐ Yes ☐ No
3. Is there a formal safety training program in place for the following (select all that apply)?
- ☐ Orientation ☐ Fall Protection ☐ OSHA 10 ☐ OSHA 30 ☐ Project-Specific Training
- ☐ First Aid ☐ Material Handling ☐ CPR ☐ Supervisory ☐ Mobile Equipment and Transport
4. Does applicant enforce the use of PPE as required by OSHA? ☐ Yes ☐ No
5. Is fall protection required for work at all heights? ☐ Yes ☐ No
6. Is there an accident investigation/lessons learned program in place? ☐ Yes ☐ No

SECTION D: Subcontract Work Information

1. Please attach a copy of your Standard Subcontract Agreement

2. Does applicant subcontract out any work? ☐ Yes ☐ No
3. What is the percentage of work subcontracted to others (as a percentage of total receipts)? _____
4. What type of work is subcontracted to others: _____
5. Does applicant obtain certificates of insurance from all subcontractors? *If yes, attach sample* ☐ Yes ☐ No
6. Are additional insured endorsements obtained from all subcontractors? *If yes, attach sample* ☐ Yes ☐ No
7. Does applicant obtain a hold-harmless or indemnification agreement in your favor? *If yes, attach sample* ☐ Yes ☐ No
8. What limit of primary and/or excess insurance is required from subcontractors? _____
9. Under what circumstances does applicant allow subcontractors to work without obtaining a certificate of insurance that
includes an endorsement naming you as an additional insured?
- _____
10. List key subcontractors (name and type of work subcontracted):

SECTION E: Roofing Operations Information

1. State the percentage of work performed in each of the following categories for each table below:

Must Equal 100%			
Residential: _____%	Commercial: _____%	Manufacturing: _____%	Industrial: _____%

Must Equal 100%		
Remodel: _____%	Repair: _____%	New Construction: _____%

2. If there is any new construction, advise percentage of the following (must equal 100%):

Custom Homes: _____%
 Apartments (over 12 units): _____%
 Tract Work (5 or more structures at one location): _____%
 Condominiums, Townhouses or Co-op Buildings _____%
 Other: _____%

3. State the percentage of work performed inside and outside of buildings below:

Inside: _____%
 Outside < 2 stories: _____%
 Outside 3-6 stories: _____%
 Outside > 6 stories: _____%

4. Is any structural work anticipated? ☐ Yes ☐ No
 If yes, what percentage of operations? _____%

5. Has any work performed by persons or entities named in the application ever included new construction of condominiums, townhouses, apartments, planned developments, tract homes (5 or more homes at one location) or similar projects? ☐ Yes ☐ No

If yes, select below for whom the work is performed:

- ☐ Individual Unit Owner (within their unit)
☐ General Contractor
☐ Association
☐ Other: _____

6. Does applicant perform work on new homes valued over \$750,000? ☐ Yes ☐ No

7. Does applicant build spec homes? ☐ Yes ☐ No

8. What percentage of each day is done working on the job site? _____%

9. Indicate the percentage of work to be performed by applicant or on applicant's behalf by subcontractor that is:

Low-Slope (14 degrees or less): _____%
 Steep Slope (greater than 14 degrees): _____%

10. Indicate the percentage of steep-slope roofing work to be performed by applicant or on applicant's behalf by subcontractors for the following:

More than 3 stories: _____%
 3 stories or less: _____%

11. Are torches, hot-air welders, heating kettles or heating tankers used? ☐ Yes ☐ No

12. If yes, explain the process and safety procedures used to prevent fires during and after work hours:

13. Complete the table below with the percentage of each type of roof, materials, and method used:

Type	Percentage
Type of Roof: Pitched	
Type of Roof: Flat	
Type of Roof: Low Slope	
Type of Roof: Other	Describe: _____
Material: Asphalt Shingle	
Material: Wood/Shake Shingle	
Material: Slate	
Material: Tile	
Material: Metal	
Material: EDPM	
Material: Polyurethane Foam	
Material: Modified Bitumen	
Material: Other	Describe: _____
Method: Torch Down	
Method: Hot Air Welding:	
Method: Hot Tar	
Method: Other	Describe: _____

14. Complete the table below with the percentage of each type of low-slope roofing work to be performed by applicant or on applicant's behalf by subcontractors (if applicable):

Operation	"X" if N/A	Percentage	"X" if Sub'd
Polymer-Modified Bitumen Sheet Membrane			
Single-Ply Membrane: Thermoplastic			
Single-Ply Membrane: Thermoset			
Build-Up Membrane: Cold-Applied Adhesive			
Build-Up Membrane: Other than Cold-Applied Adhesive			
Spray Polyurethane Foam-Based			
Metal Panel			
Vegetative Roof System			
Other	Describe: _____		

SECTION F: Crane/Boom Truck Exposure Information

- Does the applicant rent or lease equipment such as cranes to others with operators? ☐ Yes ☐ No
- Does the applicant rent or lease equipment such as cranes to others without operators? ☐ Yes ☐ No
- Does the applicant use tower cranes? ☐ Yes ☐ No
- Does the applicant own any cranes? ☐ Yes ☐ No
If yes, attach list including maximum load capacity and boom length
- State the specific work site activity/activities cranes are used for: _____
- State the number of times annually a crane is engaged or used: _____
- Does the applicant perform tandem lifts? ☐ Yes ☐ No
- If the applicant rents cranes, does applicant rent the cranes with or without operators? _____
- Are crane operators CCO certified and/or licensed by the state? ☐ Yes ☐ No
If yes, provide details of certification, continuing education for each operator:

- Size of cranes rented over past year: Max Capacity: _____ Ave. Boom Length: _____ Max Boom Length: _____
- Has the applicant ever had any claims (GL or WC) due to crane usage? ☐ Yes ☐ No
If yes, please explain: _____

12. Has the applicant ever had a crane accident? ☐ Yes ☐ No
If yes, please explain: _____
13. Who does the applicant rent cranes from? _____
14. If cranes are rented with operators, does the applicant receive the following (select if applicable):
☐ Additional Insured Status ☐ Hold Harmless Agreement (*attach copy of Subcontractor Agreement*)
15. What are the minimum limits of liability required from a crane operator? _____
16. Who is responsible for the inspection and certification of the crane prior to use? _____

SECTION G: Scaffolding Information ☐ N/A

1. What is the average height of scaffolding equipment? _____ Maximum Height? _____
2. What types of scaffolding equipment does the applicant carry (stationary, mobile towers, suspended scaffolds, aerial lifts, pump jacking, etc.)? _____
3. Is scaffolding equipment used to perform work owned, leased or rented? _____
4. Is the scaffolding equipment owned, leased or rented with operators or without operators? _____
5. Does the applicant rent or lease equipment unassembled? ☐ Yes ☐ No
6. Does the applicant always install leased or rented equipment? ☐ Yes ☐ No
If no, who is responsible for the installation? _____
7. Are there contractual arrangements to hold harmless the insured if the installation is not performed on behalf of the Named Insured? ☐ Yes ☐ No
8. Is the applicant required to insure the scaffolding or other equipment? ☐ Yes ☐ No
9. How is equipment secured during off work hours? _____

SECTION H: Auto Information

1. Does applicant have a formal safety program in place? ☐ Yes ☐ No
2. Do employees take company vehicles home in the evening? ☐ Yes ☐ No
3. Does applicant have a vehicle maintenance plan in place to address the following equipment (select all that apply):
☐ Brakes ☐ Electrical ☐ Steering ☐ Drivability ☐ GPS Tracking/Monitoring ☐ Tires
4. Are company vehicles equipped with backup cameras? ☐ Yes ☐ No
5. Are vehicles with an obstructed rear view equipped with backup alarms? ☐ Yes ☐ No
6. Is a spotter required for backing maneuvers in high-risk areas such as construction sites or when visibility is obstructed?
..... ☐ Yes ☐ No
7. Are drivers and spotters formally trained on safety protocols? ☐ Yes ☐ No
If yes, does this include pre-arranged hand signals and maintaining visual contact? ☐ Yes ☐ No
If yes, are drivers instructed to immediately stop if they lose site of the spotter? ☐ Yes ☐ No
8. Describe the applicant's policy regarding personal and family use of company vehicles?

9. Does applicant review Motor Vehicle Records on prospective employees and annually thereafter? ☐ Yes ☐ No
10. Does applicant have specific criteria used to determine acceptable/unacceptable driving records? ☐ Yes ☐ No
If yes, detail criteria:

11. Explain how employees with unacceptable driving records are handled (remove driving privileges, written warning, probationary period, etc.):

12. Does applicant perform snow/ice removal work? ☐ Yes ☐ No

SECTION I: Notice and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____