/ SUPPLEMENTAL APPLICATION

Roofing Contractors Supplemental

Roofing systems, heights, hot-work, and fall-protection controls.

> Please complete this supplement in full and return it with a signed ACORD application. Submit to submissions@hedgespecialty.com or through the Hedge broker portal. Answer every question — incomplete applications delay quoting.

GENERAL INFORMATION

NAMED INSURED / APPLICANT

DBA / TRADE NAME

BROKERAGE / BROKER

AGENCY / AGENT

PROPOSED EFFECTIVE DATE

NEW OR RENEWAL?

POLICY / QUOTE NUMBER

FEIN

ENTITY TYPE (LLC, CORP, ETC.)

YEARS IN BUSINESS

YEARS UNDER CURRENT MGMT

EMPLOYEES (FT / PT)

ROOFING OPERATIONS / DESCRIPTION

WEBSITE

MAILING & RISK ADDRESS

MAILING ADDRESS

CITY

STATE

ZIP

COUNTY

OF LOCATIONS

PRIMARY RISK / PREMISE ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

COUNTY

CONTACTS

PRIMARY CONTACT NAME

TITLE

EMAIL

PHONE

AUDIT / INSPECTION CONTACT

INSPECTION PHONE

INSPECTION EMAIL

CURRENT / EXPIRING CARRIER INFORMATION

CURRENT / EXPIRING CARRIER

POLICY NUMBER

ANNUAL PREMIUM $

LIMIT(S) OF INSURANCE

DEDUCTIBLE / SIR

RETROACTIVE DATE (IF ANY)

Is the current carrier offering renewal? ☐ YES ☐ NO

Is the expiring / current coverage written on a claims-made basis? ☐ YES ☐ NO

STATES, LICENSING & AFFILIATION

CONTRACTOR LICENSE #(S)

STATE(S) OF OPERATION

LICENSED IN ALL STATES WORKED? (Y/N)

ROOFING ASSOCIATION MEMBER? (NRCA / MRCA / STATE)

ASSOCIATION NAME(S)

MEMBERSHIP ID #

% RESIDENTIAL

% COMMERCIAL

% INDUSTRIAL

% NEW CONSTRUCTION

% REPAIR / RE-ROOF

UNION EMPLOYEES

NON-UNION EMPLOYEES

JOB SUPERVISORS / FOREMEN

LARGEST JOB LAST YEAR $

Receipts, Payroll & Subcontract Cost — Five-Year History

EXPOSURE	UPCOMING YR (EST.) $	LAST 12 MONTHS $	1 YEAR PRIOR $	2 YEARS PRIOR $	3 YEARS PRIOR $
Gross Receipts					
Direct / W-2 Payroll					
Temp / 1099 Payroll					
Subcontracted Cost					

OPERATIONS PERFORMED

For each type of roofing work, give the % performed by the applicant's own employees vs. subcontractors and the annual gross receipts.

Operations by Type

TYPE OF ROOFING WORK	% BY EMPLOYEES	% BY SUBS	GROSS RECEIPTS $
Residential — repair / remodel / re-roof, single-family			
Residential — repair / remodel / re-roof, multi-family			
Residential — additions, single-family			
Residential — additions, condo / townhome			
Residential — new construction, individual / custom			
Residential — new construction, tract / condo / townhome			
Commercial — repair / remodel / re-roof (other than apartments)			
Commercial — repair / remodel / re-roof of apartments			
Commercial — new construction			
Commercial — new construction of apartments			
Industrial — new construction			
Industrial — repair / re-roof			
Waterproofing			
Siding install / repair			
Rain gutter install / repair			
Insulation (non-foam)			
Spray-foam insulation			
EIFS / synthetic stucco			
General carpentry			

TYPE OF ROOFING WORK	% BY EMPLOYEES	% BY SUBS	GROSS RECEIPTS $
Exterior cleaning / power-wash / gutter clean			
Exterior painting			

ROOFING SYSTEMS & MATERIALS

Indicate the percentage mix of roof structures worked and roofing systems installed by the applicant or its subcontractors. Columns should each total 100%.

Roof structure (% residential / % commercial-industrial)

Roof Structure Mix

ROOF STRUCTURE	% RESIDENTIAL	% COMMERCIAL / INDUSTRIAL
Pitched / sloped roofs		
Flat / low-slope roofs		
Other (describe)		

Roofing system / material installed (% of work)

Material Mix

ROOFING SYSTEM / MATERIAL	% RESIDENTIAL	% COMMERCIAL / INDUSTRIAL
Asphalt / fiberglass shingles		
Wood shake / shingle		
Clay or concrete tile		
Slate		
Metal roof systems		
Single-ply / thermoplastic (TPO)		
EPDM / membrane		
PVC		
Built-up asphalt / hot tar (BUR)		
Modified bitumen		
Spray polyurethane foam (SPF)		
Pre-engineered / standing seam		
Green-roof systems		
Other (describe)		

HEIGHTS, INSPECTION & WEATHER PROTECTION

AVERAGE STORIES / HEIGHT WORKED	MAXIMUM STORIES / HEIGHT WORKED (FT)	% OF WORK ABOVE 3 STORIES

1. Is any exterior work performed above three (3) stories in height from grade? ☐ YES ☐ NO
2. Does the applicant have a documented and enforced fall-protection program that meets OSHA minimums? ☐ YES ☐ NO
3. Are all jobs inspected at completion (with date/time logged) before leaving the jobsite? ☐ YES ☐ NO
4. Are all open-roof exposures protected before leaving the jobsite for any extended period? ☐ YES ☐ NO

DESCRIBE THE OPEN-ROOF PROTECTION PROCEDURE

5. Is there a procedure to determine the onset of inclement weather and protect work in progress? ☐ YES ☐ NO

DESCRIBE THE WEATHER-INFILTRATION PREVENTION PROCEDURE

HOT TAR, TORCH & HEAT-PROCESS OPERATIONS

% OF OPERATIONS USING TORCHES | % USING TAR KETTLES / HEAT PROCESS | % USING SPRAY APPLICATION

6. Does the applicant use tar kettles or heat-process equipment in roofing operations? ☐ YES ☐ NO

7. Are all kettles / heat-processing units placed at ground level only? ☐ YES ☐ NO

8. Are barriers present to keep the general public out of the jobsite during hot work? ☐ YES ☐ NO

9. Are 15 lb or larger charged ABC extinguishers present at all hot-work jobsites? ☐ YES ☐ NO

10. Is a fire watch maintained at least 30 minutes after equipment is shut off or removed? ☐ YES ☐ NO

DESCRIBE THE FIRE-WATCH PROCEDURE AND DURATION

11. Does the applicant perform torch-applied (torch-down) roofing operations? ☐ YES ☐ NO

12. Are all torch / hot-work applicators NRCA/MRCA CERTA-certified (or equivalent)? ☐ YES ☐ NO

13. Does the applicant use any spray-application methods (e.g. SPF, coatings)? ☐ YES ☐ NO

IF YES, ARE FLAMMABLE LIQUIDS OR CATALYSTS USED? DESCRIBE THE PROCESS

CONDO / TOWNHOME / TRACT EXPOSURE

14. Has the applicant performed work on new condominiums, townhomes, or tract homes in the past 10 years? ☐ YES ☐ NO

IF YES, % OF SUCH WORK

15. Was any such work done in AZ, CA, CO, FL, NV, OR, UT, or WA? ☐ YES ☐ NO

16. Does the applicant intend to perform new condo / townhome / tract work in the future? ☐ YES ☐ NO

17. Does the applicant build or maintain model homes, or act as developer / spec builder? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

EQUIPMENT, CRANES & SCAFFOLDING

CRANE / BOOM SIZE (TONS) | BOOM LENGTH (FT) | # CRANES OWNED | # CRANES RENTED

18. Does the applicant use cranes or booms? ☐ YES ☐ NO

19. If cranes are owned, are they under a regular documented maintenance schedule? ☐ YES ☐ NO

20. If cranes are rented, are they rented with an operator? ☐ YES ☐ NO

ATTACH RENTAL AGREEMENT

21. Does the applicant use scaffolding, and is it owned by the applicant? ☐ YES ☐ NO

22. If scaffolding is rented from others, is it used under the applicant's rental control? ☐ YES ☐ NO

23. Does the applicant rent or lease cranes, scaffolding, mobile equipment, or machinery to others? ☐ YES ☐ NO

DESCRIBE WHAT IS RENTED WITH VS. WITHOUT AN OPERATOR

24. Does the applicant allow its license to be used by any other contractor? ☐ YES ☐ NO

PROJECT SCHEDULE

Most Recent Projects

LAST 5 COMPLETED PROJECTS — DESCRIPTION	COMPLETED VALUE $	TYPE (RES/COMM/IND)

Largest Projects

5 LARGEST PROJECTS (EVER) — DESCRIPTION	VALUE $	YEAR

JOBSITE SAFETY

Written safety-program procedures in place (check all)

☐ Safety rules & regulations ☐ Fall-protection requirements ☐ Subcontractor safety requirements

☐ Safety meetings ☐ Substance-abuse prevention ☐ Fire prevention / protection training

☐ Site safety inspections ☐ Accident investigation / reporting ☐ Hazardous-material handling

Public-protection measures used (check all)

☐ Cones ☐ Signs ☐ Area roped / barricaded off ☐ Ground crew / spotter

☐ Other

25. Does the applicant have a formal written safety program in place? ☐ YES ☐ NO

26. Is there a new-hire / transferred-employee orientation and training program? ☐ YES ☐ NO

27. Is the use of Personal Protective Equipment (PPE) mandated and enforced? ☐ YES ☐ NO

28. Is the applicant in compliance with all state and OSHA regulations? ☐ YES ☐ NO

29. Any OSHA citations or violations in the past three (3) years? ☐ YES ☐ NO

30. Is the applicant ever involved in hazardous-materials removal (asbestos, etc.)? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

SUBCONTRACTOR MANAGEMENT & RISK TRANSFER

GL LIMITS REQUIRED OF SUBS $

COI RETENTION PERIOD AFTER JOB

REVIEWER OF SUB CERTIFICATES

31. Does the applicant typically use the same subcontractors? ☐ YES ☐ NO

32. Are all subcontractors required to be insured, with certificates obtained before work begins? ☐ YES ☐ NO

33. Are subs required to carry GL limits equal to or greater than the applicant's? ☐ YES ☐ NO

34. Are signed written contracts used with all subs, with indemnification / hold-harmless protecting the insured? ☐ YES ☐ NO

35. Is the applicant named as additional insured (ongoing AND completed ops) on all sub policies? ☐ YES ☐ NO

36. Is a waiver of subrogation obtained in the applicant's favor? ☐ YES ☐ NO

37. Are all subs required to maintain workers' compensation, with certificates confirming it? ☐ YES ☐ NO

38. Does the applicant carry workers' compensation on its own employees? ☐ YES ☐ NO

39. Does the applicant ever use leased, temporary, or casual laborers? ☐ YES ☐ NO

IF YES, WHO CARRIES WORKERS' COMPENSATION FOR THEM?

CONTRACTS & WARRANTIES

40. Does the applicant use a written contract with its customers? ☐ YES ☐ NO

IF NOT ALWAYS, EXPLAIN WHEN NOT REQUIRED

41. Does the applicant offer warranties on its work? ☐ YES ☐ NO

IF YES, ATTACH COPIES AND DESCRIBE TERM / SCOPE

42. Does the applicant have a formal home-warranty program in place? ☐ YES ☐ NO

COVERAGE REQUESTED

EACH-OCCURRENCE LIMIT

GENERAL AGGREGATE

PRODUCTS / COMPLETED-OPS AGGREGATE

DEDUCTIBLE / SIR

EXCESS / UMBRELLA LIMIT (IF ANY)

REQUESTED EFFECTIVE DATE

CLAIM & LITIGATION HISTORY

43. Is the applicant aware of any act, omission, event, condition, or damage that may give rise to a future claim? ☐ YES ☐ NO

44. Any claims or legal actions pending against any active, inactive, or dissolved entity the applicant controlled? ☐ YES ☐ NO

45. In the past 5 years, has the applicant been accused of breaching a contract? ☐ YES ☐ NO

46. In the past 3 years, has the applicant been fired or replaced on a job in progress? ☐ YES ☐ NO

47. In the past 8 years, has the applicant been named in litigation regarding faulty construction or workmanship? ☐ YES ☐ NO

48. Has the applicant ever had a lapse in GL coverage, or had coverage declined, cancelled, or non-renewed? ☐ YES ☐ NO

49. Has any licensing or regulatory authority ever taken action against the applicant's license? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

LOSS HISTORY

List all claims and losses for the past 5 years, regardless of fault or payment. Attach currently-valued (within 90 days) loss runs for all lines.

50. Has the applicant had any claims, losses, or incidents in the past 5 years? ☐ YES ☐ NO

51. Are there any known incidents, facts, or circumstances that may result in a claim? ☐ YES ☐ NO

52. Has any coverage been declined, cancelled, or non-renewed in the past 5 years? ☐ YES ☐ NO

Loss Detail

DATE OF LOSS	LINE / COVERAGE	CLAIMANT	DESCRIPTION	PAID $	RESERVED $	STATUS (O/C)

APPLICANT STATEMENT & SIGNATURE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties (in some states a fine and/or imprisonment). The applicant represents that the statements and answers given are true, complete, and accurate to the best of their knowledge and will be relied upon by the insurer. Completion of this application does not bind coverage.

SIGN

DATE

SIGNATURE OF APPLICANT

PRINTED NAME

TITLE

PRODUCER / AGENCY

HEDGE SUBMISSION #