



Commercial / Residential Roofing Supplemental

Named Insured «insured»

Contact for loss control survey _____

What day of the week and time can the loss control contact be called for a survey?

How long have you operated this venture as a business? _____

How many years of experience in this same line of work? - _____

% of jobs done at 1 story? _____ 2 stories? _____ 3 stories? _____

If work is done for jobs 3 stories or above, what type of roof and application is used?

Type of Roof: _____ Built-up _____ Shingle _____ Single-Ply _____ Metal _____

Other _____

% of work involving: Built-up _____ Single Ply _____

% of work that is New Construction: _____ Re-Roofing: _____ Service Work: _____

% of work performed on: Dead Level _____ Low Slope – up to 4:12 _____

Steep Slope – over 4:12 _____ Extra Steep Slope – over 12:12 _____

Single-Ply Membrane _____

Which type of equipment do you use to install:

_____ Scaffolding _____ Ladders _____ Mobile Equipment

Are portable ladder slide rails extended 3 feet above the landing surface and secured at the top? _____ Yes _____ No

What types of fall protection systems are used? _____

What types of personal protective equipment are employees required to wear?

Will you work in any other state outside of your home state? Yes/No _____

If yes, which states? _____

How many days a year is work performed in other states? _____

Do more than five (5) employees travel together in the same vehicle? Yes/No _____

How far will you travel for a job? _____

Are local workers hired when work is performed in other states? Yes/No _____

Do you require all employees to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? Yes/No _____

Has OSHA inspected your operation in the last three (3) years? Yes/No _____

If yes, are there any "Serious" unresolved issues? Yes/No _____

If yes, please explain what has been done to correct these violations? _____

Expected payroll for the next year? _____ # F/T employees? ____ # P/T? ____
of Seasonal Employees? _____ Expected total receipts for the next year? _____
of Superintendents / Foreman to employees; _____
Average number of crews the insured operates: _____
Does the insured pay their employees by W-2 or 1099? _____
Estimated annual cost for subcontracted work? _____
Percent of work subcontracted out? _____
Please describe the work subcontracted out _____

Are certificates of insurance required from all subcontractors? Yes/ No _____
Do you use any cash, casual labor or labor services? Yes/No ____ If yes, how many days
a year is it used? _____
What is the estimated cost for cash, casual or labor services? _____

Please list your last five jobs and describe the services provided

1. _____
2. _____
3. _____
4. _____
5. _____

****PLEASE MAKE SURE THE INSURED'S FEIN OR SOCIAL SECURITY
NUMBER IS ON THE APPLICATION ****

To the best of my knowledge all the information I have given about my business is true
and correct. If information is found to be different as the result of my knowingly
attempting to defraud the insurance company, or information is concealed for the purpose
of misleading, or another person files an application for insurance containing materially
false information the insurance company may send direct notice of cancellation.

Officer or Owner of business

Date