



DUAL North America agency roofing supplemental

Application date: Need by date :

Proposed effective date:

Section A: Applicant information

Applicant: _____

Section B: Operations

Operation	Payroll	Sub-contractor costs	Receipts
Roofing	\$	\$	\$
Roofing related sheet metal work	\$	\$	\$
Roofing related insulation	\$	\$	\$
Roofing relating waterproofing	\$	\$	\$
Roofing related flat work	\$	\$	\$
Roofing other	\$	\$	\$
Asbestos abatement	\$	\$	\$
Total	\$	\$	\$

Section C: Torch applied roofing operations

1. Does the insured any perform torch applied roofing operations? Yes No

• If YES, what % of insured's operations involves torch applied work?

• What is the minimum fire watch protocols (hours)?

• Use of Fire Extinguishers? Yes No

• Number of fire watch protocol personnel on site?

• Torch applied roofing operations on or around combustible materials?	Yes	No
YES, does risk follow NRCA guidelines and best practices for fire watch and extinguishers?	Yes	No
NO, please explain procedures including extinguisher use, fire watch personnel on site, length of fire watch.		
2. Does the insured have written fire/safety protocols?	Yes	No
• If YES, please provide a copy of insured's fire/safety protocols.		

Section D: Risk management

3. Has the risk been cited for any OSHA violations in the last three years? If YES, please describe:	Yes	No
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Hiring practices

4. Does the insured have a New Hire Orientation/Training program?	Yes	No
5. Do you check references for new hires?	Yes	No
6. Do you conduct pre-employment drug testing?	Yes	No
7. Do you conduct pre-employment physicals?	Yes	No
8. Do you conduct pre- or post-employment road tests for drivers?	Yes	No

Pre-loss procedures

9. Do you have a safety director?	Yes	No
10. Are safety meetings held on at least a quarterly basis?	Yes	No
11. Do managers and employees attend?	Yes	No
12. Do you have a formal, written safety program?	Yes	No
13. Does the risk have a documented and enforced fall protection program that meets OSHA requirements? *If no, the account is ineligible for the RCP program.	Yes	No

14. Do you have Safety Training	Yes	No
• If yes, what is the frequency of the training?		
• Is attendance mandatory?		
15. Do you have tailgate safety meetings?	Yes	No

Employee relations

15. Do you use temporary/leased employees?	Yes	No
16. What is your employee turnover ratio?		

Premises operations

17. Are visitors allowed access to your service and/or storage areas?	Yes	No
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18. Do you perform any demonstrations or equipment testing on your premises? Yes No
- If yes, what safety precautions are taken to ensure the safety of others during these activities?
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Section D: Claims

1. Have any claims been made previously (last five years) against the Applicant or reported under any General Liability Policy? Please attach full details on each incident and please provide 5 years currently valued claims runs. Yes No
2. Has any general liability claim, suit or notice of incident been made against the firm or any staff member?
Yes No
If yes, please attach full details on each incident.
3. Is the applicant aware of any circumstances, which may result in any professional liability claim, suit or notice of incident against him, the firm, and/or his predecessors in business, any of the present or past partners or officers, or any staff member? Yes No If yes, please attach full details on each incident.

Fraud warning: applicable to all states

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Warranty statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance. Notice to applicants:

- a. Any person who knowingly and with intent to defraud any insurance company or Other person files an application for insurance containing any false information, or conceals for the Purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance Act, which is a crime.
- b. You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

Signature

Date

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Title