



**ROOFING CONTRACTORS  
PROGRAM (RCP)  
Supplemental Application**



<b>Account Name</b>		<b>Producer Name</b>
<b>Account Contact Name</b>		<b>Producer e-mail address</b>
<b>Account web site address</b>	<b>Account e-mail address</b>	<b>Date Completed</b>

Definitions of *italicized terms* are provided at the end of the supplement.

**1. Please attach a job list or a certificate holder list for the last two years.**

**2. ELIGIBILITY**

Enter the percentage of the risk's own payroll and receipts generated from each of the following operations:  
Exclude work that the risk subcontracts when determining eligibility percentages.

<b>Operation</b>	<b>Payroll</b>	<b>Receipts</b>
• Roofing	_____ %	_____ %
• Roofing related sheet metal work	_____ %	_____ %
• Roofing-related insulation	_____ %	_____ %
• Roofing-related waterproofing	_____ %	_____ %
	<b>TOTAL</b> _____ %	<b>TOTAL</b> _____ %

If either total is **less than 51%**, the account is **ineligible** for the **RCP** program.

2a. What is total roofing-related payroll for above classes? \$ \_\_\_\_\_

If total roofing-related payroll is **less than \$100,000**, account is **ineligible** for the RCP program.

3. Has the risk ever done any *asbestos abatement* work on the interior of a building, below the roofline?  Yes  No

If **Yes**, when and where?

4. Is the risk licensed to do asbestos abatement work?  Yes  No

If **Yes**, in what states is the risk licensed?

5. Does the risk perform *torch applied* roofing operations?  Yes  No

If **Yes**, what % of their operations involves torch applied work? \_\_\_\_\_ %

If **Yes**, what is the minimum fire watch protocol? \_\_\_\_\_

6. Does the risk perform any torch applied roofing operations on combustible (wood) decks?  Yes  No

7. Does the risk perform, now or in the last five years, any new residential projects or condos, townhouses, duplexes or triplexes with more than 10 units per project?  Yes  No

8. Does the risk have a documented and enforced fall protection program?  Yes  No

Does the risk's fall protection program meet minimum OSHA requirements?

Yes  No

If **No to either question**, the account is **ineligible** for the **RCP** program.

9. Risk is operating as:

General Contractor \_\_\_\_\_%

Prime Contractor \_\_\_\_\_%

Subcontractor \_\_\_\_\_%

10. Indicate the **average** percentage of the risk's TOTAL payroll or sales **during the past 5 years** for the following:

Percentages based on: (Check one)

Payroll or  Sales

	NEW		RE-ROOFING		
<b>COMMERCIAL WORK</b>	%		%	=	%
<b>INDUSTRIAL WORK</b>	%		%	=	%
HABITATIONAL WORK BREAKDOWN					
<input type="checkbox"/> CONDOMINIUMS (High And Low Rise)	%	+	%	=	____%
<input type="checkbox"/> TOWNHOUSES	%	+	%	=	____%
<input type="checkbox"/> TRACT HOUSING	%	+	%	=	____%
<input type="checkbox"/> TRIPLEXES AND DUPLEXES	%	+	%	=	____%
<input type="checkbox"/> SINGLE-FAMILY	%	+	%	=	____%
<input type="checkbox"/> CUSTOM HOMES	%	+	%	=	____%
<input type="checkbox"/> APARTMENTS	%	+	%	=	____%
<input type="checkbox"/> Other	%	+	%	=	____%
<b>OTHER WORK: PLEASE DESCRIBE:</b> _____					____%
<b>TOTAL (THE TOTAL SHOULD EQUAL 100 %.)</b>					____%

11. List the states the risk worked in during the last 5 years

12. Does the risk have any future plans related to work involving condos, townhouses, tract homes, triplexes or duplexes?

Yes  No

If **Yes**, please describe.

13. Does risk have knowledge of any pre-existing act, omission, event, condition or damage to any person or property that may potentially give rise to any future claim or legal action?

Yes  No

If **Yes**, please describe.

If the answers to questions **12** or **13** are **Yes**, please discuss the risk with your underwriter.

14. Does the risk have an architect or engineer on staff?  Yes  No  
 If **Yes**, does the risk carry professional liability insurance?  Yes  No  
 If **No**, does the risk require that the architect or engineer carry his/her own professional liability insurance?  Yes  No

15. Does the risk have a quality control program?  Yes  No  
 If **Yes**, is it  Informal  Documented

16. Does the risk retain job files?  Yes  No  
 If **Yes**, how long are they retained? \_\_\_\_\_

17. Does the risk sub-contract work?  Yes  No  
 If **Yes**, complete questions below.  
 List the types of work subcontracted.

- Does the risk obtain Certificates of Insurance from all subcontractors?  Yes  No  
 Is there a Diary System in place to track expiration dates of certificates of insurance?  Yes  No  
 Is the risk named as an additional insured on all subcontractors' policies?  Yes  No  
 Does the risk require all subcontractors to carry primary limits equal to or greater than their own?  Yes  No  
 Does the risk use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the risk?  Yes  No  
 Does legal counsel or the insurance agent review all contracts?  Yes  No

18. Indicate the types of subcontractor agreements the risk typically signs.  
 Standard (AGC, AIA contracts)  Custom  Other \_\_\_\_\_

19. Does the insured have a New Hire Orientation Program with pre-physicals, drug screening, etc.?  Yes  No

20. Are safety meetings held on a quarterly basis?  Yes  No  
 a. Do managers and employees attend?  Yes  No  
 b. If less than quarterly, how often? \_\_\_\_\_  
 c. Are attendance records kept?  Yes  No

21. Has the risk been cited for any OSHA violations in the last three years? If **yes**, please explain.  Yes  No

22. Is risk a member of NRCA?  Yes  No  
 Answering this question is optional; membership in an association is not a requirement for insurability.

***Please complete if umbrella is needed.***

**Personal Usage**

23. Does the insured allow anyone to take vehicles home?  Yes  No  
 If so, who and how many? \_\_\_\_\_

24. Do they have written guidelines on personal use of company vehicles? Yes No
25. Do they allow family members to drive the company cars? Yes No
26. Do they report personal usage as additional income? Yes No

**HISTORICAL EXPOSURE**

	<b>Expiring Year Term: _____</b>	<b>1<sup>st</sup> Prior Year Term: _____</b>	<b>2<sup>nd</sup> Prior Year Term: _____</b>	<b>3<sup>rd</sup> Prior Year Term: _____</b>	<b>4<sup>th</sup> Prior Year Term: _____</b>
<b>Premium</b>					
<b>General Liability Payroll</b>					
<b>Receipts</b>					

**DEFINITIONS**

**Asbestos:** Asbestos is present in many forms in the roofing industry. It is commonly referred to as ACRM or “asbestos-containing roofing material” which is defined as material containing 1% or more of asbestos. It can be present in cements, coatings, sealants, mastics, flashing material, felts, shingles and tiles. Based on the variety of materials containing asbestos in the roofing industry, we view the asbestos exposure as inherent to roofing operations.

**Asbestos Abatement:** Roofing contractors who come in contact with asbestos while performing the normal activities of their trade, whether it is roof tear-off work, renovations, new installations or maintenance work, and operating exclusively on the outside of buildings, are eligible for this program. Once an activity requires work on the inside of a building, below the roof deck, the removal of any ACRM becomes true “abatement” work and is not eligible for this program.

**General Contractor:** A contractor who subcontracts work to others in excess of 50% of total receipts, exercises primary control of the job site, and is named in the construction documents as the general contractor of record.

**Habitational work:** Condominiums, triplexes, duplexes and townhouses.

**Prime Contractor:** The principal contractor on a project; any contractor on a project having a contract directly with the owner.

**Subsidence:** Any movement of land or earth including: landslides; mudflow; earth sinking, rising, and shifting; collapse or movement of fill, earth settling, slipping, falling away, caving in, eroding or tilting; and earthquake.

**Torch Applied Roofing:** This process, which is also called torch welding, involves a modified bitumen installed on a roofing deck by means of a torch. A membrane is laid on the roof, heated by a torch, and allowed to cool so that the material solidifies in place. The asphalt component in the membrane serves as an adhesive between the surface material and roof substrate.

**Wrap-up (OCIP):** A policy providing coverage(s) for all interests in a major construction project. Also known as an OCIP (Owner Controlled Insurance Program) or a CCIP (Contractor Controlled Insurance Program).

**Will you commit to participation in the Claim Documentation Program, which will be included in your costs?**

\_\_\_\_\_\*

(\*Required to participate)

**WORKERS COMPENSATION**

(IF YOU WANT A WORKERS COMPENSATION QUOTE PLEASE COMPLETE THIS SECTION)

**RISK MANAGEMENT**

**Hiring Practices:**

- 27. Do you have check references for new hires? Yes No
- 28. Do you conduct pre-employment drug testing? Yes No
- 29. Do you conduct pre-employment physicals? Yes No
- 30. Do you conduct pre or post employment road tests for drivers? Yes No

**Pre-Lost Procedures:**

- 31. Do you have a Safety Director? Yes No
- 32. Do you have a Formal Safety Program?  
If yes, how does Management support it? \_\_\_\_\_ Yes No
- 33. Do you have Safety Training? Yes No

If yes, what is the frequency of the training? _____	
Is attendance mandatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No

- 34. Do you have tailgate safety meetings? Yes No

**Post-Lost Procedures:**

- 35. Do you have a Return-to-Work Program?  
If yes it is written and formal? \_\_\_\_\_ Yes No

**MANAGEMENT**

- 36. What is your employee turnover ratio? Yes No

Employee Stability:

- 37. What is the average tenure of your employees? Full time \_\_\_\_\_ Part time \_\_\_\_\_
- 38. Do you use temporary employees? Yes No
- 39. Do you promote temporary employees to permanent? Yes No
- 40. What is your employee turnover ratio? \_\_\_\_\_

Employee Relations:

- 41. Do you provide employee benefits? Yes No

42. Do you subsidize the cost of benefits?

Yes  No

43. How does your pay scale compare with the industry in your locale? \_\_\_\_\_

**HISTORICAL EXPOSURE**

	Expiring Year	1 <sup>st</sup> Prior Year	2 <sup>nd</sup> Prior Year	3 <sup>rd</sup> Prior Year	4 <sup>th</sup> Prior Year
<b>Premium:</b>					
<b>Workers Comp Payroll</b>					
<b>Experience Modifier</b>					
<b>Currently Valued Losses</b>					

**Please attach the current experience modification worksheet.**

Information provided by the named insured to the Claim Documentation Program will be kept in strict confidence and can only be released to the insurance carrier's claims adjuster related to a specific claim reported by the above noted named insured. This information will not be released without the express written consent of the named insured or the insured's agent, unless ordered to do so by court processes. In the event any records are subpoenaed the insured will be notified immediately.

\_\_\_\_\_  
**Producer's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**