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ROOFING CONTRACTORS PROGRAM (RCP) Supplemental Application

Construction Insurance Solutions (CIS)

Form with fields: Account Name, Producer Name, Account Contact Name, Producer e-mail address, Account web site address, Account e-mail address, Date Completed

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.

Table with 3 columns: Operation, Payroll, Receipts. Rows include Roofing, Roofing related sheet metal work, Roofing-related insulation, Roofing-related waterproofing, and TOTAL.

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 \$200,000, 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?

Empty rectangular box for response to question 3.

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

If Yes, in what states is the risk licensed?

Empty rectangular box for response to question 4.

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

If Yes, what % of their operations involves torch applied work? _____%

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

If Yes, account is ineligible for the RCP program.

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

COMMERCIAL WORK					%
INDUSTRIAL WORK					%
HABITATIONAL WORK					
Please complete if the risk does any habitational work.					
HABITATIONAL WORK BREAKDOWN	% NEW or MAJOR REHAB/ RENOVATION	+	% SERVICE OR MAINTENANCE	=	
<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"/> Other	%	+	%	=	_____%
OTHER WORK: PLEASE DESCRIBE: _____					_____%
TOTAL (THE TOTAL SHOULD EQUAL 100 %.)					_____%

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 **10 or 11** are **Yes**, please discuss the risk with your underwriter.

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

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)

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