



ROOFING CONTRACTORS PROGRAM (RCP) Supplemental Application

Construction Insurance Solutions (CIS)

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.

Operation	Payroll	Receipts
• Roofing	_____ %	_____ %
• Roofing related sheet metal work	_____ %	_____ %
• Roofing-related insulation	_____ %	_____ %
• Roofing-related waterproofing	_____ %	_____ %
TOTAL	_____ %	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 \$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		
COMMERCIAL WORK	%		%	=	%
INDUSTRIAL WORK	%		%	=	%
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	%	+	%	=	____%
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 **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

	Expiring Year Term: _____	1st Prior Year Term: _____	2nd Prior Year Term: _____	3rd Prior Year Term: _____	4th Prior Year Term: _____
Premium					
General Liability Payroll					
Receipts					

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
- Do you have a Formal Safety Program? ☐Yes ☐No
32. If yes, how does Management support it? _____
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:

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

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 st Prior Year	2 nd Prior Year	3 rd Prior Year	4 th Prior Year
Premium:					
Workers Comp Payroll					
Experience Modifier					
Currently Valued Losses					

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