



# U.S. Risk Insurance Group, Inc.

## GENERAL LIABILITY SUPPLEMENTAL ROOFING CONTRACTORS

### 1. Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### 2. General Information

Year You Started In Business: \_\_\_\_\_ Total Years Experience: \_\_\_\_\_

Type Of Business: (Check One):  Sole Proprietor  Partnership  Corporation  Other

If Partnership Or Corporation, Number Of Principles Active In The Business: \_\_\_\_\_

Are You A Member Of A Trade Association? \_\_\_\_\_ If Yes, Do You Obtain And Keep On File, Certificate Of Insurance? \_\_\_\_\_ What Limits Of Liability Do You Require Sub-Contractors To Carry? \_\_\_\_\_

Are All Employees Citizens Or Documented Employees? \_\_\_\_\_

Are You Or Have You Been Involved In Installation Or Removal Of Asbestos Materials? If Yes, Please Explain.

Do You Or Have You Been Involved In Installation Or Products Containing Formaldehyde? If Yes, Please Explain.

Do You Have A Written Safety Program? \_\_\_\_\_ If Yes, Please Attach A Copy.

Can You and Will You Furnish Current Financial Information On Your Firm? \_\_\_\_\_ If Yes, That Information Will Be Kept Strictly Confidential.

### 3. Operations Information

Are All Jobs Inspected By Contractor, Superintendent Or Foreman:

- |    |                                |           |          |
|----|--------------------------------|-----------|----------|
| A. | Prior To Commencement Of Job?  | _____ Yes | _____ No |
| B. | Before Leaving Job Site Daily? | _____ Yes | _____ No |

A Copy Of A Proposed/Contracted Job Inspection Report Is Attached. Do You Complete These Type Of Inspections? \_\_\_\_\_ If Yes, Attach A Copy Of Your Form. If Not, Please Implement Use Of The Attached Form When Using Torch Method.

A Copy Of Procedures To Be Followed For Jobs During Inclement Weather Is Attached. Do You Have A Current Written And Followed Procedure? \_\_\_\_\_ If Yes, Attach A Current Copy Of Your Procedure. If Not, Please Implement Use Of The Attached Procedures.

Please Check The Following If Used In Your Work:

Hoists       Tankers       Cranes       Roof Tractors  
 Kettles       Forklifts       Conveyors  
 Torches       Scaffolds       Spray Equipment

Do You Use The Following Items At Each Job:

Barricades       Fire Extinguishers       Warning Signs  
 Plastic Sheeting  
 (Roof Openings)       Heat, Fire Scanners

	Residential	Commercial
Roofing Activity	_____ %	_____ %
New Construction	_____ %	_____ %
Re-Roofing/Recover	_____ %	_____ %
Replacement/Complete Tear Off	_____ %	_____ %

Please List The Main Areas In Which You Work:

Cities: \_\_\_\_\_

Counties: \_\_\_\_\_

States: \_\_\_\_\_

Do You Own Your Equipment? \_\_\_\_\_ If Not Please Explain.

Maximum Height Of Buildings On Which You Work? \_\_\_\_\_ (Number Of Stories)

Roofing Types:

Built Up Roofs	_____ %	Modified Bitumen (Torch)	_____ %	Waterproofing	_____ %
Urethane Roofs	_____ %	Modified Bitumen (MOP)	_____ %	Spray	_____ %
Metal	_____ %	Waterproofing	_____ %	Roll	_____ %
Shingles	_____ %	Alternate Heat	_____ %	Brush	_____ %

If So, What Type \_\_\_\_\_

4. Current Projected Expenses

Primary Classifications	Code	Expiring Payroll	Projected Payroll
Roofing-Commercial	98677	\$ _____	\$ _____
Roofing-Residential	98678	\$ _____	\$ _____
Sheet Metal Work Outside	98884	\$ _____	\$ _____
Contractors Permanent Yard	91590	\$ _____	\$ _____
Waterproofing NOC	99955	\$ _____	\$ _____
Contractor-Executive Supervisor	91580	\$ _____	\$ _____

Secondary Classifications

Carpentry (Commercial)	91342	\$ _____	\$ _____
Concrete Construction	91560	\$ _____	\$ _____
Painting-Exterior Bldg.	98304	\$ _____	\$ _____
Masonry	97447	\$ _____	\$ _____
Siding Installation	98967	\$ _____	\$ _____

Other Operations/Classifications

_____		\$ _____	\$ _____
_____		\$ _____	\$ _____

		Expiring Cost of Contract	Projected Cost of Contract
Contractors/Sub Contracted Work	91585	\$ _____	\$ _____
_____		\$ _____	\$ _____
_____		\$ _____	\$ _____

Expiring Receipts	Projected Receipts
\$ _____	\$ _____

Are Owners, Partners And Officers Payroll Included Above? \_\_\_\_\_ If Not, Indicate Duties: \_\_\_\_\_

5. Warranty Statement/Authorized Signature

The Statements And Answers Herein And Attached Are Warranted To Be True And Are Made With The Knowledge That The Insurance Company Will Act With Reliance Upon Them. This Supplement And Attached Materials Are Not A Policy Or Binder.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Or Type Name

\_\_\_\_\_  
Title