



Roofers PDQ Supplemental Application

Applicant Name: _____ Website: _____
 Mailing Address: _____ Location Address: _____

GENERAL INFORMATION

- Types and Percentages of Roofing Systems Installed by applicant or subcontractors: (Include all that apply)

System Type	% of Total	Eligible for Roofing PDQ?
<input type="checkbox"/> Asphalt Shingles	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Clay or Concrete Tile	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Metal Roof Systems for steep slope applications	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Slate	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Treated Wood Shakes or Shingles	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Other Synthetic Coverings	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Built Up Roof Systems – “Tar and Gravel”	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Built Up Roof Systems – Polymer-Modified bitumen sheet membranes	_____	No
<input type="checkbox"/> Metal panel roof systems for low-slope applications	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Thermoplastic membranes	_____	No
<input type="checkbox"/> Thermoset membranes	_____	No
<input type="checkbox"/> Spray polyurethane foam-based	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> “Green Roof” Systems (Designed to allow planting/landscaping on roof)	_____	No
<input type="checkbox"/> Other (Please Describe) _____	_____	
Total of all Roofing Systems	100%	

- Type and Percentage of Roofing Work done by the applicant or subcontractors: (Check all that apply)

Type of Roofing Work	% of Receipts	Eligible for Roofing PDQ?
<input type="checkbox"/> Residential – Repair, Remodel, or Re-roof of Individual Dwellings	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Residential – Repair, Remodel, or Re-roof of Multi-family Dwellings	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Residential – Repair, Remodel, or Re-roof of Apartments	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Residential – Additions onto Individual Dwellings	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Residential – Additions onto Condos, Apartments, or Townhomes	_____	No
<input type="checkbox"/> Residential – New Construction – Individual or Custom Dwellings only	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Residential – New Construction – Tract , Condos, Apts, Townhomes	_____	No
<input type="checkbox"/> Commercial – Repair, Remodel, or Re-roof	_____	Yes (Subject to Company Guidelines)
<input type="checkbox"/> Commercial – New Construction	_____	No
<input type="checkbox"/> Industrial – New Construction or Repair	_____	No
<input type="checkbox"/> Other (Please describe) _____	_____	
Total Roofing Work	100%	



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GENERAL INFORMATION (CONT'D)

- Years in business under this name: _____
- Years of experience in this field: _____
- Contractors License Number: _____ Year license issued: _____
- Are you a member of NRCA? (Nat'l Roofing Contractors Assoc.) Yes No
- Have you operated under any other name or names? Yes No
- If Yes, provide prior name and describe operations: _____

- States/area of operations: _____
- Number of employees: _____
- Total Annual Gross Sales/Receipts: _____

CLASSIFICATION OF OPERATIONS (PAYROLL/SUB-COSTS)

- Indicate payrolls/subcontractor costs for each type of construction work performed:

Class	Employee Payroll	Sub-Contractor Cost
Roofing – Residential	\$	\$
Roofing – Commercial	\$	\$
Carpentry (Other than involved directly with roofing)	\$	\$
Gutter Installation, Repair, or Replacement	\$	\$
Solar Panel or other Solar Energy Work	\$	\$
Waterproofing work	\$	\$
Insulation Work	\$	\$
Executive Supervisory	\$	\$
Other (Please describe)	\$	\$
Other (Please describe)	\$	\$

- Indicate any work or operations involving the following, even if subbed out:

Airport Facilities	Equipment Rental to Others	Mold Remediation
Asbestos Work	Fire Damage Restoration	Nuclear facilities
Crane rental to others	Gov't Entities including Military	Water Damage Restoration
EIFS or related work	Historic Building Restoration	Wrap-ups – participation in

If checked, please describe work in detail:



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PROJECTS/OPERATIONS INFORMATION

- Please list all **major projects**, including those completed in the past 3 years, in progress, and planned in the future.

OR

- Attach a project list:

Project Name	Project Description	Roofing System Type	Dates	Cost

- Any exterior work performed **above three stories** in height from grade? Yes No
- Any work done using **untreated wood shingles**? Yes No
- If **Tar Kettles** or **Heat Process Equipment** are used, which of the following jobsite safety procedures are followed?
Check all that apply
 - All kettles or heat process equipment are placed at ground level, away from the building, during use
 - Barriers are present which prohibit the general public from entering the jobsite or heat equipment area
 - 15 lb or larger charged ABC extinguishers are present at all jobsites
 - Personnel remain at jobsite for at least 30 minutes after equipment has been shut off or removed
 - Areas where heat work was performed are personally inspected prior to leaving jobsite
 - Other (Please describe) _____

RISK TRANSFER

- Do you use written contracts or agreements with all of your subcontractors? Yes No
- Are all subcontractors required to sign a hold harmless/indemnification agreement in your favor? Yes No
- Are all subcontractors required to maintain General Liability Insurance? Yes No
 - Certificates of Insurance obtained? Yes No
 - Limits equal to our insured's required? Yes No
 - Are you named as an additional insured on all subcontractors' General Liability policies? Yes No
- Are all subcontractors required to maintain Workers Compensation Insurance? Yes No
 - Certificates of Insurance obtained? Yes No

OTHER INSURANCE

- Do you currently have Workers Compensation coverage in place? Yes No
- Any other operation(s) in addition to those which are shown in this application? Yes No
 - If yes, please describe _____
 - Where is the General Liability for this operation insured? _____

LOSS EXPERIENCE Check here if not applicable

- Loss Summary (Please Attach Hard Copy Loss Runs)

Year	Carrier	Premium	#Claims	Incurred	Comments

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____

Date: _____

Producer: _____

Date: _____