

Supplemental Roofing Application

1. Legal Name _____

2. Contractors license number _____ Years in business _____

3. How many years experience does ownership have in this trade? _____

4. What is the average experience level of the employees? _____

5. Percentage of work performed on:

	Residential	Commercial	Industrial
New construction	____%	____%	____%
Re-Roofing	____%	____%	____%
Service Work	____%	____%	____%

6. What's the max height exposure? _____

7. What types of fall protection systems are used? _____

8. What types of personal protective equipment are employees required to wear? _____

9. Any "Hot Tar" used? Yes No If yes, what percentage is "Hot Tar" work? ____%

10. Is there any installation of roofing systems that require use of setting fire (torch work) to asphalt for application of other roofing materials? Yes No If yes, describe process and percentage of work involving this?

11. Is a spray method for applying roofing materials used? Yes No
 a. If yes, are flammable liquids or catalysts used? Yes No

12. Is there any work involving the installation of any elastomeric roof coverings requiring spraying or use of flammable liquid or open fires? Yes No

13. Which of the following are used?

Cranes Yes No Kettles Yes No Roof Cleaning Tractors Yes No

Hoists Yes No Forklifts Yes No Scaffolding Yes No

If risk involves heating kettles, are they equipped with automatic shut off valves? Yes No

14. How are materials lifted to the roof? Ladder Hoist Pulley Crane Other: _____

15. Is there a formal training and safety program in place? Yes No

If yes, please provide details on the training provided for new hires and seasoned employees?

16. What is the maximum number of employees used on a roofing job? _____

17. Is there any employment of day laborers? Yes No

18. Do or will the owner(s) or corporate officer(s) of the business be performing any roofing work or supervision at job sites? Yes No

19. Is there any employment of relatives or family members whether paid or not? Yes No

If yes, what are their responsibilities? _____

20. Is any work sub-contracted? Yes No Percentage of work sub-contracted _____%

If yes, describe the type of work sub-contracted? _____

21. Are certificates of insurance required from all sub-contractors? Yes No
(If yes, please provide details on certs program)

To the best of my knowledge all the information I have given about my business is true and correct.

Officer or Owner of business

Date