

Applicant Name: \_\_\_\_\_ Date complete (DD/MM/YYYY): \_\_\_\_\_

Definitions of *italicized terms* are provided at the end of this supplement.

INELIGIBLE - if contractor performs more than 10% "residential work" Skyward is NOT a market. Residential includes any single family, condominium, townhome and if NOT Commercial Grade (ISO 4-5-6 construction level) any apartment complex, assisted living, long-term housing or similar facilities; and multi-use projects (including any of the preceding) - Exclusions will be used on policies to assure exposure is not covered.

1. In the table below, indicate the percentage of the Applicant's total payroll or sales during the past 3 years that come from the following types of work. Include all work, whether self-performed or sublet to other contractors. Sublet work should be classified according to the type of project (commercial, industrial or *residential/habitational*).

Percentages based on: (check one)  PAYROLL  SALES

	CURRENT YEAR	1 <sup>ST</sup> PRIOR YEAR	2 <sup>ND</sup> PRIOR YEAR
COMMERCIAL WORK	_____%	_____%	_____%
INDUSTRIAL WORK	_____%	_____%	_____%
RESIDENTIAL & HABITATIONAL WORK SEE BELOW FOR VARIOUS TYPES. INCLUDE ALL WORK FOR RESIDENTIAL/HABITATIONAL PROJECTS, INCLUDING WORK FOR SUCH PROJECTS THAT IS SUBLET TO OTHER CONTRACTORS. NOTE: WHEN THERE IS NO INDIVIDUAL OWNERSHIP OF UNITS, RESIDENTIAL DOES NOT INCLUDE MILITARY HOUSING, COLLEGE/UNIVERSITY HOUSING OR DORMITORIES, LONG TERM CARE FACILITIES, HOTELS OR MOTELS. RESIDENTIAL STRUCTURE ALSO DOES NOT INCLUDE HOSPITALS OR PRISONS.	_____%	_____%	_____%

If the percentages for Residential & Habitational Work (above) average out to more than 10%, stop here and contact your agent or your Underwriter.

2. In the table below, provide a breakdown of the Applicant's residential & habitational work. The percentages for each type of work should represent an average of all such work the Applicant has performed in the past three years. Include all such work, whether self-performed or sublet to other contractors.

Percentages based on: (check one)  PAYROLL  SALES

RESIDENTIAL & HABITATIONAL WORK BREAKDOWN	% NEW or MAJOR REHAB-RENOVATION	+	% SERVICE OR MAINTENANCE	=	TOTAL %
CONDOMINIUMS	_____%	+	_____%	=	_____%
APARTMENTS, MULTI-FAMILY OWNED DEVELOPMENTS	_____%	+	_____%	=	_____%
SINGLE FAMILY DWELLINGS	_____%	+	_____%	=	_____%
MIXED-USE BUILDINGS WITH AT LEAST 30% RESIDENTIAL / HABITATIONAL OCCUPANCY	_____%	+	_____%	=	_____%
OTHER RESIDENTIAL/HABITATIONAL STRUCTURES (describe): _____ _____	_____%	+	_____%	=	_____%

3. Attach a completed job list for the last three years and a work in progress list to include your bid list for the next 12 months.

4. Is the applicant a member of a trade association ?  Yes  No If 'yes', please select from the following below:

NRCA  
 Regional or State Roofing Association (list chapter) \_\_\_\_\_  
 ABC National  
 ABC (list state chapter) \_\_\_\_\_  
 AGC  
 OTHER \_\_\_\_\_

5. Enter the percentage of the Applicant's own payroll and receipts generated from each of the following operations : Exclude work that the applicant subcontracts when determining eligibility percentages.

OPERATION	PAYROLL	RECEIPTS
ROOFING	_____ %	_____ %
ROOFING RELATED SHEET METAL WORK (NOTE: WHEN THERE IS NO INDIVIDUAL OWNERSHIP OF UNITS, RESIDENTIAL DOES NOT INCLUDE MILITARY HOUSING, COLLEGE/UNIVERSITY HOUSING OR DORMITORIES, LONG TERM CARE FACILITIES, HOTELS OR MOTELS. RESIDENTIAL STRUCTURE ALSO DOES NOT INCLUDE HOSPITALS OR PRISONS.)	_____ %	_____ %

6. Has the Applicant ever done any *asbestos abatement* work on the interior of a building, below the roof deck?  Yes  No

If 'Yes', when and where? \_\_\_\_\_

7. Is the Applicant licensed to do *asbestos abatement* work?  Yes  No

If 'Yes', in what states is the Applicant licensed? \_\_\_\_\_

Does the Applicant use torches in their roofing operations ? (for torch applied systems, flashing work or other)  Yes  No

If 'Yes', what % of their operations involves torch applied work? \_\_\_\_\_

If more than 25%, Applicant is ineligible.

Is Applicant aware of and do they follow industry Best Practices for Roofing Torch Use?  Yes  No

Are all applicators CERTA trained? Please attach list & include certification dates.  Yes  No

8. Does the Applicant have a documented and enforced fall protection program?  Yes  No

Does the Applicant's fall protection program meet minimum OSHA requirements?  Yes  No

9. Applicant is operating as:

Construction Manager \_\_\_\_\_ %

General Contractor \_\_\_\_\_ %

Prime Contractor \_\_\_\_\_ %

Subcontractor \_\_\_\_\_ %

10. List the states the Applicant worked in during the last 5 years: \_\_\_\_\_

11. Has the Applicant ever installed or do they have any future plans involving the installation of EIFS?  Yes  No

Describe: \_\_\_\_\_

Has the Applicant ever been named in claims and/or litigation regarding faulty or defective construction or workmanship, including claims due to EIFS?  Yes  No

If 'Yes', was Applicant acting as a  GENERAL  SUB-CONTRACTOR

If 'Yes', was it a:  RESIDENTIAL/HABITATIONAL OR MIXED-USE BUILDING  COMMERCIAL PROJECT

Provide detail on claims/litigation and how the issue was corrected: \_\_\_\_\_

12. Does Applicant 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: \_\_\_\_\_

13. Any past, current or intended involvement with *Wrap-up OCIP/CCIP* ? Attach List  Yes  No  
 Any past , current or intended involvement with residential wrap-ups? Attach List  Yes  No  
 Does the Applicant have an architect or engineer on staff?  Yes  No  
 If 'Yes', does the Applicant carry professional liability insurance?  Yes  No  
 If 'No', does the Applicant require that the architect or engineer carry his/her own professional liability insurance?  Yes  No
14. Does the Applicant have a quality control program?  Yes  No  
 If 'Yes', is it:  INFORMAL  DOCUMENTED
15. Subcontracted Work:  
 What % of total operations \_\_\_\_\_% If greater than zero, complete questions below.  
 List the types and percentages of work subcontracted. \_\_\_\_\_  
 Does the Applicant 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 Applicant named as an additional insured on all subcontractors' policies?  Yes  No  
 Does the Applicant require all subcontractors to carry primary limits equal to or greater than their own?  Yes  No  
 Does the Applicant use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the Applicant?  Yes  No  
 Does legal counsel or the insurance agent review all contracts?  Yes  No
16. Indicate the types of subcontractor agreements the Applicant typically signs:  
 STANDARD (AGC, AIA CONTRACTS; CONSENSUS DOCS)  
 CUSTOM  
 OTHER \_\_\_\_\_
17. Has the Applicant been cited for any OSHA violations in the last three years?  Yes  No  
 If 'yes', please explain further: \_\_\_\_\_
18. Does the Applicant perform any work at or near nuclear facilities? Has the Applicant done so in the past ? Will the Applicant do so in the future, if the opportunity arises?  Yes  No  
 Please explain any 'Yes' responses: \_\_\_\_\_

**SAFETY PROGRAM**

- Does the Applicant employ a full time safety director and have a written safety program?  Yes  No  
 Does the safety program include driver selection and training requirements?  Yes  No  
 Does the Applicant have a drug testing program?  Yes  No  
 Does the Applicant have a written quality control program?  Yes  No  
 Does the Applicant retain job files?  Yes  No  
 If 'yes', how long? \_\_\_\_\_  
 Are safety meetings held on a quarterly basis; do managers and employees attend; and are attendance records kept?  Yes  No  
 If less than quarterly, how often? \_\_\_\_\_  
 Does the Applicant have a new hire orientation program with pre-employment physicals, drug screening, etc.?  Yes  No

PRODUCER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## 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.

**CERTA:** NRCA Certified Roofing Torch Applicator Program that teaches industry best practices for use of torches in roofing operations.

**Construction Manager:** entity that administers the construction contract throughout the planning, design and construction phases of the project but does no actual design or construction (pure agency construction manager), or who provides construction advice and construction leadership on a project during the planning and design stages and also provides construction leadership, contract management, direction, supervision, coordination and control of the work during the construction phase (at risk construction manager).

**Exterior Finish Systems:** Multi-layered exterior wall systems including EIFS, which resemble stucco in appearance, that are used on both commercial buildings and residential homes.

**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.

**Mixed-Use Building:** Buildings which include both commercial occupancy and residential/habitational occupancy, and which 30% or more of the building’s square footage is being used for, or is intended to be used for human residency.

**Prime Contractor:** The principal contractor on a project; any contractor on a project having a contract directly with the owner.

**Residential/Habitational:** Any structure where 30% or more of the square foot area is used or is intended to be used for human residency including but not limited to: single or multi-family housing, apartments, condominiums, townhouses, cooperatives or planned unit developments, and also includes their common areas and/or appurtenant structures (including pools, hot tubs, detached garages, guest houses or any similar structures). When there is no individual ownership of units, residential structure does not include military housing, college/university housing or dormitories, long term care facilities, hotels, or motels. Residential structure also does not include hospitals or prisons.

**Residential/Habitational Service or Maintenance Work:** repairs, re-covers, tear off and roof deck replacement as long as work performed does not raise a roof, change a roof’s pitch, replace structural roof supports, or is part of a total gutting or build-out of a residential structure.

**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 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/CCIP:** A policy providing coverage for all interests in a major construction project. An OCIP is an Owner Controlled Insurance Program; a CCIP is a Contractor Controlled Insurance Program.

**SKYWARD SPECIALTY INSURANCE - CONSTRUCTION DIVISION**—Not every risk qualifies for coverage. This information is provided as an overview of coverages available and should not be construed as underwriting guidelines, contractual terms or an offer of coverage. All submissions are subject to underwriting based on individual merits of the account. 01-2021