

## INSENTIAL ROOFERS PROGRAM



### Overview

Access the best markets for your commercial and residential roofing clients with Insential insurance solutions. We have the expertise you need. We have been writing roofers longer than most of our competitors and carriers.

Clients in this fast growing market are easy to place with Insential Roofers Solutions. It is simple to apply.

### Classes

- Residential Roofers – 98678
- Commercial Roofers – 98677
- Sheet Metal – 98884

### Coverages

- General liability – monoline available
- Workers compensation – monoline available in some states
- Umbrella/excess liability – up to \$2M in limits
- Automobile

### Additional Coverages Available

- Blanket additional insured with completed operations
- Per project aggregate
- Glee endorsement
- Pollution

In order to provide a GL quotation, we will need:

- Commercial Acord App (125) & General Liability Acord App (126)
- The following supplemental application completed in its entirety.
- If the Insured is NEW in business, we'll also need the New Venture supplement completed.
- If applicable, at least 3, but preferably 5 years of currently valued, hard copy loss runs.

That's it!

If you have any questions, please feel free to contact:

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Please forward ALL submissions to:  
[roofers@insential.com](mailto:roofers@insential.com)



## INSENTIAL ROOFERS PROGRAM Supplemental Application

**EVERY QUESTION ON THESE PAGES MUST BE ANSWERED  
 IF A QUESTION DOES NOT APPLY, YOU MUST INDICATE "N/A"**

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

Website (if appl.): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

FEIN: \_\_\_\_\_ Years in Business: \_\_\_\_\_

### OPERATIONS

Average Roof Height:	Maximum Roof Height:	Average Number of Crews:
Average Number of Employees:	Number of Supts./Foreman:	Number of Employees:
Employees: # Union:	# Non-Union:	

**If maximum roof height indicated above is over 3 stories, the following additional information must be submitted:**

- Breakdown of present and past (last 3 years) jobs by height and cost;
- Frequency of jobs over 3 stories; and
- Type of roof & application for jobs over 3 stories.

**For New Construction Risk Is Operating As:**

Construction Manager \_\_\_\_\_ %     General Contractor \_\_\_\_\_ %     Subcontractor \_\_\_\_\_ %

**States you have worked in during the last 5 years:** \_\_\_\_\_

**Job List: List three (3) most current jobs, including progress:**

Job Name	City/State	Type of Job	Cost of Contract	Percent Completed

**List three (3) largest jobs:**

Job Name	City/State	Type of Job	Cost of Contract	Percent Completed

**Payroll By Classification**

Classification	Payroll (\$)
Residential Roofing:	
Commercial Roofing:	
Sheet Metal Work:	
Sub-Contractors (Cost):	
Please include any other classes on current policy:	

**Percentage of Payroll attributable to each operation (Must Equal 100%):**

Roofing Operations:	%
Allied Sheet Metal Work:	%
Insulation Work – Roofing Related:	%
Waterproofing – Roofing Related:	%
All Other – Describe:	%
<b>TOTAL</b>	<b>100%</b>

**Percentage of Roofing Operations Attributed to (Must equal 100%):**

A.

Commercial – i.e. Restaurant, Store:	%
Industrial – i.e. Factory:	%
Residential:	%
<b>TOTAL</b>	<b>100%</b>

B.

New Construction:	%
Re-Roofing:	%
Service Repair:	%
<b>TOTAL</b>	<b>100%</b>

**Residential Work Breakdown (Must equal 100%):**

Types of Residences	% New or Major Rehab/ Renovation	+	% Service or Maintenance	Total
<input type="checkbox"/> Single Family (not tract):	%	+	%	%
<input type="checkbox"/> Tract Housing (5 or More):	%	+	%	%
<input type="checkbox"/> Condominiums:	%		%	%
<input type="checkbox"/> Condominium Conversions:	%	+	%	%
<input type="checkbox"/> Apartments or Student Housing:	%	+	%	%
<input type="checkbox"/> Assisted Living or Senior Housing:	%	+	%	%
<input type="checkbox"/> Multi-Family owned Developments including Townhouses:	%	+	%	%
<b>TOTAL</b>				<b>100%</b>

**Percentage of Work Involving:** Built-Up Roofs: \_\_\_\_% Modified Bitumen: \_\_\_\_% Single Ply: \_\_\_\_%

Asphalt:  Yes  No  
Mopped:  Yes  No

Coal Tar:  Yes  No  
Self-Adhered:  Yes  No

**Percentage of Work Performed On (Must Equal 100%):**

Dead Level:	%
Low Slope – up to 4:12:	%
Steep Slope – over 4:12:	%
Extra Sleep Slope – over 12:12:	%
Single Ply Membrane:	%
<b>TOTAL</b>	<b>100%</b>

Spray Foam:	%
Polyurethane Foam:	%
Metal-Commercial:	%
Metal-Residential:	%
Slate/Tile-Commercial:	%
Slate/Tile-Residential:	%
Shingle-Commercial:	%
Shingle-Residential:	%
<b>TOTAL</b>	<b>100%</b>



Please forward ALL  
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Do you have any current or past involvement with wrap-up OCIP's?  Yes  No

Any residential wrap-ups?  Yes  No

Do you sub-contract work?  Yes  No

- If yes, complete the following questions:
- List the type of work subcontracted:
- Do you obtain current Certificates of Insurance from all subcontractors?  Yes  No
- Are you named as an Additional Insured on all subcontractor's policies?  Yes  No
- Do you require all subcontractors to carry primary limits equal to or greater than your own?  Yes  No
- Do you use written subcontractor agreements containing hold harmless Indemnity agreements in your favor?  Yes  No
- Does legal counsel or insurance agent review all contracts?  Yes  No
- Check the types of subcontractor agreement you typically sign:  Standard (AGC, AIA contracts)  Custom  Other

Have you been named in any litigation regarding faulty or defective construction?  Yes  No

Have you had General Liability coverage for at least the last 12 months?  Yes  No

Any work at petroleum or chemical facilities?  Yes  No

Any operations/work on or for airports?  Yes  No

Do you own a crane?  Yes  No

Do you lease a crane to or from others?  Yes  No

Do you provide an operator if a crane is leased?  Yes  No

Do you perform any environmental remediation?  Yes  No

Do you do Exterior Insulation Finishing Systems (EIFS)?  Yes  No

Has an Officer, Owner, or a Partner had a prior felony conviction?  Yes  No

Do you have any Architect or Engineer on staff?  Yes  No

- If yes, do you carry Professional Liability?  Yes  No

Do you retain job files??  Yes  No

- If yes, how long do you retain them for?

Do you currently do any work at or near nuclear facilities?  Yes  No

Have you done any work in the past or plan to in the future at nuclear facilities?  Yes  No

Do you perform torch applied roofing operations?  Yes  No

Percentage of work involving torch applied applications:        %

Do you perform torch applied roofing operations on combustible (wood) decks?  Yes  No

Percentage of work involving torch applied applications on combustible decks:

Specify what loss prevention methods are used when conducting torch applied applications:

Do you perform any spray application of polyurethane form?  Yes  No

Is there asbestos exposure?  Yes  No

- If so, what type?
- Percentage of ACM Removal:        %
- Is it totally limited to the removal & disposal of encapsulated flashing?  Yes  No
- Methods of handling and disposal?
- Is asbestos abatement work ever done on the interior of a building below the roof line?  Yes  No
- Explain:
- Are you licensed to do asbestos abatement work?  Yes  No
- If Yes, in what states are you licensed in?



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Have you been personally bankrupt or the principal in a company that has bankrupt in the past 5 years?  Yes  No

PERCENTAGE OF WORK (if any) PERFORMED IN THE NEW YORK BOROUGH(S): \_\_\_\_\_ %

Do you participate in any safety-related organizations? (e.g. local safety council, NRCA, Voluntary OSHA consultation?)  Yes  No

▪ Explain:

What outside services do you currently use for assistance with safety? (e.g. independent Consultant, insurance carrier/agent):

**HISTORICAL EXPOSURE**

	Expiring Year Term:	1 <sup>st</sup> Prior Year Term:	2 <sup>nd</sup> Prior Year Term:	3 <sup>rd</sup> Prior Year Term:	4 <sup>th</sup> Prior Year Term:
Premium:	\$	\$	\$	\$	\$
General Liability Payroll:	\$	\$	\$	\$	\$
Receipts:	\$	\$	\$	\$	\$

**PROCEDURES**

**Is there an active safety program in place that includes:**

Regular safety inspections and meetings?  Yes  No

▪ If yes, are they documented?  Yes  No

▪ What happens if NOT completed?

Accident investigation and hazard correction?  Yes  No

▪ How do you ensure corrective actions are completed?

Addresses safety, liability & compliance basics? (DOCUMENTED compliance with OSHA/industry "best practices" re: weather protection, fire/smoking control, provision or & enforced use of other protective equipment, ladder/fall protection, manual material handling practices/training, vehicle rigging, warranty compliance, etc.)  Yes  No

Are dry chemical or carbon dioxide fire extinguishers at job site?  Yes  No

Training in proper use provided?  Yes  No

Name of person responsible for safety/loss control efforts:

Specify who is responsible for job site safety activities:

How are they held accountable (e.g. part of their bonus/annual review)?

Comments:

Do you have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action?  Yes  No

Do you have a quality control program?  Yes  No

▪ If yes, is it:  Informal  Documented

Do you have a plan to control damage from inclement weather?  Yes  No

Describe:

**IMPORTANT: Please provide a copy of the Table of Contents of your Safety Manual/Program with this application**

Enclosed  No Formal Written Program

**This application must be submitted in addition to the standard application(s). It is not to be submitted on a stand-alone basis.**

**Signature of Applicant:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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### INSENTIAL ROOFERS PROGRAM New Venture Supplement

1. Applicant: \_\_\_\_\_

2. Owner: \_\_\_\_\_

3. Date Business Established: \_\_\_\_\_

4. Has applicant / owner ever operated a business under another name:  Yes  No

5. If yes, List all business names that the applicant / owner has owned in the past:

6. How many years experience in similar business: \_\_\_\_\_

7. Please give a brief summary / resume of work experience in related segment(s):

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Producer may not sign for applicant)

Producer: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: \_\_\_\_\_