



I. GENERAL INFORMATION

Applicant Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Website: _____

Email Address: _____

Contact person for physical loss control survey: _____

What time and day of the week can the loss control contact be called for survey arrangement? _____

How long have you operated this venture as a business? _____

How many years of experience in the roofing profession? _____

Do you work in any other state outside of your home state? _____

If YES list the state(s) and average number of days in those states: _____

How far will you travel for a job? _____

What other name(s), if any, have you operated under in the past 5 years? _____

If you are licensed, what is your license number: _____

How many employees do you have? _____ Full Time _____ Part Time

Do you conduct pre-placement physical examinations on new hires? ☐ Yes ☐ No

Do you perform drug and alcohol screening as follows:

Pre-placement? ☐ Yes ☐ No

Post accident? ☐ Yes ☐ No

Random testing? ☐ Yes ☐ No

Do you conduct background checks on new hires? ☐ Yes ☐ No

How do you recruit new employees?

What is your employee turnover rate?

In Season: _____% Season to Season: _____%

Do you have the same employees year to year? ☐ Yes ☐ No

Do you hire Day Laborers? ☐ Yes ☐ No

Do you hire Union employees? ☐ Yes ☐ No

If YES, what percentage are union? _____%

Do you have an apprenticeship program for new employees?

☐ Yes ☐ No

Do you have a multilingual work force:

☐ Yes ☐ No

If YES, do you have a multi-lingual:

Foreman/supervisor, point person or interpreter at each job site?

☐ Yes ☐ No

Are your safety documents, rules and procedures as well as your job site warning signs printed in multi-languages consistent with your work force?

☐ Yes ☐ No

How do you pay your employees? (check all that apply) ☐ W2 ☐ 1099 ☐ Cash

II. OPERATIONS

APPLICATIONS AND SYSTEMS

Do you perform hot-tar applied roofing systems?

☐ Yes ☐ No

If YES, what percentage of your work involves hot tar applied applications? ____%

Do you perform torch applied roofing operations?

☐ Yes ☐ No

If YES, what percentage of your work involves torch applied applications? ____%

Do you perform polyurethane spray foam roofing applications?

☐ Yes ☐ No

If YES, what percentage of your work involves polyurethane foam applications? ____%

Do you perform metal roofing?

☐ Yes ☐ No

If YES, what percentage of your work involves metal roofing? ____%

Are your welders trained?

☐ Yes ☐ No

What is the maximum number of stories high you will perform work? _____

What is the steepest slope you will work on? _____

Do you perform work other than roofing?

☐ Yes ☐ No

If YES, describe:

Do you have designated employees for Hot Work?

☐ Yes ☐ No

Do you perform Asbestos removal?

☐ Yes ☐ No

Do you perform pre-work rooftop inspections to confirm strength and weakness areas?

☐ Yes ☐ No

How are materials taken to the roof? _____

Do you hire any subcontractors?

☐ Yes ☐ No

What work is subcontracted? _____

Are Certificates of Insurance collected from the subcontractors?

☐ Yes ☐ No

SAFETY PROGRAM

Do you have a written Safety Program?

☐ Yes ☐ No

(Subject to review for compliance with OSHA/industry regarding weather protection, fire prevention/smoking control, provisions for and enforced use of other protective equipment, ladder/fall protection, manual material handling practices/training, vehicle rigging, warranty compliance, etc).

Who is responsible for your Safety Program? _____

Who is responsible for job site safety activities? _____

Who is responsible for investigating accidents and near misses? _____

How do you ensure that corrective actions are completed?

☐ Yes ☐ No

Are your foremen part of a working crew? ☐ Never ☐ Sometimes ☐ Always

Are your foreman trained to recognize signs of : heat stroke, frostbite, dehydration, and vapor intoxication?

☐ Yes ☐ No

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

☐ Attached ☐ No Written Program

SAFETY TRAINING

Describe your safety-training program for new hires:

How often do you hold tailgate/toolbox safety meeting? _____

Are they documented?

☐ Yes ☐ No

How often do you hold job site safety inspections:

Are they documented?

☐ Yes ☐ No

III. FALL PROTECTION, PERSONAL PROTECTIVE EQUIPMENT & TOOLS

What types of Fall Protection Systems do you use? (check all that apply)

☐ Warning Line System

☐ Guardrail system

☐ Safety Monitoring System

☐ Toe Boards

☐ Personal Fall Arrest System

☐ Other: _____

Are your employees required to wear Personal Protective Equipment? (check all that apply)

☐ Hard Hats

☐ Steel Toed Boots

☐ Safety Glasses

☐ Gloves

☐ Hearing Protection

☐ Other: _____

What types of power tools are used?

☐ Nail Guns

☐ Welders

☐ Table Saws

☐ Circular Saws

☐ Power Drills

☐ Other: _____

☐ Reciprocating Saws

Do you use:

Scaffold?

☐ Yes ☐ No

Ladders?

☐ Yes ☐ No

Mobile Lifts?

☐ Yes ☐ No

Are ladders tied off?

☐ Yes ☐ No

Do you enforce OSHA fall protection measures in place for work on and over one story?

☐ Yes ☐ No

Are your vehicles and equipment inspected on a regular basis for repairs?

☐ Yes ☐ No

Do you check MVR's for drivers of all vehicles for acceptability?

☐ Yes ☐ No

POST ACCIDENT/INCIDENT PROCEDURES

Do you have a "Return-to-Work" Program?

☐ Yes ☐ No

If YES, describe the program:

Do you use a pre-selected clinic and/or physician for medical treatment?

☐ Yes ☐ No

LOSSES and PREVENTIVE MEASURES

Have you had any OSHA citations within the past 3 years?

☐ Yes ☐ No

If YES, describe the violations and corrective actions:

Do you consult with any safety-related organizations such as a local safety council, NRCA, insurance agent and/or Voluntary OSHA Consultation Program to assist you with your safety program?

☐ Yes ☐ No

If YES, please name the affiliation(s): _____

Have you had any WC losses over \$10,000 in the past five years?

☐ Yes ☐ No

If YES, you must provide a brief narrative description of each large loss, and measures taken to reduce future related claims. Please attach on a separate page.

IV. SIGNATURE

Applicant Signature: _____ Date: _____

Applicant Name: _____

Title of Applicant: _____