Covers roofing contractors performing residential and/or commercial roofing work. Complete with ACORD 125/126. Attach the applicant's written fall-protection program and current NCCI experience modification worksheet.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA (IF ANY)	FEIN	YEARS IN BUSINESS

BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

STATE CONTRACTOR LICENSE NUMBER	STATES OF OPERATION

2 OPERATIONS

DESCRIPTION OF OPERATIONS (RESIDENTIAL VS. COMMERCIAL MIX, TYPICAL ROOF TYPES AND PITCHES)

ROOF TYPE / METHOD	% OF ANNUAL REVENUE

Types: residential asphalt shingle; residential tile/slate; low-slope/flat commercial (single-ply); built-up/modified bitumen (torch-down or hot-mopped); metal roofing; spray polyurethane foam roofing; tear-off/re-roof; new construction; repair/maintenance.

2-1 Does the applicant perform any torch-down, hot-mopped, or other hot-work roofing methods? ☐ Yes ☐ No
IF YES, EXPLAIN

Hot-work methods (open flame or hot tar) require a specific hot-work endorsement on general liability -- a standard policy without it excludes the resulting fire outright.

2-2 Does the applicant provide, or pass through, a manufacturer wind-uplift or system warranty on completed work? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the applicant use 1099 piece-rate crews for any portion of the work? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — FALL PROTECTION & ROOFING-SPECIFIC HAZARDS

Roofing carries one of the three highest-rated workers' compensation classifications in all of construction (NCCI 5551). Fall protection compliance is the single largest driver of both claim frequency and severity in this trade.

3-1 Is continuous fall protection (guardrails, personal fall arrest systems, or safety net systems) used on every job with a fall distance of 6 feet or more, per 29 CFR 1926.501? ☐ Yes ☐ No

IF YES, EXPLAIN

3-2 Are ladders secured at the top and extended at least 3 feet above the landing surface? ☐ Yes ☐ No

IF YES, EXPLAIN

3-3 Is 3-point contact enforced during climbing? ☐ Yes ☐ No

IF YES, EXPLAIN

3-4 Is documented fall-protection training provided to every employee exposed to fall hazards, including proper PFAS use? ☐ Yes ☐ No

IF YES, EXPLAIN

3-5 If yes to 2-1, are kettles and torches attended at all times? ☐ Yes ☐ No

IF YES, EXPLAIN

3-6 If yes to 2-1, is a documented fire-watch procedure followed after work ends for the day? ☐ Yes ☐ No

IF YES, EXPLAIN

3-7 Does the applicant perform tear-off work on structures built before 1980 that may contain asbestos-containing roofing materials? ☐ Yes ☐ No

IF YES, EXPLAIN

3-8 Is respiratory protection (P100 for asbestos, minimum N95 for silica dust) used during tear-off and substrate-cutting work? ☐ Yes ☐ No

IF YES, EXPLAIN

3-9 Has the applicant ever had a fall-related injury claim, an OSHA 1926.501 citation, or a hot-work fire loss? ☐ Yes ☐ No

IF YES, EXPLAIN

4 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL ($)	NUMBER OF FIELD EMPLOYEES	NUMBER OF OFFICE/ADMIN EMPLOYEES

PROJECTED ANNUAL GROSS REVENUE ($)	PRIOR YEAR ACTUAL REVENUE ($)	AVERAGE JOB VALUE ($)

4-1 Are certificates of insurance, including workers' compensation evidence, collected from every 1099 crew before work begins? ☐ Yes ☐ No

IF YES, EXPLAIN

An uninsured 1099 crew discovered on audit is typically swept into the applicant's own payroll at the roofing class code -- one of the most expensive audit surprises in this trade.

5 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 3-5 years, including the current NCCI experience modifier. An EMR above 1.00 at the roofing class code materially affects placement options.

CURRENT / EXPIRING GL CARRIER	CURRENT GL LIMITS	CURRENT NCCI EXPERIENCE MODIFIER

5-1 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the last 3-5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

5-2 Have there been any fall-injury workers' compensation claims, or GL claims for fire, water intrusion, or warranty-related property damage? ☐ Yes ☐ No

IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED ($)	OPEN / CLOSED

5-3 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No

IF YES, EXPLAIN

6 RISK MANAGEMENT & SAFETY

6-1 Does the applicant maintain a written fall-protection and jobsite safety program, consistent with OSHA 1926 Subpart M? ☐ Yes ☐ No

IF YES, EXPLAIN

6-2 Are jobsite safety inspections conducted and documented on a recurring schedule? ☐ Yes ☐ No

IF YES, EXPLAIN

6-3 Does the applicant maintain a written customer contract defining scope of work, warranty terms, and weather-delay provisions? ☐ Yes ☐ No

IF YES, EXPLAIN

7 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE