

MIDWESTERN INSURANCE ALLIANCE
 WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION (ROOFING)



GENERAL INFORMATION					
Company Name					
Business Address					
Website Address					
Years in Business		Describe Operations Other than Roofing			
Union / Nonunion	<<Select One>>				
States in which the company operates		Any work performed in New York state?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Average number of full-time employees		Average number of estimators			
Average number of part-time employees		Average number of supervisors			
Average number of day-laborers		Average number of temp/leased employees			
What Percentage of your total work is performed on the following types of structures (total must equal 100%)					
% Office Buildings	% 1 – 2 Family Dwellings	% Schools / Government / Military			
% Retail Buildings	% Multi-Family Dwellings	% Industrial (Plants / Warehouses)			
% Other (describe)					
Any work performed involving solar panels?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Jobsite transportation provided for 4 or more employees in one vehicle?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
EXPOSURE BASIS					
	1 st Prior Year	2 nd Prior Year	3 rd Prior Year	4 th Prior Year	5 th Prior Year
Total Payroll					
Workers' Compensation Premium					
SUBCONTRACTED WORK					
What work is subcontracted?					
What percentage of work is subcontracted?		%			
Do you obtain certificates of insurance showing workers compensation coverage?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ROOFING SYSTEMS					
Built-up roof systems (hot tar work)	%	Asphalt or Composite Shingles		%	
Metal panel roof systems	%	Clay tile and concrete tile		%	
Single-ply membranes / Cold sheet work (TPO, PVC, EPDM)	%	Slate		%	
Spray polyurethane foam-based	%	Wood shakes and wood shingles		%	
TYPE OF ROOFING PERFORMED					
	Flat Roofs	Low Slope (<i>slope</i> ≤ 3:12 or 25%)		Steep Roofs (<i>slope</i> ≥ 3:12 or 25%)	
New Construction	% of jobs	% of jobs		% of jobs	
Repair/Patching	% of jobs	% of jobs		% of jobs	
Replacement/Reroof	% of jobs	% of jobs		% of jobs	
CRANES AND ROOFING ELEVATORS					
Percentage of jobs that use cranes	%	Percentage of jobs that use roofing elevators		%	

PROJECTED WORK

List, give address and describe your two largest projects underway or planned for the next 12 months.

1.

2.

HIRING PRACTICES

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do employees have documented (formal and written) job descriptions?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do applicants submit a written application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are applicants screened by performing reference checks?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the company review the driving history (MVRs) employment applicants?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are applicants subject to a pre-hire drug test and pre-hire physicals?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are personnel files documented for pre-existing injuries?
%	Percentage of employees are enrolled in company-provided medical insurance?

SAFETY MANAGEMENT

Check the topics addressed in new employee orientation training.

- | | |
|--|---|
| <input type="checkbox"/> OSHA's construction industry Fall Protection standard | <input type="checkbox"/> The use and operation of warning line systems |
| <input type="checkbox"/> The use and operation of guardrail systems | <input type="checkbox"/> The and operation use of safety monitoring systems |
| <input type="checkbox"/> The use and operation of personal fall arrest systems | <input type="checkbox"/> The role of each employee in the safety monitoring system |
| <input type="checkbox"/> The use and operation of safety net systems | <input type="checkbox"/> The limitations on the use of mechanical equipment on low-sloped roofs |

<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the above safety training conducted <u>before</u> the employee is sent to an active jobsite?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the above safety training documented, with the name of the employee the date and the signature of the trainer?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the company have a written safety management plan (also known as an IIPP in some states)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are jobsite safety meetings conducted at least weekly?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are jobsite safety meetings documented?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there <u>written</u> safety rules that are effectively communicated with employees routinely?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an established process for the routine inspection of fall protection systems?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are employees trained to prevent and recognize the symptoms of heat-injuries?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are straight ladders / extension ladders required to be "tied off"?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there at least one employee trained in first-aid / CPR on each jobsite?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a return to work program?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are employees subject to random and post-accident drug tests?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there formal accident investigation procedures?

Safety Manager or designated person who oversees safety management	Name
	Phone Email

Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance containing any materially false information or conceals, information concerning any fact material thereto, for the purpose of misleading, commits a fraudulent insurance act, which is a crime.

Applicant's Signature

Date

Agent's Signature

Date

CURRENTLY ACTIVE JOBSITES

Prior to binding of a workers' compensation policy, a loss control consultant must visit at least one active jobsite. To expedite this process, please list the currently active jobsites and provide contact information for the jobsite supervisor.

Jobsite #1	Jobsite Address	
	Estimated Completion Date	
Jobsite #2	Jobsite Address	
	Estimated Completion Date	
Jobsite #3	Jobsite Address	
	Estimated Completion Date	
Jobsite #4	Jobsite Address	
	Estimated Completion Date	