

## Supplemental Roofing Application

1. Legal Name \_\_\_\_\_
2. Percentage of Work Performed on: Commercial: \_\_\_\_\_% Residential: \_\_\_\_\_%  
New Construction: \_\_\_\_\_% Re-Roofing: \_\_\_\_\_% Service Work: \_\_\_\_\_%
3. What's the max height exposure? \_\_\_\_\_
4. What types of fall protection systems are used? \_\_\_\_\_
5. What types of personal protective equipment are employees required to wear? \_\_\_\_\_
6. Any "Hot Tar" used?  Yes  No If yes, what percentage is "Hot Tar" work? \_\_\_\_\_%
7. Is there any installation of roofing systems that require use of setting fire (torch work) to asphalt for application of other roofing materials?  Yes  No If yes, describe process and percentage of work involving this?  
\_\_\_\_\_
8. Is a spray method for applying roofing materials used?  Yes  No  
a. If yes, are flammable liquids or catalysts used?  Yes  No
9. Is there any work involving the installation of any elastomeric roof coverings requiring spraying or use of flammable liquid or open fires?  Yes  No
10. Which of the following are used?  
Cranes  Yes  No      Kettles  Yes  No      Roof Cleaning Tractors  Yes  No  
Hoists  Yes  No      Forklifts  Yes  No      Scaffolding  Yes  No  
If risk involves heating kettles, are they equipped with automatic shut off valves?  Yes  No
11. How are materials lifted to the roof?  Ladder  Hoist  Pulley  Crane  Other: \_\_\_\_\_
12. What is the maximum number of employees used on a roofing job? \_\_\_\_\_
13. Is there any employment of day laborers?  Yes  No
14. Do or will the owner(s) or corporate officer(s) of the business be performing any roofing work or supervision at job sites?  Yes  No
15. Is there any employment of relatives or family members whether paid or not?  Yes  No  
If yes, what are their responsibilities? \_\_\_\_\_
16. Is any work sub-contracted?  Yes  No      Percentage of work sub-contracted \_\_\_\_\_%  
If yes, describe the type of work sub-contracted? \_\_\_\_\_
17. Are certificates of insurance required from all sub-contractors?  Yes  No  
(If yes, please provide details on certs program)  
\_\_\_\_\_

To the best of my knowledge all the information I have given about my business is true and correct.

\_\_\_\_\_  
Officer or Owner of business

\_\_\_\_\_  
Date