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## TORCH-APPLIED ROOFING PROJECT CHECKLIST

All information and items on the checklist must be completed in their entirety and submitted to the underwriting office no later than five business days before the torch-applied roofing project requesting to be scheduled is to begin. Non-compliance with any provision or requirement results in an automatic exclusion of the project from the Policy/Coverage Contract.

### Insured Information

Insured/Participating Member: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

### Scheduled Project Information

Project Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Scheduled Project Hours: Start: \_\_\_\_\_ AM Finish: \_\_\_\_\_ PM

Scheduled Fire-Watch Hours: Start: \_\_\_\_\_ PM Finish: \_\_\_\_\_ PM

Project Supervisor: \_\_\_\_\_

### Building Information

Building Construction? \_\_\_\_\_

Year of Construction? \_\_\_\_\_

Square-Foot Area of Roof? \_\_\_\_\_

Components of Roof? \_\_\_\_\_

### Checklist

- Local fire department authorities have been properly notified of Torch-Applied Roofing Project including dates, times, and location before any work is initiated.

Fire Department and Official Contacted: \_\_\_\_\_  
\_\_\_\_\_

- Local building permit(s) have been obtained and/or filed with the proper authorities to assure Torch-Applied Roofing Project complies with all local or state building codes.

Permit Number: \_\_\_\_\_ City or County: \_\_\_\_\_

- A Fire-Watch has been scheduled and will be maintained continuously during work hours and for four hours after work cessation, including any coffee or lunch breaks.

- Fire-Watch personnel have been provided with suitable fire extinguishers.

Number of Extinguishers: \_\_\_\_\_

- Fire-Watch personnel have been properly trained in use of fire extinguishing equipment and in proper procedure for notification of fire department authorities in event of fire.
- Fire-Watch personnel have been provided with a cellular phone or another reliable means of communication, confirmed acceptable by the underwriter, to assure proper notification of fire department authorities in the event of a fire.

Communication Device(s) Provided: \_\_\_\_\_

- Fire-Watch personnel have "field-tested" all communication equipment, and have recorded below the strength and clarity of communication signal, before the initiation of the Torch-Applied Roofing Project.

<u>Device</u>	<u>Signal Strength (in bars)</u>	<u>Clarity</u>	<u>Test Supervisor</u>	
#1	_____	_____	Date:_____	Initials:_____
#2	_____	_____	Date:_____	Initials:_____
#3	_____	_____	Date:_____	Initials:_____

- An additional Fire-Watch  is /  is not required due to adjoining areas if line of sight is restricted.

Restricted line-of-sight noted:  Yes  No

\_\_\_\_\_  
Insured/Participating Member Name

\_\_\_\_\_  
Signature